

## Confronting COVID-19: Creating a Useable Past

### QUESTIONS FOR DISCUSSION

Each disease crisis unfolds in its own time and place. Yet despite specific contexts, we can see patterns and recurring issues in the history of pandemics. *What recurring issues do you see in the 14<sup>th</sup> century plague, the 1918 Influenza pandemic (or other disease crises) and today's crisis? Which of the similarities and differences surprised you?*

The presentation asserted that studying pandemics in history helps us to empathize with people in the past. *Assuming that's true, what value do you see, if any, in empathizing with people in past pandemics? Can empathy help us to face today's health crisis?*

Diseases travel quickly today and do not respect national borders. *Given these global realities, when does it make sense to think about diseases as a national issue, part of American history, and when does it make sense to think about them in global context?*

Decades ago, in the early days of the AIDS crisis, the paterfamilias of medical history, Charles Rosenberg, wrote, “epidemics start at a moment in time, proceed on a stage limited in space and duration, following a plot line of increasing revelatory tension, move to a crisis of individual and collective character, then drift toward closure.” In the course of epidemics, societies grappled with sudden and unexpected mortality and also returned to fundamental questions about core social values. “Epidemics,” Rosenberg wrote, “have always provided occasion for retrospective moral judgment.”<sup>1</sup> *What occasion does the crisis of COVID 19 offer for retrospective judgment – morally, politically, socially, individually?*

Epidemics have acted as a sort of stress test on society, revealing, amplifying or widening existing social fissures and problems. Cholera, for example, highlighted urban filth for many people who had not experienced it or its grim consequences. *What problems in society is COVID 19 revealing, amplifying or widening? For instance, are you more aware now of how and where you get your food? How it gets to you? Unequal access to food and why that might exist? Other problems?*

Respiratory viruses like the 1918 flu and COVID 19 spread according to the movement of people. In 1918, troop movements in World War I helped spread the disease rapidly and globally. Today's technology allows more humans to move faster and farther than ever before. Today's complex global network of ideas, problem-solving, economic exchange, and travel are seen by many as a virtue of our time. *How does COVID 19 show this global network as a source of both strength and vulnerability?*

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<sup>1</sup> Charles E. Rosenberg, “What Is an Epidemic? AIDS in Historical Perspective” *Daedalus* vol. 118, no. 2 (Spring, 1989): 1-17.

Pandemics and disease crises in the past, along with public health responses to them, have had implications for civil liberties. *To what degree is this true for COVID 19? How can we balance protecting civil liberties with protecting public health? Who should decide this?*

Our federalist political system allows for public health measures to be decided at both the federal and state level. While this system allows for local variations in need, it also creates tensions about decision-making. *Who should make public health decisions? What are advantages and disadvantages of federal and state power in public health?*

During past pandemics, people have had to cope with uncertain knowledge about such important things as the origin and nature of disease, the best sources of therapies, and what the future will hold after the crisis. They've sought answers and comfort in science, religion, the arts, and group identity. *How are people coping with uncertainty in this crisis? Where are they getting information? How are they finding comfort? Where have you found knowledge? Comfort? How have science, religion, the arts, and group identity been part of your experience with COVID 19?*

While historians are not prognosticators, one reason people often give for studying the past is that understanding past experience offers new perspectives for the present. *What guidance does the past provide for the future of public health, health care, and public policy? What aspects of history seem most relevant to you for the road ahead?*

After past pandemics, societies have retooled public health practices and administration. *What implications might we draw from this crisis for remaking local, national, and global public health in the wake of COVID 19?*

Some diseases are given location-specific names, like Asiatic Cholera and Spanish Flu. *Are some places in the world perceived to be more at risk for disease crises than others, or as more likely sources of disease than others – India more than Indiana, for example, or Africa more than N. America? What factors help explain this perception? Does the history of pandemics challenge or uphold this perception? Could India and Indiana be at equal risk for disease outbreak?*