



COVID-19 and the Lessons from History

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Summary

COVID-19 will be a long-term challenge with serious consequences. It may not be under control globally until 2022 and, even then, what follows is unlikely to be a return to anything approaching “normal” life. This month’s briefing analyses the current state of the outbreak, puts it in the context of the past century’s worst pandemics and illustrates the lessons that can be learnt from these episodes.

Introduction

Last month’s *COVID-19: Not Out of the Woods Yet* was the fifth in a series of ORG briefings since March on the COVID-19 pandemic. As the title implies, it accepted the opinion of the World Health Organisation (WHO) that the pandemic was still in its early stages, concluding that:

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“ Given all that is now known about COVID-19 it is wise to conclude that we are still in the early stages of understanding and reacting to its potential. Even if effective vaccines and anti-viral drugs are available in substantial quantities within 9-12 months, the pandemic will be long-lasting and the risk of resurgences there for years to come. One key implication of this is that the socio-economic impact of COVID-19 is still in its early stages and is likely to be more serious than anticipated, even if it has already been appalling. ”

It further pointed out that the Global South was at the centre of a rapidly expanding pandemic on three continents and that richer states, especially in the Global North, were hugely pre-occupied with their own issues, adding to the risk, since:

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“ ...this comes at a time when richer sectors of society are looking to their own problems in the face of COVID-19 and even less concerned than usual to take a global perspective. Vaccines and anti-viral treatments will eventually see the easing of the pandemic but recognising the scale of the challenge will help ensure that the impact on weaker sectors of society is limited and a more humane and fair society emerges. ”

Recent developments have very much followed that pattern, but they also throw more light on the probable long-term effects of the pandemic, some of which might yet prove positive depending on how people act. This month's briefing therefore updates the analysis, puts it in the context of the main pandemics of the past century and looks to signs of lessons that can be learnt as well as obstacles to that process.

The Current Status of COVID-19

At the end of May, the WHO was reporting 400,000 deaths from COVID in the first five months of the pandemic and by late July that had risen to 640,000 deaths, an increase of 240,000 in two months. One month later the WHO was reporting 810,000 deaths, an increase of 150,000 in a single month.

Those countries with substantial populations (over 10 million each) that are currently causing particular concern include the United States, Russia, India, Iran, Saudi Arabia, South Africa, Mexico, Brazil, Peru, Argentina, Chile, Colombia and Spain. In addition, as highlighted in last month's briefing, a notable concern is the number of countries that were reasonably confident that the intensity of the pandemic was diminishing but who are now facing resurgence. As well as Spain they include Australia, France, Austria, Belgium and Croatia.

Detection of COVID-19 depends on the intensity of testing which is variable but accepting that, the three countries that have the highest number of confirmed cases are the United States (5.6 million), Brazil (3.6 million) and India (3.1 million). The countries showing the most alarming current rises are India, Peru and Argentina. The worst five affected countries in terms of deaths so far are the United States (179,000), Brazil (116,600), Mexico (61,500), India (59,450) and the UK (41,540). Measured in terms of excess deaths over the normal for the time of year, they can be much higher. In Britain they exceed 63,000.

In short, the global picture is one of expansion of the pandemic, most markedly across Latin America and South Asia but also with signs of an increase across the Middle East. There has been a levelling off or even a decline in the pandemic in countries that have adopted strong containment measures. But there are worrying signs of resurgence when the measures are eased.

Intensive work on vaccines and also on antiviral drugs is continuing in many countries, with frequent claims of progress being made mainly by political leaders. There has been some limited success in the use of existing drugs as antivirals and some vaccines are entering full-scale trials. But a consensus among specialists is that effective and fully proven vaccines that have lasting impacts may not be available in quantity for world-wide use until late next year.

The working assumption should therefore be that the COVID-19 pandemic will not be under control until early 2022. Hopefully, this is a pessimistic conclusion but it is a sensible working hypothesis from political and economic perspectives.

Past Pandemic Experiences

In looking ahead there is value in summarising some of the main pandemic experiences of the [past century](#) in terms of the light they may shine on COVID-19 and its evolution. Spanish Flu (1918-20) was misnamed because Spain was neutral in the First World War and was not censoring news. In fact, it was very much a global illness with an estimated 500 million people falling ill across the world, and as many as 50 million dying. Because of its infectivity it spread rapidly in waves, with the most devastating consequences being across the Global South, especially in indigenous communities. In this case, there was no vaccine to protect against infection. As such, control efforts worldwide consisted of [non-pharmaceutical methods](#) including isolation, quarantine, encouragement of good personal hygiene, use of disinfectants, and limitations of public gatherings.

Asian Flu (1957-58) was a less serious virus but still killed a million people, spreading rapidly from its origins in South East Asia, whereas the later Swine Flu (2009-2010), a strain of the H1N21 virus, appears to have started in Mexico. It is believed to have infected well over a billion people but its death toll is not certain, estimates ranging up to over half a million. Most flu viruses have their main impact on older people, but Swine Flu was primarily a disease of the young.

Ebola (2014-2016) was particularly virulent and lethal, with at least one in three infected people succumbing, but its sheer lethality meant that it tended to run out of victims. Even so, it killed over 11,000 of the 28,000 or more people believed to have been infected.

HIV-AIDS (from 1981) has been a much more slow-developing pandemic that has killed 35 million people over nearly forty years and is second only to Spanish Flu in its lethal impact over the past century. It has been brought largely but not fully under control by a combination of increasingly effective anti-viral drugs and substantial behavioural changes.

In addition to these pandemics, there have been a number of recent incidents of lethal zoonoses (diseases spread by or from animals) including two severe respiratory infections, SARS and MERS. The former spread more widely and infected around 8,500 people, mainly in South East Asia in 2002-4, killing one tenth of those infected. While as dangerous as the Spanish Flu of nearly a century earlier, its rate of spread was slower and urgent control measures had early effect. Some states that experienced SARS have appeared culturally and medically better prepared to respond to COVID-19.

Relevance to COVID-19

In the context of previous major pandemics, COVID-19 has a number of specific features. Although this corona-type virus differs from flu viruses, it is essentially a respiratory infection. But it has the capacity to affect other organs, sometimes critically. It is highly infectious, most of its victims are older and its most important feature is its asymptomatic spread. It is this factor that makes it so difficult to control in the absence of vaccines and anti-viral drugs, causing huge economic and social problems by requiring lockdowns, quarantining and

other measures. One relatively positive element is that the virus is fairly stable and doesn't readily mutate into viable forms with, for example, higher levels of infectivity.

One of the most significant elements in this pandemic is that it comes at a period of persistent criticism of previous leaderships in many countries. This has enabled populist leaders such as Trump, Bolsonaro, Modi, Johnson, Putin and others to come to the fore. A common feature of these leader's ideas is being a concentration on the role of the individual state at the expense of intergovernmental collaboration. As ORG's Abigail Watson [commented](#) in April:

“ ..states appear to be moving apart, compelled by concern for their own people and domestic crises but also by the isolationist policies of countries like the US. This risks a breakdown of international cooperation at a time when we need it more than ever. ”

This can extend to direct criticism of bodies such as the WHO. It has also been compounded by a wide-spread neoliberal culture that prioritises the market over public service often leading to cuts in precisely those services such as public health that are essential for the effective control of a health crisis such as COVID-19.

If the COVID-19 pandemic was short-term in its extent, with a single phase of perhaps three months affecting each state and region in turn, then the scope for re-assessing economic and security thinking would be limited. The problems would be experienced, a few lessons learnt and then life would go on more or less as before. As the [first briefing](#) in this series highlighted way back in March:

“ Should the crisis be overcome in a matter of a few months without the suffering and loss of life that many people presently fear, then it will be critically important to learn the lessons not just as they apply to COVID-19 and similar emergencies but also to the wider failings of neoliberal culture. In essence, the response has too often been one of wholly inadequate recognition of the need for wise leadership based on sound advice in the context of a political culture that has proved to be deeply flawed. ”

It looks increasingly likely that COVID-19 will be a long-term problem. One early indication of this is the large level of people being tested positive that suggests a large pool of virus circulating within communities yet not openly visible in younger people even if they are infectious. Another is the extent of the COVID-

19 resurgences being experience in many countries. That suggests that the pandemic will continue on a substantial scale unless there are very tough policies of lockdown and quarantines that will have even greater economic consequences than are currently the case. On present trends this difficult predicament will continue until substantial vaccine and drug therapies are readily available world-wide, the working assumption being a very damaging two-year event.

The current international political culture militates against the cooperative policies and the sensible if sometimes hard decisions that are required, but underneath the political surface much more is happening. This involves many tens of thousands of community endeavours across the world to aid those suffering most but it is also engendering much thinking about our understanding of the nature of human security.

It is clear that such understanding has up to now been heavily concentrated on traditional military approaches to international security. These approaches are proving to be irrelevant when it comes to dealing with the greatest single security issue currently facing the world, one that has already killed close to a million people and is having severe world-wide economic and social consequences. Furthermore, the COVID-19 pandemic is in many ways a foretaste of the even more serious issue of climate breakdown, a security challenge that also makes traditional military approaches to human security irrelevant.

Conclusion

COVID-19 will be at least a two-year challenge with serious longer term consequences, not a crisis of a few months followed by a return to anything

approaching “normal” life. It will require a radical rethinking of what is meant by security but much of that rethinking will also be applicable to that even greater challenge of climate breakdown. At a time of considerable human suffering in many countries that task must parallel the more immediate and essential ways in which the suffering can be minimised. If, though, the rethinking process is approached in terms of a determined two-year project, then there is a chance it could result in far more positive approaches to preventing climate breakdown, especially over the next five years.

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About the author

Paul Rogers is Oxford Research Group's Senior Fellow in International Security and Professor of Peace Studies at the University of Bradford. His '**Monthly Global Security Briefings**' are available from our website. His book *Irregular War: ISIS and the New Threats from the Margins* was published by I B Tauris in June 2016.

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