

The plague that never left: restoring the Second Pandemic to Ottoman and Turkish history in the time of COVID-19

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We are now in the midst of the most significant pandemic in living memory. At the time of writing in August 2020, COVID-19 has resulted in more than 23 million confirmed cases and over 800,000 deaths globally, and continues to have a serious impact in all aspects of life. For the majority of the world's living population, this is the first time they have experienced a full-blown pandemic of this scale. The influenza pandemics of the second half of the twentieth century, such as the "Asian flu" of 1957–8 or the "Hong Kong flu" of 1968–9, which caused over a million deaths each, are seemingly comparable examples; but they can only be remembered by those aged 65 and older, which is less than 10 percent of the world's population.¹ For everyone else, the current scale of the COVID-19 pandemic is far beyond anything they have seen or experienced during their lifetime.

In the absence of knowledge drawn from comparable experience, all eyes are now turned to historical pandemics. Over the last few months, the history of pandemics – a topic that otherwise receives interest from a small group of enthusiasts and specialists – has quickly come to the attention of an anxious public in search of answers. It seems difficult to judge whether the interest of the public stems from a desire to draw practical lessons from the past, or perhaps from a need to seek comfort in the idea that pandemics like this (or perhaps even worse ones) occurred in the past. The mainstream media, fueling this frenzy, is now turning to historians with such questions as "Did pandemics of this scale happen before?" "How did societies react to those situations?" and "What are the lessons to be learned from history?" Different historians have had different answers to these questions, ranging anywhere from seeking

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1 United Nations, Department of Economic and Social Affairs, Population Division (2019), *World Population Ageing 2019: Highlights (ST/ESA/SER.A/430)*, 1.

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comparisons in past pandemics to rejecting altogether the possibility of “drawing lessons” from the past.²

But as much as it is indeed important to use past pandemics to understand the present, we must remember that past and present are intertwined in complex ways that can make comparisons problematic. Seeking to understand the present in the light of the past might lead to (ab)using the past to serve present needs, projecting our own values and anxieties onto it – the trap of *presentism*. Yet, to escape that trap is very difficult: every time a historian imagines the past, the present inevitably seeps into that imagination.

The case of Ottoman and Turkish history is no exception to this complicated relationship between past and present. As a historian of the Ottoman Empire who has spent the last twenty years researching plague, I watch some of the current discussions on past pandemics in Turkish media with horror. Mainstream media has, as always, sought information from generalists instead of consulting specialists, and somehow everyone became “experts” on past pandemics overnight. As such, there is currently an excess of information (and misinformation) circulating in the media (and even in academic publications) on past pandemics.³ But this should come as no surprise, as Ottoman and Turkish studies as a field has mostly ignored this subject and has very few works devoted to it. And existing academic knowledge does not find its way into public spheres.

What circulates instead is a travesty of plague history, defined by two main tendencies that are equally problematic. The first is the selective erasure of plague (and other epidemic diseases) from Ottoman history. As I will discuss below, this has complex historical and historiographical reasons. The second is the circulation of plague myths that are the products of colonialist plague narratives. While both of these issues must be tackled, in the meantime it must be emphasized that Ottoman and Turkish history offers the best possible historical record for studying the most important pandemic in world history (the Second Plague Pandemic), given its six-century record of repeated outbreaks of plague. In what follows, I first address these biases, trace their genealogies, and discuss their implications as stumbling blocks to better understand past pandemics; I then discuss the importance of the Ottoman and Turkish historical experience of pandemics as a lived legacy; before offering some

2 Koen Vermeir, “Editorial: Doing History in the Time of COVID-19,” *Centaurus* 62, no. 2 (2020): 219–22; Monica H. Green, “Emerging Diseases, Re-emerging Histories,” *Centaurus* 62, no. 2 (2020): 234–47.

3 For example, the hastily prepared COVID-19 publications by the Turkish Academy of Sciences repeats some of the myths and stereotypes about past pandemics. See Türkiye Bilimler Akademisi, “Covid-19 Küresel Salgın: Değerlendirme Raporu,” May 3, 2020, Ankara, www.tuba.gov.tr/yayinlar/suresiz-yayinlar/raporlar/3.versiyon-tuba-covid-19-kuresel-salgın-değerlendirme-rapor; Muzaffer Şeker, Ali Özer, and Cem Korkut, eds., *Küresel Salgının Anatomisi: İnsan ve Toplumun Geleceği* (Ankara: Türkiye Bilimler Akademisi, 2020).

observations about dismantling older historiographical structures and proposing new ones moving forward.

I keep the discussion mainly to one particular pandemic – the Second Plague Pandemic that started with the Black Death (1346–53) and continued in constantly repeated outbursts over several centuries. I focus on this mainly because it is my own area of expertise, but also because plague is one of the most well-known, well-studied infectious diseases both historically and today, since it still remains well and alive. Although plague was not the only infectious disease that affected Ottoman and Turkish society, it was certainly the most lethal one. For this and other reasons I will discuss below, plague serves as a useful model to study past pandemics.

Before delving into a closer investigation of plague's history, however, a very short definition of the disease and its typical characteristics is in order. Plague is an infectious disease caused by the bacterium *Yersinia pestis* that attacks the lymph nodes, usually causing inflammation that produces painful swellings in the groin, armpit, and/or neck, called buboes – a characteristic symptom of bubonic plague. In some cases, the bacteria infect the lungs and cause pneumonic plague which can then be transferred from person to person via infected droplets spread in the air as a result of coughing or sneezing. Essentially a disease of rodents, plague can spill over to humans (via infected fleas) and cause them to develop a serious infection that can result in severe complications and often death. In its default bubonic form, mortality is anywhere from 40 to 70 percent, while in its pneumonic form it is a fatal condition that can kill within twenty-four hours if not treated promptly with antibiotics. Contrary to common perception, plague is not an extinct disease; it is very much alive in some parts of the world (e.g., the southwestern United States, Central Asia, and Africa), where it is enzootic among rodent populations, and still sometimes spills over into human populations.⁴ Worryingly, as if COVID-19 was not enough, human cases of plague have even been on the rise recently: since 2019 frequent cases of bubonic plague have been reported in Mongolia and more recently in the Democratic Republic of Congo.⁵

4 For more on plague, see Kenneth L. Gage and Michael Y. Kosoy, "Natural History of Plague: Perspectives from More Than a Century of Research," *Annual Review of Entomology* 50, no. 1 (2005): 505–28. For a comprehensive survey on the natural history of plague in late medieval and early modern Ottoman history, see my *Plague and Empire in the Early Modern Mediterranean World: The Ottoman Experience, 1347–1600* (Cambridge: Cambridge University Press, 2015), 17–54.

5 See for example, "Plague Update in the Democratic Republic of the Congo," *Outbreak News Today*, July 23, 2020, <http://outbreaknewstoday.com/plague-update-in-the-democratic-republic-of-the-congo-65048>; "Interview: Official Says 17 Out of All 21 Provinces in Mongolia at Risk of Bubonic Plague," *XinhuaNet.com*, July 16, 2020, www.xinhuanet.com/english/2020-07/16/c_139218200.htm.

Stumbling blocks in our path: plague myths and stereotypes

Despite its prevalence and persistence over many centuries and to the present, or perhaps because of it, plague's history is full of myths and stereotypes that circulate widely. First and foremost is the perennial claim that plague originated in China, which was resurrected again by those who wanted to establish anachronistic comparisons to COVID-19. Next comes the infamous story of the corpses of plague victims said to have been catapulted over city walls during the siege of Caffa, which is claimed to be the first example of biological warfare. Another common misperception is that the Black Death only affected Western Europe and helped bring about historic changes, such as the end of the Medieval era (and thereby feudalism) and the subsequent Renaissance, Reformation, and ultimately the birth of modern Europe. To be clear: this is a gross distortion of the actual historical record, and used only in service of a blatant Eurocentric teleology. But while such claims have been thoroughly refuted by historians and specialists in this field, these old myths remain prevalent even today, and are staples of popular history books, given their political usefulness.⁶

As vexing as it is to see this dangerous nonsense circulate, this is far from the only problem in the representation of plague history. More serious ones dog its historical analysis and interpretation (or rather, misinterpretation), even at the most basic level of the temporo-spatial definition of the Second Pandemic. Two principles must be recognized here:

1. *The reflexive discussion of past pandemics as short-term cataclysmic events must be replaced by a broader, more realistic vision that recognizes that pandemics are long-term processes.*

In the popular imagination, pandemics are often regarded as short-term cataclysmic events or isolated, exceptional outbursts that do not last longer than a

6 For the most comprehensive treatment of the subject that takes new scientific developments seriously, see Monica H. Green, ed., *Pandemic Disease in the Medieval World: Rethinking the Black Death, The Medieval Globe* 1 (2014), https://scholarworks.wmich.edu/medieval_globe/1. For a collection of lectures on the Black Death reflecting the current state of the field, see "The Mother of All Pandemics: The State of Black Death Research in the Era of Covid-19: A Medieval Academy of America Webinar," recorded 15 May 2020, www.medievalacademy.org/page/PandemicWebinar. For a comprehensive and updated bibliography on Black Death scholarship, see Joris Roosen and Monica H. Green, "The Mother of All Pandemics: The State of Black Death Research in the Era of COVID-19 – Bibliography," August 7, 2020, <https://bit.ly/3fMjrZn>. On dispelling the myths regarding the siege of Caffa, see Hannah Barker, "Laying the Corpses to Rest: Grain, Embargoes, and *Yersinia Pestis* in the Black Sea, 1346–1348," *BodoArXiv*, May 2, 2020, <https://osf.io/preprints/bodoarxiv/rqn8h>. For a recent iteration of some of those plague myths, see Lawrence Wright, "How Pandemics Wreak Havoc – and Open Minds," *The New Yorker*, July 20, 2020, www.newyorker.com/magazine/2020/07/20/how-pandemics-wreak-havoc-and-open-minds, which spurred fierce criticism from historians.

few months or years. But this particular imagination that renders pandemics almost ahistorical is a recent construct. Drawing on disaster studies (of volcanoes, earthquakes, tornadoes, and tsunamis), and especially used in popular books, films, and the media, pandemics are now depicted as freak accidents of nature in which humans are the ultimate victims. To add a touch of sensationalism, they are even shown as mysterious diseases that inevitably destroy human societies, inspiring fantasies of post-apocalyptic futures. Sadly, this particular imagination of pandemics à la Hollywood is the predominant impression among the general public.

Its flipside, denial, is equally pernicious. In the early days of the COVID-19 pandemic, some world leaders, including President Trump, participated in an exercise in wishful thinking, minimizing the effects of the pandemic by likening it to seasonal flu that would eventually disappear, with no lasting harm.⁷ Several months later, it is clear that the pandemic is not going anywhere; on the contrary, the number of confirmed cases and deaths continues to increase every passing day. The crisis we are in today is mostly a product of that line of thinking of pandemics as temporary threats that disappear on their own.⁸ Because most state and local governments did not take the necessary precautions or relaxed them too quickly, coronavirus cases skyrocketed over the summer months throughout the US, which has the biggest number of COVID-19 cases in the world. As of August 2020, the public is slowly coming to terms with the realization that this virus is a permanent fixture of our near future, and that protective measures, however economically and socially disruptive, will be necessary until a vaccine is developed. Because pandemics are depicted as apocalyptic but brief episodes in pandemic movies (e.g., *Contagion*), we too may want to feel that this pandemic will be over sooner or later, with courageous scientists and public health workers risking their lives to save humanity. But historical precedent tells us a different story.

Looking back at past pandemics, it is clear that they affected human societies for much longer periods of time, on the order of centuries, and along the way transformed them in myriad ways – biologically, socially, politically, and otherwise – generating a new disease regime. Conceiving of past pandemics not as singular events (that last anywhere from a few months to a few years), but rather as processes that span decades or centuries, is much a more instructive way to study them, but may also be pertinent for our current situation.

7 Tamara Keith, "Timeline: What Trump Has Said and Done about the Coronavirus," *npr.org*, April 21, 2020, www.npr.org/2020/04/21/837348551/timeline-what-trump-has-said-and-done-about-the-coronavirus.

8 Ed Yong, "How the Pandemic Defeated America: a Virus Has Brought the World's Most Powerful Country to Its Knees," *The Atlantic*, September 2020, www.theatlantic.com/magazine/archive/2020/09/coronavirus-american-failure/614191.

Here again plague comes in handy as an exemplary case. The Black Death pandemic spread across much of Afro-Eurasia and killed about 40 to 60 percent of the population. Yet it was not a singular outbreak; its initial burst started a new disease regime that continued for many centuries – what is now known as the Second Plague Pandemic. In other words, after the Black Death, plague never went away; it kept recurring at regular (or sometimes irregular) intervals, every decade or so, and sometimes even more frequently. Living with the plague became a fact of life for many societies of Afro-Eurasia. That is why plague is a model disease for studying infection and gaining insights into the dynamic interplay between a new pathogen and a population encountering it for the first time, as we contemplate the idea of learning to adapt to COVID-19 as it imposes a new disease regime on our contemporary world.

Switching our imagination of pandemics from singular entities to long-term processes might help us to see pandemic history as a set of continuities rather than ruptures – the disease regime as the blueprint of societies that gave rise to the ways in which we think, live, and work. This more historically accurate imagination would connect past pandemics to us “by ‘tracing’ the past in the present, through its remains and residuals, routines and habits, memorials and memories.”⁹ Seen this way, past pandemics, rather than existential threats only, figure as building blocks necessary to study any society.

2. *Pandemics are global phenomena and must be studied as such, without fixating on local political concerns.*

The term pandemic comes from a Greek compound: *pan* (all) and *demos* (people). Unlike the term epidemic, which is used for a disease that affects a certain city or region, pandemic refers to much wider outbreaks that spread across continents and sometimes globally. As historian Monica Green warns us, we should take the “*pan*” in the term pandemic seriously – an observation that holds for past and present pandemics alike.¹⁰

Since both current and past pandemics are global phenomena, they need to be studied from a global point of view. Militating against this need is the fact that affected societies are studied extremely disproportionately, both by scholars and the general public. The same principle applies now. While news of COVID-19 in the Global North is covered in far greater detail in the

9 P. Wenzel Geissler and Ruth J. Prince, “Layers of Epidemy: Present Pasts During the First Weeks of COVID-19 in Western Kenya,” *Centaurus* 62, no. 2 (2020): 249.

10 Monica H. Green, “Taking ‘Pandemic’ Seriously: Making the Black Death Global,” in *Pandemic Disease in the Medieval World: Rethinking the Black Death*, edited by Monica H. Green, *The Medieval Globe* 1 (2014), 27–61.

international media, the same cannot be said about the Global South. Likewise, Ebola and measles outbreaks have caused the deaths of thousands of people in the Democratic Republic of Congo, for example, and yet news about them is sparse.

The same selective bias is evident in historical scholarship. Not all regions, periods, and groups of people have been given the same degree of attention as to their disease experiences. While there are numerous highly detailed studies on the diseases of white populations of Western Europe and North America, we do not even know the basics of the pandemics experienced by other, much larger populations, such as Native Americans, Africans, and Asians in the pre-modern period. The Black Death pandemic and the scholarship on it – both in the humanities and the sciences – is an example of this disjuncture *par excellence*. Even though the Black Death pandemic massively affected populations across Afro-Eurasia from the middle of the fourteenth century onward, our current knowledge revolves around a disproportionately small region affected – Western Europe – while the rest is largely ignored.

Erasures of plague: the Ottoman case

Generally speaking, there are two themes that define such selective erasures. Here the Ottoman experience of plague makes an especially instructive example. Thus, first, pandemics in Ottoman and Turkish history are only discussed as something that takes place in the context of the nineteenth and twentieth centuries, while the premodern era is largely ignored. This has several historical and historiographical reasons, which can be surveyed in five main points:

1. It is a product of the larger influences in the field of pandemic studies in the Islamic world, which did not develop as an independent academic field of study until the 1970s or so. Work on the history of epidemics in Ottoman history only started to flourish in the last several decades.
2. This scholarship was governed by the selective interest of the early Turkish historiography. Medical history was initiated by medical doctors of the early Turkish Republic who entertained an interest in history, producing predominantly a kind of internalist history (written by medical professionals for other medical professionals). While medical ideas and practices, biographies of physicians, and methods of treatment figured prominently in that body of scholarship, epidemics did not figure as a legitimate subject of study.
3. Epidemics are relatively invisible in the Ottoman narrative sources before the eighteenth and nineteenth centuries, owing to issues of genre, context, and beliefs about plague in Ottoman society. This made it difficult for modern historians – subject to their own beliefs, contexts, and genres – to reconstruct past epidemics in Ottoman history.

4. Various false assumptions, tropes, and misconceptions from non-Ottomanist (Europeanist) scholarship plagued the Ottomanist scholarship, such as that the Ottoman Empire was the main plague exporter to Europe, and that the Muslim population of the empire was by definition piously fatalistic and took no precautions against plague, hence the disease's prevalence there. So deeply were these wild falsehoods embedded in Europeanist scholarship on the pre-modern period that they still persist to a certain extent even in recent studies.
5. Presentist assumptions about past pandemics produced a close association between disease and the decline of societies. Modern historians of the Ottoman Empire thus seek to situate epidemics in the empire's last centuries of "decline," which obscures their equally important impact in the earlier centuries of Ottoman history.¹¹

The second main theme defining this selective erasure has to do with the legacy of the lived experience of Islam in the post-Ottoman world. Generally speaking, there is a tendency to discuss past pandemics against the backdrop of a vague, timeless, ahistorical Islamic history, not through chronicles or medical treatises but rather by invoking Hadith and other religious sources, thereby reinforcing the narrative of Muslim fatalism. Ironically, this deeply flawed methodology in itself represents a tendency quite common in the history of pandemics: just as some turn to history and medicine to seek answers about a current pandemic, others turn to religion and try to seek answers in religious teachings (and many do both).

In the case of Islam, interestingly enough, a religious tradition that emerged during what is called the First Plague Pandemic (541 to 750) – the first historically documented pandemic of plague – there are open references to this disease and recommendations for protection. Some scholars have even claimed that the Qur'an itself makes allegorical references to an outbreak of plague among the Abyssinian army besieging Mecca in the year 570 CE – later remembered by Meccans as the Year of the Elephant on account of the presence of elephants in the besieging army.¹² The Hadith corpus that contains references to plague and how Muslims should protect themselves from it has likewise been a subject of inquiry for Islamic scholars for centuries. This was considered such an important source of concern that many leading religious scholars of the late medieval and early modern period composed plague treatises, specifically devoted to the question of plague and protection from it, drawing from the Hadith traditions, among other traditionalist and

11 I discuss these issues at length in my *Plague and Empire*, 55–89. Also see Miri Shefer-Mossensohn, "A Historiography of Epidemics in the Islamic Mediterranean," in *Plague and Contagion in the Islamic Mediterranean*, edited by Varlık (Kalamazoo, MI: Arc Humanities Press, 2017), 3–25.

12 For a compressive assessment of these claims, see Lawrence I. Conrad, "The Plague in the Early Medieval Near East," unpublished PhD dissertation, Princeton University, 1981, 136–54.

rationalist sources. Jurists interpreted these traditions in different ways and produced different legal opinions about the right way of conduct during plague outbreaks. As with everything else, it was understood that jurists could have different opinions. While some claimed that plague was contagious and one should avoid it by fleeing, others claimed that there was no contagion and that one needed to accept plague as a martyrdom and blessing from God and never flee it. These diverging legal points of view kept changing over time, leaving behind a rich array of interpretations and beliefs about plague.¹³ Today, however, these diverse and divergent strains of legal opinion that existed in the premodern past are often reduced to a dimensionless stereotype of “Islamicness,” wholly unmoored in time and space. This exclusive focus on Islamic law has little to do with how Ottoman Muslims actually thought about and dealt with the constant threat of plague, but much to do with nineteenth-century European colonialist and Islamic reformist discourses, which has been widely internalized in the post-Ottoman world.

As a consequence of both trends, therefore, the history of Ottoman plagues usually appears to the modern eye as a mere collection of ahistorical tales.

The plague that never left: the legacy of a past pandemic

The Black Death pandemic of the mid-fourteenth century swept across a substantial portion of the Afro-Eurasian world, stretching from Central Asia to the Middle East, Europe, and North Africa. Producing an estimated mortality of 50 percent or more, the pandemic brought significant social, demographic, and economic changes. However catastrophic, the Black Death was only a brief episode in the history of the so-called Second Pandemic. Recurrent outbreaks continued over several centuries until plague gradually started to recede – from Northern and Western Europe in the late seventeenth to the early eighteenth century, from Russia in the late eighteenth century, and from the Ottoman Middle East in the nineteenth and early twentieth centuries. The last recorded plague outbreak in Turkey dates to the year 1947, which means that we are looking at this centuries-long disease regime in the Ottoman and post-Ottoman regions. The long Ottoman history and its tenacious record-keeping bureaucracy left behind an extraordinary body of documentation that makes it possible to track recurrent plague epidemics in this part of the world over 600 years. Needless to say, the Ottoman and Turkish experience of plague (from c.1340s to c.1940s – 600 years of

13 For a study of the late medieval scholars' views on plague and contagion, see for example, Justin K. Stearns, *Infectious Ideas: Contagion in Premodern Islamic and Christian Thought in the Western Mediterranean* (Baltimore: The Johns Hopkins University Press, 2011).

uninterrupted plagues) is the longest continuous manifestation of plague in recorded human history.

The lived experience of past pandemics has obviously left behind a multitude of residues, both material and nonmaterial. These can take many forms, ranging from biological traces of past diseases in populations to cultural marks that reflect the ways in which those populations tried to protect themselves from it both religiously and scientifically. In addition, one can find further traces of past pandemics “in landscape, architecture, bodies and ecologies, sedimented technologies and institutional practices, and in the memories and visual and administrative records they left behind.”¹⁴ Given the six-century Ottoman plague experience, such residues and their social legacies are naturally abundant in Ottoman and Turkish history in particular.

One spectacular finding that points to the biological legacy of past plagues came out very recently: it has now been shown that the genetic disease called familial Mediterranean fever (FMF) originally emerged as a protection from plague. As such, FMF is especially prevalent among Turkish, Armenian, Jewish, and Arab populations of the eastern Mediterranean region. More specifically, FMF affects one to three people per thousand in the Turkish population, but the gene mutation that causes FMF occurs is more prevalent: one in six people in Turkey, that is about 17 percent of the population, carries this genetic mutation. To understand why the gene mutation that caused this disease occurred, it is necessary to look at plague outbreaks that affected these Mediterranean communities for long centuries. In this case, the gene mutation that leads to FMF usefully gives individuals resistance to *Y. pestis*, the bacterium that causes plague.¹⁵ In other words, this genetic mutation emerged as a kind of defense mechanism in societies that have been exposed to plague for many centuries. It continues to be passed down from generation to generation as an inherited genetic trait among those populations, even in the absence of plague over recent generations. This is living proof of how the lived experience of a past disease transformed the immunological landscape of a society, with ramifications for the present.

The legacy of past plagues can also be found in the ways people conceptualized this disease. One of these is enshrined in the Ottoman-Turkish language itself, where the term that came to mean plague in Turkish, *veba*, is a legacy of that lived experience of disease. Like “plague” in English, this

14 Geissler and Prince, “Layers of Epidemy,” 249.

15 NIH/National Human Genome Research Institute, “Genomic Variation Causing Common Autoinflammatory Disease May Increase Resilience to Bubonic Plague,” *ScienceDaily*, June 29, 2020, www.sciencedaily.com/releases/2020/06/200629120225.htm; Yong Hwan Park, et al. “Ancient Familial Mediterranean Fever Mutations in Human Pylori and Resistance to *Yersinia Pestis*,” *Nature Immunology* 21 (2020), 857–67; Etienne Patin, “Plague As a Cause for Familial Mediterranean Fever,” *Nature Immunology* 21 (2020), 833–4.

Turkish term, from Arabic *wabāʾ*, long had only the general meaning of an epidemic disease of an unidentified kind, as well as a disaster, calamity, or misfortune. In Ottoman Turkish, the specific word for plague, as caused by *Y. pestis*, was *tāʿūn* (referring specifically to bubonic plague), likewise an Arabic term. Members of Ottoman society had come to possess a basic working knowledge of the plague so as to identify and distinguish it from other diseases. After all, they lived in that disease regime, and plague was an integral part of life. This would have been a disease any adult would have witnessed at least a few times in their lifetime, if s/he was fortunate enough to survive it. As Ottoman society became more familiar with plague, however, and as it came to establish itself as *the* dominant epidemic disease in Ottoman life, it gradually came to be commonly referred to by the generic term *veba* – an index of the persistence of plague and Ottomans' growing familiarity with the disease, which has left its mark even in modern Turkish.

Yet the most profound legacy of past pandemics can be demonstrated in the Ottoman administrative response to plague, whose long-term legacy was the formation of a public health system – and ultimately the making of the early modern state. In a nutshell, new administrative responses to plague started to develop, most prominently, in the sixteenth century. This body of response entailed new forms of surveillance technologies over bodies, regulating their movement and the space in which they lived, worked, and died. Regulations often came during and in the wake of crises. For example, with the late fifteenth- and early sixteenth-century plagues in Istanbul there is evidence of a growing concern for monitoring daily mortality and the prompt removal of dead bodies from within the city limits. Evidence also suggests that these policies were informed by a basic working knowledge of plague diagnosis and patterns of epidemic mortality. Immediate efforts focused on the removal of plague victims' corpses and the regulation of burial practices. We see unprecedented efforts to regulate burial space, to make goods and services available for the funeral industry, and to ensure a certain level of public order at such times.

Those measures gradually developed into attempts to maintain a basic level of cleanliness and hygiene in the urban space of the cities, most prominently in the case of the imperial capital, Istanbul. Regulations mainly targeted three essential components of health for improvement, as defined by Ottoman scholars of the period: air, water, and morals. To this end, measures were implemented for improving the quality of the air by freeing it from stenches and causes of corruption (e.g., regulating garbage disposal and slaughterhouses, cleaning and paving the streets), providing and maintaining clean water, and purging the cities of unwanted elements that were held to disturb the moral well-being of the community (e.g., prostitutes, bachelors, and illegal

immigrants). Alongside these efforts, the Ottoman central administration also kept in close contact with provincial administrators to oversee and intervene in post-mortality crises in the provinces. These responses ranged from regulating the movement of people to postponing some taxes or offering temporary tax relief. Taken as a whole, the body of responses generated enables us to evaluate the development of technologies for communicating, controlling, and handling such crises outside the capital as well.

The Ottoman state became increasingly visible in governing the bodies of its population, with a focus on critical turning points of their lives, such as birth, marriage, divorce, illness, medical treatment, and death. The challenge of plague prompted the development of new techniques for maintaining social order through increased regulation over the individual's life and body. Taken as a whole, such efforts for regulating bodies can be seen as the legacy of policies that were aimed at plague management.

By the second half of the sixteenth century, some of these regulations turned into institutions and practices that would retrospectively be perceived as "classical," similar to processes that were witnessed in the arts, architecture, and religious and legal life. In a very real way, then, it would not be wrong to claim that the Ottoman Empire was an empire of plague: it came to develop in the presence of this recurrent disease, it grew despite this persistent problem, and it built structures, institutions, and cities in the shadow of this disease. At the same time, the cumulative loss of life owing to plague in Ottoman and Turkish history across the centuries has yet to be calculated. We are not even close to plausibly estimating the overall demographic, economic, and emotional burden of disease on this society. As we learn more about its legacy, and how this legacy continues genetically, it may be a good reminder to revisit this past experience.

Decolonizing past pandemics – and present ones too

By way of conclusion, let me reiterate that how we know and remember past pandemics matters, and not just for history's sake: the poorly remembered past can be deadly in the present. The perennial Eurocentric, colonialist pandemic narratives are exactly those that hinder our ability to study modern pandemics, blocking promising lines of investigation. Just as dangerously, they are also generating racist, xenophobic disease narratives, making effective responses even more difficult.

It might resonate with today's readers that modern historical scholarship on plague and other epidemics diseases started in 1830s Europe in the context of cholera pandemics that were raging across the world. Cholera continued in

recurrent outbreaks through the rest of the nineteenth century, only to be joined by the Third Plague Pandemic at the turn of the twentieth century, and later on by the influenza pandemic of 1918–20. Each pandemic spurred a new flurry of research and publications. Over the last two centuries, historical epidemiology grew into a prolific field of scholarship. But it bears remembering that the basic tenets of that body of scholarship remains mostly Eurocentric and colonialist in nature – which is to say, explicitly based on the idea of the supremacy of European society and its cultural hegemony over non-European societies. The Europeanist plague scholarship that recycles older disease narratives continues that orientalist and xenophobic legacy, despite the fact that most of its tropes have been thoroughly debunked.¹⁶ But knowing the real history matters now more than ever, when racist myths can kill as much as any pandemic.

The only silver lining to the COVID-19 pandemic, we can hope, will be an upsurge in research interest in pandemic studies, both past and present. Already there is a flurry of new works that tackle different aspects of pandemics, in the social sciences, the humanities, and the arts. One thing that has become crystal clear during this pandemic is that neither the study of pathogens (microbiology, virology, etc.) nor the study of treatment of infections caused by those pathogens (clinical medicine) alone can guide pandemic management. This is because pandemics are at least as much about people and their thoughts and actions as they are about viruses and bacteria. Studying pandemics requires asking the right questions to understand why people are affected differently and why they respond to biological crises in different ways. Comparative historical knowledge helps us to understand the social and cultural context for human responses, which is often missing in biomedical and health research. Understanding that this is the primary context in which pandemics unfold is thus critical for developing appropriate policy in real time. Simply put, the insights that the social sciences and humanities offer are crucial for guiding global public health initiatives, especially in a time of pandemic, and must be incorporated into biomedical and health sciences research going forward.

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16 See for example my "'Oriental Plague' or Epidemiological Orientalism? Revisiting the Plague Episteme of the Early Modern Mediterranean," in Varlık, *Plague and Contagion*, 57–87; "Rethinking the History of Plague in the Time of COVID-19," *Centaurus* 62, no. 2 (2020): 285–93.

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