

Paradoxes of a Pandemic

We are currently experiencing, at a global level, a historic moment, as a result of the COVID-19 Pandemic, which is why the present Political Observer – Portuguese Journal of Political Science (PO-PJPS) enshrines this issue. COVID-19, one of seven human coronaviruses, was initially considered an outbreak, that is, when there is an increase in cases of disease in a defined area or in a specific group of people, in a given period. The first cases of this disease were reported on the last day of December 2019 in the city of Wuhan, the capital and largest city in the province of Hubei, in the People's Republic of China. A month later, on January 30, the World Health Organization (WHO) declared that this outbreak constituted a *Public Health Emergency of International Importance*, having considered it a Pandemic on March 11, 2020.

Since then, at the beginning of this century, the world has faced a pandemic that is considered the worst scenario for human health. Etymologically of Greek origin, the word *Pandemia* is the union of the words *pan* which means “all” and *demos* which means “people”. Hence, a pandemic is characterized when the disease is generalized by individuals located in the most diverse geographic regions. In this cases, there is an intercontinental epidemic contagion, of serious lethal proportions, capable of causing demographic, political and economic changes.

In a way, the fascination of the science of politics always and largely lies in the dynamics of the existence of an absolutely new present time, characterized by new problems, challenges, paradoxes and complexities, such as what we are experiencing today. However, the singularity is, as always, structurally anchored in the history of the future of humanity and for this reason it is repeated, changing the contexts and approaches specific to each historical time. This permanence and novation, characterizes human society and consequently transforms science both in its social, human dimension and in nature itself.

In the newsletter of the Faculty of Medicine of the University of Lisbon, n. 99, in the section *Script of memory*, the article *The Epidemics and Pandemics in the History of Humanity*, signed by Lurdes Barata (Library and information – Editorial team), the journey is made, which here we summarize this historical permanence, which needs to be revisited to contextualize the current scenario.

In the West, references to the first epidemic diseases are known in antiquity. The first known “pandemic” occurred between 430 and 427 B.C. during the Peloponnesian War. The *Plague of Athens* or *Plague of Egypt* as it became known, will have killed two thirds of the population. Although the type of disease is unknown, it is believed that it may have been an epidemic of typhoid fever. In 165 B.C. we have reference to the *Antonine Plague* also known as the *Galen Plague* which will have continued until the year 180 B.C.. In this case, it is thought that it was an outbreak of smallpox or measles that initially affected the Huns and spread throughout the Roman Empire. As early as 250 B.C., the name *Cyprian's Plague* was attributed, in recognition of the Bishop of Carthage, to the disease of unknown origin that is be-

lieved to have started in Ethiopia, spreading through North Africa, passing through Egypt until reaching Rome. In Alexandria, 60% of its habitants died. In the year 444 it reached Great Britain, forcing the weakened Britons to seek the help of the Saxons to fight the Scots and the Picts. Despite being called “plague”, the symptoms described are not identical to those of bubonic plague. In antiquity, the term “plague” was synonymous with contagious disease and high mortality. Even today, the virus responsible for the “Cyprian plague” is an enigma. For some historians it may have been a viral haemorrhagic fever, for others it may have been a flu caused by a virus identical to the one that caused the Spanish Flu in 1918.

Despite the known epidemics of antiquity, the first historically documented pandemic was *Justinian's plague* that broke out between 541 and 750 A.D., the first case of bubonic plague that killed more than half of the European population. Originally from Egypt, it spread across the Byzantine Empire, under Emperor Justinian I, as far as the Mediterranean.

Of general public knowledge is the so-called *Black Death*, unanimously considered the greatest pandemic in the history of civilization, known since 1347, in Central Asia. It devastated Europe and was responsible for decimating between one third to half of the population. This global bubonic plague epidemic was devastating.

Also, as a result of colonization, certain diseases that didn't exist in certain areas of some continents have evolved into major pandemics such as smallpox and measles. To prove this statement was the nickname *Colombian Exchange* when in 1496, Christopher Columbus arrived in America, the Tainos (indigenous people of the Caribbean) were around 60,000 and in 1548, were less than 500. Diseases such as measles and bubonic plague will have wiped out about 90% of the population. The destruction of the Aztec empire is also attributed to an outbreak of smallpox. In turn, in 1665, the city of London was particularly plagued by the bubonic plague, known as the *Great Plague of London*. Let us also remember that in the 11th century Europe was plagued by *Leprosy*, known as *Hansen's Disease*. In the Middle Ages this disease was seen as a punishment from God and a curse on the sick.

The first news of pandemics caused by the *Flu virus* date from 1580 in Asia. In just 6 months it spread to Europe, Africa and later to North America. Later on, in 1729, in Russia, the *Flu* reappeared, becoming a pandemic. In 1732 it spread across the world, killing about half a million people in 36 months. Another outbreak of this pandemic occurred in 1781 in China, spreading across Europe within 8 months. In 1830, a new pandemic flu starting in China also went through Asia, Europe and the Americas which has infected about 25% of the population. In addition to the flu, other diseases have caused major pandemics, including cholera.

The year 1817 marks the beginning of the *Cholera Pandemic*, the first of eight cycles, over the next 150 years. It is thought to have started in India where it spread to China and reached the Republic of Azerbaijan, Kazakhstan, Turkmenistan and Russia via the Caspian Sea and later spread worldwide. In 1832, cholera started in Europe and spread to the United States and Canada. Twenty years later, a new chol-

era pandemic, probably the most devastating, has seriously affected Russia, causing more than one million deaths. Between 1863 and 1875 it expanded rapidly among the European and African population. North America was heavily contaminated in 1866. In 1892, it mainly infected Germany. In 1855, another wave of *Bubonic Plague*, started in China and spread quickly across India, then reaching Hong Kong.

Smaller but no less important examples are epiphenomena such as the 1875 *Measles Pandemic*, which devastated the Fiji Islands. By that time in these colonies of the British Empire, chief Ratu Cakobau will have returned from a trip to Australia infected, having killed one third of the island's population. At the end of the century, in 1889, the *Russian Flu* became a pandemic that started in Siberia, Kazakhstan and later spread to Europe, North America and Africa.

And finally, at the beginning of the last century, in 1918, the so-called *Spanish Flu* emerged, closer to our reality and therefore more remembered. The geographic origin of this *pandemic flu* that plagued the world between 1918–1919 is effectively unknown. Despite not having Spanish origin, it was known as Spanish flu, pneumonic flu, pneumonic plague or simply pneumonic. This pandemic arises at the height of the First World War in which were involved, on the one hand, the allies (United Kingdom, France and the Russian Empire) and on the other hand, the Central Empires (Germany and Austria-Hungary) and the United States, and all avoided disclosing information about the scope of the disease, in order to avoid the population's discouragement with the news of the existence of an alarming number of civilians falling ill and dying. Spain, as a neutral country, reported the disease.

Less remembered, already in the second part of the century, in February 1957, *Asian Flu* is diagnosed, one of the major global flu epidemics. It started in North China, where the virus spread rapidly, reaching Singapore and Hong Kong in about two months, where it spread to other parts of the globe, such as the Australian continent, India, Africa, Europe, United States, and in about 10 months it spread globally. A decade later in 1968, *Hong Kong Flu* had a major impact on the Vietnam War, from where it was transported to the United States and spreading rapidly throughout the world. After three months the virus had reached Europe, India, Australia and the Philippines. Worldwide, this pandemic has killed about a million people. In the 1980s, the spread of the HIV / AIDS virus in the USA killed more than 35 million people. Despite advances in medicine that allow patients to manage the disease, a cure has yet to be found.

At the beginning of the first decade of the 21st century, in 2009 a new pandemic flu labelled *Influenza A* (Flu A) appeared in April of that year. At first it was an outbreak of a swine flu variant whose first cases occurred in Mexico, shortly after reaching the European continent and Oceania. This flu pandemic caused by the H1N1 virus, has killed more than 200,000 people worldwide due to respiratory problems. Finally, at the beginning of the 20s of our century, SARS, *Severe Acute Respiratory Syndrome* is a viral respiratory disease of zoonotic origin caused by the SARS-CoV virus. First detected in late 2002 in China. Between 2002 and 2003, an outbreak of the disease

resulted in more than 8,000 cases and around 800 deaths worldwide. In 2012, a new variant of coronavirus (Mers-CoV) was found in Saudi Arabia, responsible for the Middle East respiratory syndrome (MERS).

The analysis of the past allows us to position properly the current crisis. Apparently, we are at present better prepared to face a new pandemic, through vaccination programs and campaigns, and due to the advances developed in the last century in communication technologies, which allow the world to react much faster to the threat of a planetary pandemic. However, in the interconnected world in which we live, a virus spreads more easily, we may be surprised by the resistance of viruses to the available therapies or besides viruses can pass, *within a species, creating new variants, which infect other species*, among them the human being, being necessary to develop as quickly as possible new drugs capable of destroying them. There are currently other diseases such as Ebola, Zika, Dengue and Chikungunya that are pathologies of worldwide concern. Due to their enormous ease of contamination, they can cause great pandemics and are therefore being studied intensively by the scientific community. Some researchers, scientists and infectious diseases specialists, say that after controlling the coronavirus that caused COVID-19, the world will need to be prepared for any pandemic next, because new pandemic outbreaks will emerge sooner or later, such as the history insists on demonstrating.

The concerns appear to be the same as usual. Pandemics raise population *security* problems, as suggested by the first articles gathered in the initial section of this issue of the PO-PJPS. The articles by Eduardo Pereira Correia, Ricardo Claro and Leandro Berenguer are proof of this. Or they increase the pre-existing crises as suggested by the report that arrives from the Amazon. They raise doubts of *confidence* about the ruling elites, either because of the model of response to the populations, or because of the way in which prevention measures are communicated, as can be seen in the articles in the second section of Andressa Costa and Ana Bernardi, and Yehan Wang. Or instead, about the reaction model of the populations involved, as shown by Irena Djordjevic's article. And finally, they suggest questions of paradoxical changes that interrogate the spirits for the *future* mirrored in the interrogations that come from Paulo Fontes and Orlando Coutinho, in the third section. Also reflected in Samuel Vilela's review of Krastev's recently published book (2020), *Is it Tomorrow Yet? Paradoxes of the Pandemic* by Penguin Books, whose subtitle we return to for this editorial. Street art also echoes this reality, which is why our cover — *All eyes on him* — owes to artist Vile, the graffiti created in 2020, expression of the core of our collective concern. To end, a word to everyone who agreed to reflect with us on the topic, once we launched the challenge was quickly answered, allowing us to carry out this issue of PO-PJPS even in 2020, which once again owes to Patrícia Tomás the extra effort of making it possible. Our thanks to everyone.