HIV/AIDS and the Black Death

Report by Melissa Lane of a discussion meeting held on 24 May 2004
Centre for History and Economics, King's College, Cambridge

The meeting grew out of collaborative work in the Centre, and as part of the Common Security Forum (CSF), on health, history, population and development over many years. CSF was pleased to be able to assemble such an interdisciplinary group of scholars – including medievalists, anthropologists, geographers, historians, political philosophers, economists -- to take part in the discussion and consider future initiatives in this area.

A researcher on HIV/AIDS in Africa spoke first, outlining some of the questions and concerns of those working closely on and with societies afflicted by HIV/AIDS which might find historical resonance. These included the importance of the role and fate of individuals in the epidemic, rather than simply its gross quantitative impact; the surprising continuities, for example in aggregate economic indicators, which have so far been little affected by the epidemic; and most importantly, an 'involution' of many African institutions, which without the practical or intellectual tools to respond to the epidemic instead refine what they can do to the nth degree. We may unfortunately expect that the self-replicating capacity of HIV – its effects engendering the very social dislocation (hunger, migration, and so on) facilitating its spread – will make it ineradicable for a long time to come.

Two presentations on the Black Death by medieval historians followed, both focusing on the episode from 1349-1350 in England. Historians present were skeptical about aspects of the comparison between the Black Death (' the plague') and HIV/AIDS. The speed of impact is different -- the plague was short-lived and burnt itself out periodically, while HIV/AIDS is becoming systemic and lasting for decades – and the mode of infection is also different, with plague being due to unclear exogenous factors rather than spread in part by sexual transmission implicating psychological and social as well as epidemiological factors. While the Black Death kills quickly, HIV kills slowly, with profound implications for the burden of care on society. But we might get a sense of the endemic nature of HIV/AIDS from the fact that the Black Death continued to afflict parts of Europe in a semicontinuous process for at least three centuries after 1349. Also, the early Black Death had struck indiscriminately across social groups, and so neither the dead nor the survivors were stigmatized, in contrast to the mode of transmission and the social response to HIV/AIDS , though this was starting to change in parts of Africa. (Participants observed that an instructive comparison could also be made with other epidemics more similar epidemiologically to HIV/AIDS, for example the pandemics which struck Central and South American indigenous populations on the arrival of Europeans and which led to competing groups seizing resources).

The short-term impact of the Black Death or 'plague' was immense: about 50 percent of the English population died between May and July 1349, which was broadly typical of its impact throughout Europe (it killed 20 million altogether), and it took three centuries for most of England to fully recover the population levels of the early 14th century. The population decline and consequent rise in wages engendered a wealthier and more assertive rural population, manifested in the so-called 'Peasants' Revolt' and in legislative attempts to fix people in place and fix maximum wages. Women were drawn into the labour market replacing men, and also formed group households as the sex ratio of men to women dipped in parts of England; there were also baby booms in response to the epidemic though fertility initially dropped. The contrast between this enriching effect of the English population decline due to the Black Death -- which one commentator

elsewhere has called tantamount to 'late medieval Marshall Aid' – and the impoverishing effects of HIV/AIDS was stark.

While the economic effects were in the end positive for the peasantry, the psychological and cultural repercussions were profound though not uniform. Neither governments nor doctors could do much in response to the plague (in the summer of 1349, many caring and law-and-order services collapsed)
and the religious shock led to scapegoating and also to some turn towards local religious-civic institutions (confraternities, guilds) and away from Church hierarchy. The concern with a safe passage through Purgatory and an increased preoccupation with death and burial provision were manifest throughout society. New arrangements for caring for the elderly emerged, with elderly people signing over their customary tenancy to a young couple or a religious house in exchange for a package of services for the remainder of life. But toleration for the unemployed, the sick and other vulnerable people eroded; they were seen as symptoms of the social ill and as causes of the lack of labour. Putative sources of the affliction, such as already resident Jews, were scapegoated and expelled, despite the fact that the chroniclers recognized that the infection arrived by ship or migrant.

On the spiritual side, the duties owed to the dead did not change, but there was what might be called involution (the term applied to African institutions today) as new institutions to carry out these duties were developed. For example, Corpus Christi College was founded in Cambridge in 1352 by townspeople in order to carry out the religious duties of commemoration and prayer. Charity was targeted and labeled; sumptuary legislation against unproductive consumption and "jumped-up" labourers [?]was introduced; and the result of all of this was a profound reshaping of social institutions. Yet the age structure of society did not fundamentally change, unlike in the current AIDS epidemic which has led among other consequences to teenage mayors in Tanzania.

Participants stressed that HIV/AIDS had hit African societies that were already engulfed in crisis, which undermined their ability to respond. Some further political creativity was being seen in Africa, for example in the role of women in organizing community-level responses to the epidemic, in the Ethiopian army's initial programme, and in the Ugandan government's investment of its political capital [in the?] transformation of public discourse, but much of the African and global policy communities alike were mired in denial, while the disease itself was causing selective institutional devastation and intensifying the preexisting financial and intellectual dependency of African societies. International and domestic pressures meanwhile sometimes militated against successful intervention.

The discussion concluded with emphasis on the desperate and urgent need for an initiative to create more databases and information, not just on the cause of death but on the broader social context, including ethnographic and oral history information, self-documentation by communities, and the archives of the international institutions themselves and of NGOs (which are not used to thinking of themselves as publicly accountable in the same sense as (some) national governments and as therefore obligated to maintain archives). The relevance of the 'In Depth' network which has established twenty surveillance sites in the world's poorest countries and is monitoring populations of 50-100,000 was noted, as was the possibility of including material on archives on HIV/AIDS on the Centre's website on international history (www.internationalhistory.org).

The discussion was summed up as follows:

1) a structured account of the Black Death and HIV/AIDS was illuminating in some ways;

2) further comparisons with other epidemics could be useful;
3) there is rich potential for reflecting on the social, religious, and cultural consequences of epidemics;
4) there is also rich potential in thinking about the political theory involved in epidemics;
5) there is urgent need for sources for the impact of HIV/AIDS to be gathered and preserved;
6) the unintended exacerbatory effects of policy decisions must be better understood.