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Impact of Public Health Disasters: A Societal Point of View

ADITYA SHARMA¹ AND AAYUSH PANDEY²

ABSTRACT

For the past year and half, our society has been subjected to a public health emergency of a scale which few past tragedies can match. The Covid-19 pandemic has impacted every tiny little aspect of how we functioned as a society. In one way or the other, it has altered the set norms that we have been following from time immemorial.

While the Covid-19 pandemic has made all of us witnesses to scenarios unimagined by us, it is certainly not the first of its kind. Before the Covid-19 pandemic, our society has been subjected to several public health disasters, all of whom impacted and altered the former in multiple ways. This research aimed at finding the same. In this research, we have done a study of some of the most devastating public health emergencies and pandemics in the wake of whose, our society was left reeling and forced to give up its set norms.

The methodology for the research included a study of the documented scenarios which arose post a major pandemic. We studied how and in what ways can a health emergency lead to changes in the ways of our living. To substantiate our findings, the researchers also conducted a survey in which responses to questions pertaining to the above mentioned themes were collected.

Our research concluded that a society is bound to adapt and shift to new ways of functioning in the face of a public health emergency. While the adaption to a 'new normal' may not be absolute, it will still happen, with a few of the alterations to stay even after pre-emergency scenarios is restored. This has been observed in the past and holds true for the present Covid-19 pandemic.

Keywords: *Pandemic, Society, Survey, Health Emergency etc.*

I. INTRODUCTION

The Covid-19 pandemic has wreaked havoc on our lives, upsetting various aspects of our life. The almost unlikely has already occurred: the planet as we know it has ceased to revolve, whole economies have been put in lockdown, and all of us are restricted to our homes, facing an unpredictable future in which, even though the majority of us succeed, an economic mega-

¹ Author is a student at Gujarat National Law University, Gandhinagar, India.

² Author is a student at Gujarat National Law University, Gandhinagar, India.

crisis is almost inevitable, and this is just the beginning. This is not the first time when we are struggling in this health crisis. In the history of mankind, there have many pandemics which have affected the whole sociology of human being.

The emergence of new diseases does not self-evident, and the social reaction is not driven by them. They must be identified by socially accredited agents and agencies that can differentiate disease from other forms of deviance.

Emerging diseases may cause chaos, confusion, and even disasters, making features of the social order that are normally invisible to inquiry apparent. When communities adapt to these threats, characteristics that we previously took for granted become apparent. Our own planet seems anthropologically weird for a brief moment. Understanding how social arrangements can, and must, change as biological environments change is at the heart of the sociological imagination's approach to policy and practice.

What is striking from a sociological perspective is the degree to which various emerging pathogens elicit similar responses, which are only subtly changed by national environments. During the medical emergency, authorities can try to organize and centralize their authority. Scholars have long expressed fear that, after crises, both authorities overreach and the normalization of the state of exception could become ingrained.³ The state security apparatus that was deployed to combat Covid-19 – AI-driven thermal scanners in China, facial recognition systems in Russia – will be around for a long time⁴. In response to these concerns, the UN Secretary-General tweeted on April 23: ‘#COVID19 is a global health emergency – that is already becoming a human rights problem.’⁵

Further in this paper, we will be discussing, in a chronological order, some of the most devastating pandemics that humanity has ever witnessed and their impacts at shaping up our society.

II. BLACK DEATH (1346-52)

The Black Death, a devastating global bubonic plague pandemic spread across the Europe in the mid-14th century. It was a zoonotic disease transmitted by contact with animals, mostly fleas and other rat parasites. When 12 ships from the Black Sea docked at the Sicilian port of Messina in October 1347, the plague arrived in Europe. The sailors aboard the ships were mostly dead, and those who were still alive were gravely ill and coated in black boils that oozed

³ Honig, 2009

⁴ Macaulay, 2020

⁵ The Guardian, <https://www.theguardian.com/world/2020/apr/23/coronavirus-pandemic-is-becoming-a-human-rights-crisis-un-warns> (last visited May 15, 2021).

blood and pus. The fleet of "death ships" was hurriedly ordered out of the harbor by Sicilian officials, but it was too late

It was spread to Constantinople and Italy the following winter by Genovese merchants. It had already entered the Western Mediterranean by 1348, and was spreading through Western Europe with the summer sun, but was stopped by the arrival of winter. Northern Europe was conquered in 1349, and Scandinavia and Russia were conquered in 1350. The Black Death killed more than 20 million people in Europe over the next five years, almost one-third of the continent's population.

(A) Society at times of The Black Death

The scientists now know that a bacillus named *Yersina pestis* spreads the Black Death, also known as the plague. But in 14th century, people were not aware about science and biology. No one understood how the Black Death spread from one patient to the next, nor did they know how to prevent or treat it. Meanwhile, panicked people did all they could to stop being ill. Doctors declined to see patients, priests refused to perform last rites, and store owners shut their doors. Many citizens left the cities for the countryside, but the disease spread to cows, sheep, goats, pigs, and poultry as well as humans.

Many people thought the Black Death was a divine punishment for crimes against God including greed, blasphemy, heresy, fornication, and worldliness. The only way to defeat the plague, according to this reasoning, was to obtain God's forgiveness.

As Christianity gained a foothold throughout Europe in the 11th century, anti-Semitism increased in ferocity. Even though the Jews were officially shielded by the state, they were unofficially used as easy targets for any major and minor issue. When the plague struck in 1348, the ground was fertile for blaming the Jews for the devastation it caused. "From 1348 to 1350, wide groups of people faced the plague with little hope and turned inwardly against the self in ceremonious expiation, or outwardly beyond society to God or against the outsider-the beggar, the foreigner, and the Jew,"⁶ "By 1351, 60 major and 150 smaller Jewish communities had been extirpated, and over 350 separate massacres had taken place,"⁷

As subsequent plague epidemics swept away all tendencies of population growth, this drastic drop in Europe's population became a permanent and characteristic aspect of late mediaeval society. Inevitably, it had a huge influence on European society and had a significant impact on the dynamics of change and growth from the middle Ages to the Early Modern era. The

⁶ Samuel K. Cohn, *The Black Death and the burning of Jews*, 196 Past And Present 3, 9 (2007).

⁷ Robert S. Gottfried, *The Black Death: Natural And Human Disaster In Medieval Europe* 74 (Free Press 1985).

Black Death of 1346-53 was a watershed moment in human history, as well as a massive human tragedy.

As subsequent plague epidemics swept away all tendencies of population growth, this drastic drop in Europe's population became a permanent and characteristic aspect of late mediaeval society. Inevitably, it had a huge influence on European society and had a significant impact on the dynamics of change and growth from the Middle Ages to the Early Modern era. The Black Death of 1346-53 was a watershed moment in human history, as well as a massive human tragedy.

III. THE GREAT PLAGUE OF LONDON (1665-66)

This was England's worst plague epidemic since the Black Death in 1348. Around 15% of London's population was destroyed. The official death toll in the city was 68,596, but the true figure is likely to be well over 100,000. Other areas of the country were affected as well.

The first cases of the disease were discovered in the spring of 1665 in St Giles-in-the-Fields, a parish outside the walled city. The plague was spread by fleas, which were borne by rats. They were drawn to city streets littered with garbage and waste, especially in the poorest neighborhoods.

(A) Society in the time of The Great Plague of London: 1665-66

The history of the plague in London shows the social stratification that exists and is growing in the city. The mortality rate in the city was nearly equivalent in 1563, but by 1665, the mortality rate in the city center was much lower. This decrease in mortality rate coincided with an increase in the number of rich people in the city center.⁸ It also coincided with the wealthy's increased use of bricks as a building material, as well as improved sanitation, as well as the rapid urbanization of the ever-increasingly crowded parishes on the outskirts.⁹

The College of Physicians focused their attention on prevention rather than treatment due to the high death rate and difficulties in treating the plague. They issued a number of recommendations for public safety. They promoted, among other things, the use of preventative drugs, the burning or carrying of odor-producing items such as tobacco, and the airing out of a potentially infected area to reduce its infectiousness.¹⁰ Londoners hated quarantine, and many

⁸ Neil Cummins, *Living standards and plague in London* 69 *The Economic History Review* 3, 6 (2016).

⁹ Cummins. *Living Standards*.

¹⁰ *The Kings Medicines for the Plague*. Prescribed in the year, 1604 by the whole Colledge of Physitians, both Spiritual and Temporal. Generally made use of, and approved in the years, 1625, and 1636. And now most fitting for this dangerous time of infection, to be used all England over (London: F. Coles and T. Vere, 1665.), Early English Books Online, 3-10.

sought to prevent it by concealing their disease, illegally removing the dead from their buildings, bribing public health staff, and so on. The city's effort to protect the health of the rest of the city was deemed too harsh, especially the idea that the healthy would be confined.¹¹

However, on a deeper analysis of the pandemic it is demonstrable that the government's health programs have not only failed to support the sick, but have actually made it worse. It harmed the poor, although these policies did little harm to the rich, and in some cases gave those advantages.

The very first edition of *The Great Plague in London in 1665* had a preface by the Walter George Bell, historian, starts by saying: "This book tells a tragedy of the poor. A few men—very few—of birth, position, and wealth stayed in London, sharing the suffering which was the lot of all, and there are names that gained added luster in that year of calamity; but in its immensity and in overwhelming proportion it was "the poor's Plague."¹² Bell intersperses his study of the Great Plague with scathing criticism of the government's incompetent response. He does admit that the governments' failures come at the expense of the London's people.

The Bills of Mortality became an important and evolving part of the government's reaction to the plague. The first Bills of Mortality were created in 1518, and they were initially basic records that only documented plague deaths and were only circulated during major plague epidemics. Later, they were more informative and were written more frequently, especially prior to the 1665 epidemic.¹³

The Great Plague in London in 1665 caused a massive loss of life, but it did not attract almost as much funding from the government and private charities as the Great Fire, which occurred just a few months later but had a much lower death toll.

The Great Plague's background has implications in today's world. The poor's perception that they were being handled poorly by the government fueled criticism of the government's public health directives and that's why The Great Plague of 1665, and plague in general, has had a major influence on the advancement of English medicine and the government's position.¹⁴

IV. THE THIRD PLAGUE (1855-1959)

In the isolated Chinese province of Yunnan, the disease resurfaced in 1855 from its wild rodent

¹¹ *Curiosity Collections*, <https://curiosity.lib.harvard.edu/contagion/catalog/36-990057491820203941> (last visited May 17, 2021).

¹² Walter George Bell, *The Great Plague of London* 224 (random House 1995).

¹³ The History Jar, <https://thehistoryjar.com/2019/05/12/bills-of-mortality-1665-1666-charting-the-great-plague/> (last visited May 18, 2021).

¹⁴ Steven Johnson, *The Story of London's Most Terrifying Epidemic—and how it Changed Science, Cities and the Modern World* (New York: Riverhead Books, 2006).

reservoir. The disease spread along the tin and opium routes from there, reaching K'unming, the provincial capital, in 1866, the Gulf of Tonkin in 1867, and Pakhoi (now Pei-hai), the Kwangtung province port, in 1882.

For a variety of causes, the Third Plague Pandemic (1855–1959) was a first. Bubonic plague struck major cities from Hong Kong (in 1894) to Bombay (1896), Sydney (1900), Cape Town (1901), and Los Angeles (1901) for the first time in history (1924). Around 12 million people died as a result of the pandemic (including 10 million on the Indian subcontinent).

(A) The Third Plague and the Bombay

The first cases in India were registered in Bombay (now Mumbai), and the Bombay Presidency suffered the most casualties of any Indian city. The British authorities were slow to react, as they were to other disease or starvation outbreaks in the area, and their response was in many cases too late.

Authorities may even also aided the dissemination of the disease in certain situations, with reports of the military throwing healthier civilians into quarantine centres, evicting and burning the afflicted's houses, or using such unnecessary brutality that the population refused medical assistance.

(B) How the third plague spread in India and social changes during the third plague?

The Indian public's lack of awareness was also to their detriment. In India, some sects prohibit the killing of rodents, while others actually refuse to admit that they are ill. As the plague in Bombay grew out of control, many people fled the city, carrying the disease with them. By 1902, it is estimated that over one million people have died in India. In 1903 alone, over one million more people died. About half a million people died in the first four months of 1904, nearly equal the amount for the whole year of 1902. For the next few decades, the plague widespread in India, with estimates ranging from ten to twelve million gross plague deaths.

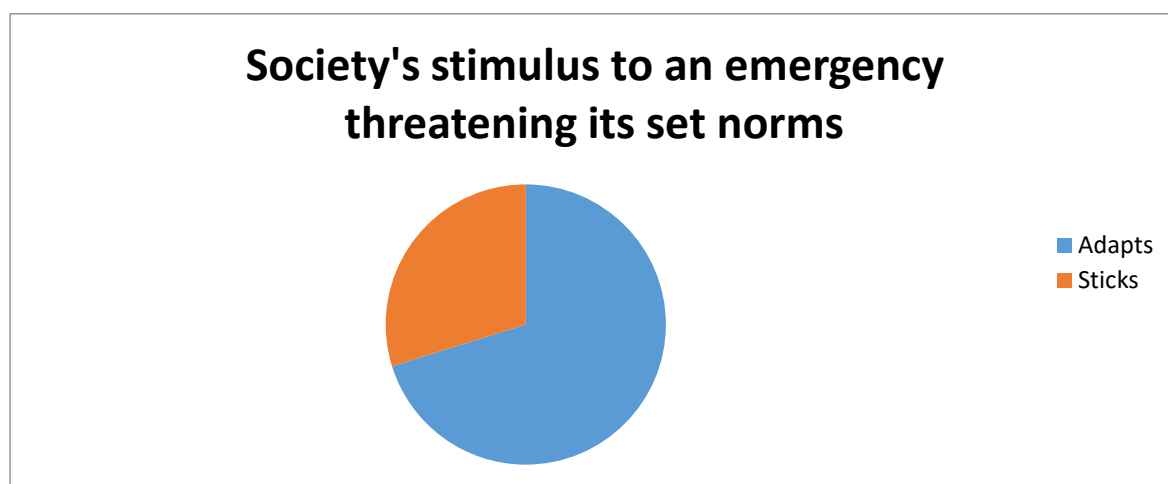
The early twentieth-century public health steps taken to contain the plague marked the start of India's public health scheme, and some of the colonial government's quarantine measures were also used in 2020 during the outbreak of the COVID-19 pandemic.

V. SPANISH FLU (1918)

The Spanish Flu or the influenza pandemic of 1918 is touted to be the deadliest that our world has ever witnessed. It affected a staggering 1/3rd of the world's population and took at least 50

million lives, and possibly a 100 million.¹⁵ The sheer impact and the widespread nature of the pandemic give us a slight insight as to how severely it must have impacted societal behavior and altered set norms of the society.

A lot many parallels can be drawn between the influenza pandemic of 1918 and the present Covid-19 pandemic. Lockdowns were common, gatherings weren't allowed, schools shut and masks were made mandatory to curb the spread of the flu. More on the Covid-19 pandemic in another section. As for 1918, the communication channels and medical science were not as sophisticated as they are today. Due to this, any government regulation was hard to be sent to the public, leading to loose implementation of protocols. The society was reeling with the devastation that the pandemic had caused but even then were unable to let go of human tendencies. It wouldn't be wrong to say that the stubbornness of a certain section of people in the society costed the world dearly. These people were of the opinion that the society could exist without any disruption by staying true to the unfit for public health emergencies. This is completely wrong, as was also confirmed by the survey conducted to supplement the research.



Nearly 70% of the respondents believe that a society begins adapting to new norms when it encounters an emergency. This is precisely what happened during the pandemic of 1918. It severely impacted societal behavior, as a preventive measure and at times as a harmful measure too. The latter observed when some people refused to wear masks and take precautions. As historian Samuel Cohen observed ¹⁶one of the many anti-mask leagues forming in San Francisco in 1919, because some people were unwilling to adapt to new norms. Just like these leagues began forming, other common human fallacies such as scapegoating one another for

¹⁵ Niall Johnson & Juergen Mueller, *Updating the accounts: Global mortality of the 1918-20 Spanish influenza pandemic*. Bulletin Of The History Of Medicine 76, 105-115 (2002).

¹⁶ Microbiology Society, <https://microbiologysociety.org/blog/life-after-a-pandemic-what-we-can-learn-from-the-spanish-flu.html> (last visited May 18, 2021).

the crisis caused by the pandemic also gained tractions, altering the way the society functioned pre the 1918 pandemic.

VI. HIV-AIDS PANDEMIC

Officially, the WHO still categorizes HIV-AIDS as an epidemic and not a pandemic. Despite this, the sheer amount of caseload in all corners of the world makes it no less than a pandemic. From the point of view of sociology, the HIV-AIDS pandemic has provided a plethora of complex testimonies of how the society reacted to this disease. Quite many complexities associated with HIV-AIDS stems from the stigma that is attached to this disease.

It has been 35 years since the first case of HIV infection was discovered in India. During this time, the disease has spread steadily. As of 2017, India had a HIV caseload of 2.1M patients.¹⁷ Having such a huge number of patients gives an entirely different meaning to the stigma that is around this disease and also to any attempt to view the disease through a sociological lens. The widespread nature of this disease and despite the governmental efforts, AIDS couldn't escape stigmatization, making it a topic which can be explored via the sociological lens in a plethora of ways.

Presently, it is widely accepted that the study of a stigma related to a disease, especially one like HIV-AIDS, constitutes a peculiar social phenomenon, wherein, close interrelation between several political, socio-economic, cultural and environmental factors is observed. To study the stigma associated with any disease, in the present case, HIV-AIDS, the symbolic interactionism theory, first discussed by George Herbert Mead, is of great help in explaining the nuances behind this behavior. In context of this theory, it helps study and justifies the conduct of people who interact with each other frequently on lines of symbolic meanings. This theory was also used extensively in a paper focusing on HIV-AIDS on similar lines.¹⁸

What basically happens due to such stigmatization is that the person suffering from the disease is placed in a discrete category to accomplish the aim of the people stigmatizing the disease, which is to create a degree of separation between 'us' and 'them'. This directly leads to 'them' experiencing a loss of status and discrimination, solely on the basis of a disease they suffer from, which isn't even communicable easily. For such an irrational behavior, Eliot Freidson provides an explanation. He believes that certain diseases are inherently seen as illegitimate

¹⁷Avert, <https://www.avert.org/professionals/hiv-around-world/asiapacific/india>. (last visited May 12, 2021).

¹⁸ Areewan Klunklin & Jennifer Greenwood, *Symbolic Interactionism in Grounded Theory Studies: Women Surviving with HIV/AIDS in Rural Northern Thailand*, 17 J. Of The Association Of Nurses In AIDS Care 32, 34 (2006).

and stigmatizing.¹⁹ This helps explain in great detail as to how such a pandemic affects the society. This is more because of the biological lens through which an ailment is perceived, that is, the severity, contagiousness and treatment methods available for HIV/AIDS. As Alonzo and Reynolds noted in their paper,²⁰ that there is differential stigma associated with different HIV/AIDS patients. This is because of their socio-economic or political backgrounds. What is important to note here is that doing this also alters the societal status of a lot of patients, shaping up society in a different manner. A lot of influential people, after being infected, may lose on the power that they command and be demoted a lower social status, all due to the stigma they are subjected to.

Sociologists have been quite interested in the social management of HIV/AIDS, that is, the stigma, disclosure and social support of a patient and the pandemic as a whole. As Erving Goffman notes²¹ that stigma does not rest in individual traits but in social interactions and relationships, it gives yet another testament to the fact that the stigma associated with the AIDS pandemic does alter societal behavior, because an individual will see the outlook of the rest of the society towards him changing. As sad and unfortunate it, such changes are mostly on the negative side.

VII. COVID-19 PANDEMIC

The Covid-19 pandemic has hurt all of humanity in ways never imagined. It has redefined our lives, even the tiniest aspects of our lives. It goes without saying how big of an impact such a huge public health emergency has on our society.

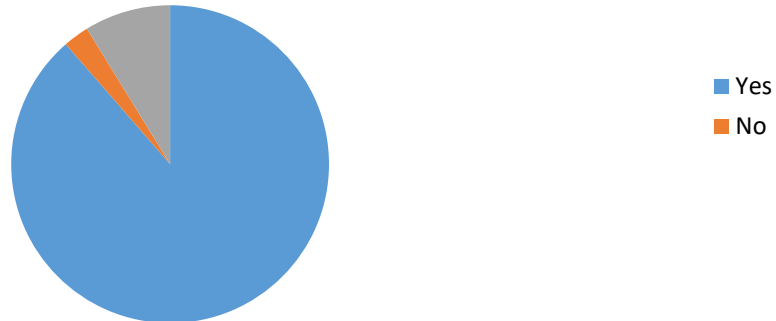
Covid-19 has directly impacted the set norms of the society. Due to obvious reasons, schools were and have been shut, working from home has become the norm, public gatherings have become uncommon and the society views them with paranoia. In short, all of us find ourselves in a 'new normal'. These changes were also reflected in our sample space for this research and it would not be wrong to say that they have had far reaching effects on human sociology.

¹⁹ Satyajeet Nanda & Aparimita Pramanik, *HIV/AIDS in India: stigmatization as a process of communication and social relationship*, 25 Cuadernos De Informacion 105, 108 (2009).

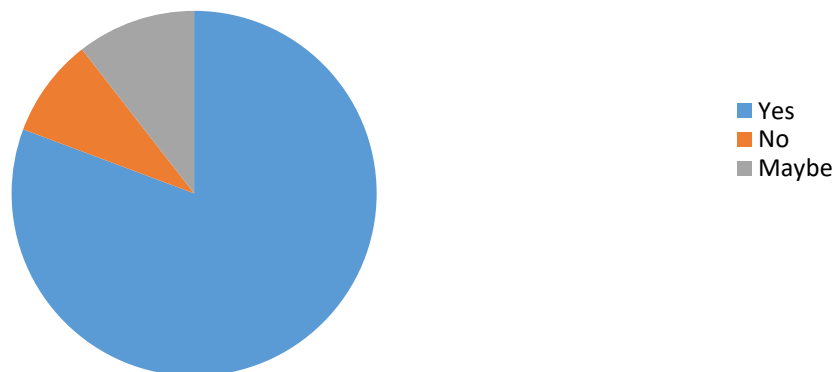
²⁰ Angelo A. Alonzo & Nancy R. Reynolds, *Stigma, HIV and AIDS: An exploration and elaboration of a stigma trajectory*, 41 Social Sciences Medical 303, 313 (1995).

²¹ Tammy L. Anderson, *Understanding Deviance: Connecting Classical And Contemporary Perspectives* 257 (Routledge 2014).

Do you think that public health emergencies, such as the current Covid-19 pandemic alter the way our society works as a whole?



Has your outlook on social gatherings changed during the pandemic?



As can be seen in the above two charts, an overwhelming majority of the respondents do believe that the Covid-19 pandemic has altered the way our society functions. Nearly 80% of the respondents had their opinion about social gatherings changed due to the Covid-19 pandemic, a characteristic feature of humans who are social animals. All this has happened for all the right reasons and due to the unprecedented times we have found ourselves in for the past year and half.

From a sociological point of view, a crisis as large as covid-19 has a silver lining as well in the form of a less individualistic society. Due to this pandemic, one could argue that our society will get closer and better-knit and polarization will reduce. Given our current levels of tension caused by the harrowing situation due to the pandemic, the time is ripe for the promotion of more constructive patterns in our political and cultural discourse. As has been proved by

studies²², that strong and enduring relational patterns in a society become more viable for change due to a major emergency. Due to this, we could hopefully expect our society to become less polarized than it today is. In addition to this, the fact that the pandemic has made people look past their differences as each and every one of us has one common enemy, the virus, is also important to be considered from a sociological lens. We need to understand that public health emergencies are essentially social phenomenon. We, all of humanity are going through the pandemic and are in this together. It can clearly be asserted that collective adversity breeds social solidarity. This belief of ‘us’ versus the virus also unites the people and alters the society greatly.

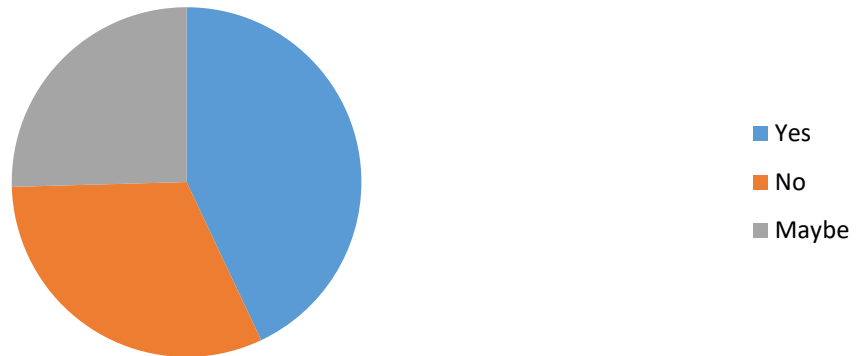
However, it cannot be denied that the impact of such a major crisis is also huge, leaving quite a few possibilities about where the society heads and how the society is impacted. While it can be argued, and hoped that the covid-19 pandemic could increase social trust and solidarity, it can easily lead to a scenario opposite to this. The rightful fear of catching the virus has changed the way we behave and has dramatically altered the way we interact. Social gatherings and interactions have been rightfully discouraged for the past year and half, leading to an air of suspicion and distrust. The sheer amount of deaths and cases that we have witnessed also has led to a decline in social trust, which will have far reaching consequences in the future. Past episodes of social mistrust arising out of public health emergencies also substantiate this claim of ours. As Erika Hayden found in her research²³ of the Ebola epidemic, that episodes of social mistrust became common, similar outcomes could be expected out of the Covid-19 pandemic. Such huge numbers of mortality, as we are witnessing today, severely disrupt the social tissue, hitting at the sole foundation of a united front in wake of a common adversity. It seems but natural to believe that in face of common danger, people unite, as mentioned above, but, such hypothesis can easily be countered too. People have been naturally avoiding interactions with those who they do not know and are paranoid of public gatherings. The necessary measures of precautions also add fuel to this fire.

The responses collected also back the above claims about Covid-19 pandemic negatively impacting social solidarity and trust.

²² Politico, <https://www.politico.com/news/magazine/2020/03/19/coronavirus-effect-economy-life-society-analysis-covid-135579> (last visited May 17, 2021).

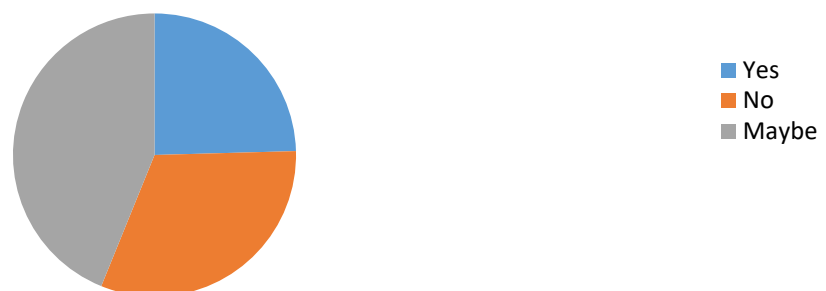
²³ Nature, <https://www.nature.com/news/ebola-survivors-fight-prejudice-1.16561> (last visited May 17, 2021).

Do you think that Covid appropriate behavior such as social distancing impacts our social bonds, trust and solidarity?



When a question regarding the pandemic's impact on societal trust, bonds and solidarity was posed before the respondents, the majority also believed that there indeed is an impact. The fact that the responses were mixed indicates that the opinion among the respondents in regard to the outcome of such an impact was contested, that is it could both be negative or positive, as stated above.

Do you think that post-pandemic, our society will become more individualistic because we may fear others on account of our present experience?



In another question on similar lines, the responses collected were in congruence with our claims. While a minority of the sample space out rightly asserted that the society will become more individualistic due to receding social trust, bonds and solidarity, the majority did not have a conclusive opinion. Either way, it can be observed that there is going to be a drastic impact of the Covid-19 pandemic on the society as the former will severely impact societal solidarity. We can hope for the outcome to be in a positive sense but it could very much go down the other

side. As Richard Collier wrote in his book²⁴ about the Spanish Flu pandemic of 1918, “*If the epidemic continues its mathematical rate of acceleration, civilization could easily disappear from the face of the earth within a matter of a few more weeks*”. The same holds true for the Covid-19 pandemic.

VIII. CONCLUSION

In the paper, we have discussed how our society alters its set and standard ways of living as it has to adapt to a ‘new normal’. This has happened multiple times in the past and is being repeated today in the present due to the Covid-19 pandemic.

As strong and strengthened may the society’s foundations and norms may seem, in the wake of unprecedented times caused by public health emergencies, all of us as a part of a society are forced to reconsider our behavior and ways of living. This shift in practices ultimately leads to a change in the way a society functions as a whole. The same has been discussed in the paper, with appropriate examples of instances from the past and also backed by the responses collected in the survey to substantiate the research.

²⁴ Richard Collier, *The Plague Of The Spanish Lady: The Influenza Pandemic Of 1918-1919* (Atheneum 1974).

IX. APPENDIX

Sample Size – 114 Respondents

Survey Questions –

Q.1 Have you changed some of your habits ever since the pandemic began?

Q.2 How many of ‘changed habits’ of yours will continue even after normalcy?

Q.3 Do you think that public health emergencies, such as the current Covid-19 pandemic alter the way our society works as a whole?

Q.4 Has your outlook on social gatherings changed during the pandemic?

Q.5 In your opinion, what is the general stimulus of the society as a whole to any emergency it faces?

Q.6 Do you think that post-pandemic, our society will become more individualistic because we may fear others on account of our present experience?

Q.7 Do you think that Covid appropriate behavior such as social distancing impacts our social bonds, trust and solidarity?

Q.8 Do you believe that pandemic induced changes are here to stay? (Please answer this with a general societal point of view).
