

ARTICLE

Pandemics that changed the world: historical reflections on COVID-19

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Pandemics are central to global history. They have global impact and create anchor points in time. They also interrogate the foundations of society, the sustainability of its material basis, the role of expertise, our social codes, and behavioural norms. Historians of medicine have long engaged with pandemics, examining how they both hinge upon and redefine connections between people and societies in ways that other global phenomena may not. The current COVID-19 pandemic is bound to establish a major anchor point in the twenty-first century. It reminds us how quickly viruses can travel around the world as they interact with the forces of economic, political, and cultural globalization. It also reveals enormous differences in the perceptions of, and approaches to, a new health threat, and highlights the deep politicization behind responses on local, national, and global geopolitical scales. Historical comparisons inspire questions about why human, communal, scientific, and societal responses to such threats vary, and how they change over time.

In view of the importance of the COVID-19 pandemic to global history in the making, the *Journal of Global History* has commissioned eleven articles and an opening reflective article for a special issue on ‘Pandemics that changed the world’. Leading scholars in the history and anthropology of health and disease analyse historical occurrences of lethal diseases with a (potentially) global reach that have provoked strong societal responses. All the articles use historical analysis to reflect on particular social, cultural, or biological aspects of the COVID-19 pandemic. The editors of the *Journal* have chosen not to confine this special issue to the modern era. We agree with Kyle Harper that ‘the further into the past we travel, the greater the sociological differences and empirical uncertainties become. Yet the conclusion to be drawn is hardly that pre-modernists should sit on the sidelines.’ But COVID-19 is also not a rerun of the influenza pandemic of 1918–20. We are less interested in superficial comparisons between A. N. Other pandemic and COVID-19 than in how the history of pandemics can provide a new lens to understand global history and consider the broader ramifications of COVID-19.

The special issue begins with an article by Anne-Emanuelle Birn that reflects on interweaving questions raised by the remaining articles, such as the role of historians during a pandemic when policy-makers and the media constantly seek simple lessons from the past. Among other points, Birn highlights the importance of ‘historical insights around competing and innovative forms of knowledge “from below”’, as well as the continuing need to diversify the historical perspectives on pandemics. Kyle Harper’s contribution on the role of palaeogenomics and phylogenetics in the study of ancient plagues then underscores the critical importance of bringing together history, ecology, and biology, if we want to understand ‘the global ecology’ as a product of deep human history in which the SARS-CoV-2 virus has emerged. Timothy Brook acknowledges that ‘SARS-CoV-2 is not *Yersinia pestis*’, but works through the puzzle of why the Black Death retains such a hold as a literary trope in countries like the UK while it has little purchase in China. By comparing the Tudor and Stuart period with Chinese experiences of disease during the same time, Brook

argues that the relationship between the state and its subjects determined the different experiences and memories of epidemics.

Martha Few highlights the tensions between humanitarianism and coercive colonialism during smallpox outbreaks in eighteenth-century Guatemala. The extension of state-induced inoculation programmes to indigenous Maya communities gave rise to a public debate broadly comparable to the current COVID-19 crisis: how far is the state responsible for the health of its peoples, and are coercion and violence justified to ensure compliance with quarantines and public health campaigns? Valeska Huber explores the roots of internationalism in cooperation around nineteenth-century cholera epidemics. But she argues that the epidemics also highlighted 'social inequalities, imperial hierarchies, and scientific conflicts and uncertainties', just as we see with COVID-19. Huber contends that we can best understand these epidemics by moving beyond international conferences to incorporate imperial and social histories that pay attention to actors on the ground, such as in Middle Eastern quarantine stations.

This special issue then presents three articles on the pandemic that looms largest in the Euro-American collective comparative imagination: the influenza pandemic of 1918 to 1920. Siddharth Chandra, Julia Christensen, and Shimon Likhtman shed light on the wave-like pattern of this extremely lethal pandemic and the role of human connectivity and seasonality in the timing and intensity of its diffusion across the northern and southern hemispheres. This article shows what a global perspective can add to the many case studies of the disease, raising questions regarding the climatological drivers of recurrent waves of infection of COVID-19 that are of critical importance to virology and epidemiology. Geoffrey Rice narrates the pandemic experience of New Zealand, and reveals how memories of and continued research on the influenza outbreak have played an important role in more recently developed pandemic plans commissioned by the New Zealand government. It is tempting to believe, as Rice points out, that the comparatively high level of historical awareness of politicians and healthcare practitioners has indeed left New Zealand better prepared for COVID-19 than most other societies in the world. Howard Phillips draws a line of 200 years from the first and second cholera pandemics (1817–1830s) to the influenza pandemic in 1918–19 and further to the COVID-19 pandemic. He explores the changing relationship between religion and science globally, arguing that the COVID-19 crisis reveals how mainstream faiths have 'moved closer to a wholehearted, accommodationist embrace of science than in any previous pandemic, even HIV/AIDS'. Indeed, history offers a window to appreciate some of the unique characteristics of our COVID-19 era.

The impact of pandemics, today and in the past, is always unequal. As Martha Few demonstrates for the impact of smallpox on indigenous communities, some groups are hit much harder than others. The impact is also spatially uneven, generally exacerbated by existing racial, class, and gender inequalities. Some pandemics, such as Ebola or MERS, wreaked havoc in specific areas or a limited number of countries, but were contained before they could spread to other parts of the world. Early containment of pandemics in the twentieth and twenty-first centuries partly emerged from previous experiences of uncontrolled diffusion. Robert Peckham's article on the diffusion of the 1968 Hong Kong influenza pandemic shows how the swift global spread of influenza between 1968 and 1970 led to a reformulation of global health policies that emphasized the need for enhanced preparedness. The scope of disease surveillance was expanded to encompass ecological drivers of cross-species spill-overs. Peckham's contribution therefore challenges histories of global health that characterize the 1960s and early 1970s as a period when concerns for infectious disease receded. Kavita Sivaramakrishnan's article, meanwhile, examines two influenza pandemics in the 1950s and 1960s to argue that, in South Asia, the paradigms around endemic, epidemic, and pandemic diseases intertwined, creating new ideas of shared risk and 'cooperative citizenship'. Indian experts, officials, and the media also framed risk more broadly as stemming from American and Western chemical and biological weapons alongside endemic diseases. They further believed that India's 'underdevelopment' exposed it to pandemic risks. These ideas were embedded within economic priorities and the dilemmas of self-reliance rather than Cold War concerns.

Shane Doyle's article reveals how Uganda, one of the world's epicentres of the HIV/AIDS epidemic, enhanced the global standing of the Museveni regime with a hands-on approach to containing the epidemic. Uganda became a donor-darling, achieved national reconstruction, and managed to influence international health policies. Doyle observes how China is struggling to play this reputational game today, highlighting the importance of viewing international affairs from the perspective of the Global South. This view is supported by Paul Richards' piece on how local social knowledge and local actors shaped social responses to Ebola in Sierra Leone in 2014–15, and to COVID-19 today. Detailed knowledge of local systems of kinship categorization proved crucial to stopping the spread of Ebola; today, responders have to assess risk factors in workplaces, markets, and places of worship. Richards also shows how the pandemic challenge of COVID-19 draws attention to Sierra Leone's nodal position within a global diaspora rooted in Atlantic slavery, arguing that pandemics can inspire renewed calls for global social justice.

Our timeline for this special issue was ambitious. We invited authors to contribute in April, and the entire issue was submitted to Cambridge University Press's production department just three months later in mid July. In the meantime, the authors wrote their article and we put them through a fast-track open peer-review process. Although some articles use new source material, none of them are based on freshly uncovered archival material, as time did not permit the authors to consult archival sources, and many archives were closed at the time of writing. In addition, the various analyses of the COVID-19 pandemic happened as the pandemic continued to unfold; those aspects of the articles form a snapshot of how historians understood the pandemic at the time of writing. But we believe that the historical work will prove original and informative long after COVID-19 stops dominating headlines. We are very grateful to the authors for committing to this project under these highly unusual circumstances and we are deeply impressed by the variety and originality of their historical reflections on COVID-19.

We hope that our readers will enjoy the articles as much as we do, and that this issue will stimulate further debate and follow-up research in the global history of health and disease. We also hope that readers who are not directly familiar with the scholarship conducted in global history will recognize how valuable this type of work is. This special issue does much more than illuminating events in and of the past; it contributes to a richer understanding of the world in which we live today.