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History before corona: Memory, experience and emotions

Bettina Hitzer

Shortly after everything had unexpectedly gone silent on the streets of Germany in the spring of 2020 – when strict preventive measures suddenly shut down most businesses and venues of social life – experts working from home began trying to make sense of it all. Perhaps unsurprisingly, not a few proclaimed that the lockdown occasioned by the virus represented a caesura, and even a ‘world-historical caesura’, as Kassel-based sociologist Heinz Bude put it in a much-quoted interview with the Berlin daily *Tagesspiegel*.¹ Historian Martin Sabrow also described the immediate reaction to the virus’s spread as the ‘shock of the unprecedented’, a shock that temporarily blinded many to the numerous historical continuities.² But most historians of medicine insistently sought to draw attention to such precedents. Published in the year *before* the coronavirus, historian Mark Honigsbaum’s book *The Pandemic Century* detailed the series of pandemics that came before this moment. In 2020, he added a new chapter that contextualized the ‘corona crisis’ within this broader historical trajectory.³

At the beginning of the pandemic, a similarly large gap could be witnessed in the divergence between the reactions of virologists, epidemiologists and

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¹ Christian Schröder, ‘Verwundbarkeit macht solidarisch’, interview with Heinz Bude, *Der Tagesspiegel*, 20 April 2020, <https://www.tagesspiegel.de/kultur/soziologe-bude-ueber-corona-folgen-fuer-die-gesellschaft-verwundbarkeit-macht-solidarisch/25757924.html>.

² Martin Sabrow, ‘Geschichte im Ausnahmezustand: Vier Thesen über Corona und die gesellschaftlichen Folgen’, *Deutschland-Archiv*, 1 May 2020, <https://www.bpb.de/308316>.

³ Mark Honigsbaum, *The Pandemic Century: One Hundred Years of Panic, Hysteria, and Hubris* (New York: W. W. Norton, 2020); Mark Honigsbaum, ‘The Art of Medicine: Revisiting the 1957 and 1968 Influenza Pandemics’, *Lancet*, 395 (2020): 1824–6.

the World Health Organization (WHO), on the one hand, and the general public, on the other. The former had long expected a serious pandemic, while the latter realized for the first time that pandemics were part of national and international emergency planning. At the time this chapter was written, Germany had escaped the most catastrophic effects of the pandemic, though it remains to be seen how it will fare in the future. Nevertheless, many predict that the ‘world after corona’ will be quite different.⁴ It is uncertain, though, whether this world will evidence greater solidarity and consideration of others, whether social inequities will be exacerbated and the shape of globalization will change and whether grave public health emergencies like the fight against malaria in the Global South will, over the long term, be pushed aside by the focus on so-called newly emerging infectious diseases. One primary reason for this uncertainty is that this future is still being shaped by the decisions of the present. The end result will to a large extent depend on the assessment of the origins of the ‘corona crisis’ and the measures taken to combat it. But developing an accurate understanding of the crisis demands identifying why the realization of being seriously threatened by a novel infectious disease came as a shock for so many people in Europe and why their reactions ranged from fear to uncertainty to denial. Similarly important is explaining why public health officials of the WHO and the governments of the Global North took, after some hesitation, such far-reaching measures, especially in comparison to their reactions to other pandemics over the past seventy-five years.

Two historical perspectives play an important role here: first, the interactions between memory, future expectations and available instruments of scientific observation, and second, the history of disease in the second half of the twentieth century, the history of the experience of it and the history of the emotions felt about it. While the first point primarily concerns the reactions of governments and scientists, the latter has more to do with everyday life. This article focuses on Germany. However, its history with these issues cannot be adequately understood without looking at the history of international health organizations. The article compares Germany’s experiences with trends in other European countries and in the United States to underscore the extent to which Germany’s history is part of a broader context.

⁴ Such as German President Frank-Walter Steinmeier in his televised Easter address from 11 April 2020.

Memory, observation, and expectation: The coordinates of combatting epidemics

Whether governments, health officials and societies decide to view a disease as a threat does not necessarily have any direct correlation with the number of cases or deaths. Neither does their reaction to it. For instance, cholera is considered to have been *the* disease of nineteenth-century Europe, because it terrified and unsettled society like no other, dominated newspaper headlines, occasioned municipal and national governments to take drastic measures and for years divided the field of medicine into two groups, the miasmists and the contagionists.⁵ However, it was not the leading cause of death in contemporaneous statistics, and in retrospect, the number of people it claimed as its victims did not come anywhere close to those of ‘common diarrhoea’, which in some places killed one in two children before their first birthday.⁶ Alfons Labisch coined the term ‘scandalized illnesses’ to describe this discrepancy between public perception and statistical danger, thus shining a light on the non-epidemiological factors that can move an illness to the centre of public attention.⁷ They include the way in which the disease affects the body and causes death, or how well it lends itself to being blamed on already marginalized groups inside or outside a nation. The ‘scandalizing’ of an illness exerts pressure on the health system and can influence political and administrative decision-making. Moreover, as the concept of ‘emotional epidemiology’ underscores, the ‘scandalizing’ of illness can itself lead to health problems like anxiety disorders that have no direct biological connection to the disease.⁸

But the current coronavirus pandemic and its historical context seem to pose questions of another sort: Why did most Europeans pay relatively little heed to the pandemics of the twentieth century? Conversely, why have pandemics been a central topic of scholarly discourse for the past thirty years – thus, before

⁵ Adherents of the miasma theory were convinced that infectious diseases were transmitted through bad air and smells from the earth and water (‘miasmas’). In contrast, contagionists believed that people were infected by germs. During the cholera epidemic in Hamburg in 1892, Max Pettenkofer represented the miasmists and Robert Koch the contagionists.

⁶ This point was recently made again in a discussion on the coronavirus pandemic: Alfons Labisch and Heiner Fangerau, *Pest und Corona: Pandemien in Geschichte, Gegenwart und Zukunft* (Frankfurt am Main: Herder, 2020), 38–41.

⁷ Alfons Labisch, “Skandalisierte Krankheiten” und “echte Killer” – zur Wahrnehmung von Krankheiten in Presse und Öffentlichkeit, *Propaganda, (Selbst-)Zensur, Sensation: Grenzen von Presse- und Wirtschaftsfreiheit in Deutschland und Tschechien seit 1871*, ed. Michael Andel, Detlef Brandes, Alfons Labisch, Jiri Presek and Thomas Ruzicka (Essen: Klartext, 2005), 273–89.

⁸ Danielle Ofri, ‘The Emotional Epidemiology of H1N1 Influenza Vaccination’, *New England Journal of Medicine*, 361 (2009): 2594–5.

the coronavirus pandemic? And to what extent did these two historical factors influence reactions in spring 2020?

Why forget? The ‘mother of all pandemics’ between 1918 and 1920

Reflecting on the twentieth century, virologists and epidemiologists called the so-called Spanish flu pandemic of 1918–20 the ‘mother of all pandemics.’⁹ It was notorious for two reasons. First, in just two years, it claimed the lives of between fifty and one hundred million people around the world – more than any other pandemic before or after in such a short span of time. Second, it was caused by a virus that developed out of a recombination of viruses from animal and human hosts. The flu of 1918–20 thus posed a threat that, since the early 1990s, has been discussed under the heading of (re)emerging infectious diseases.¹⁰ But both the pandemic’s death count and its zoonotic origins were late discoveries. For most of the twentieth century, only a few people in Europe and the United States remembered what Alfred W. Crosby assessed as a ‘national catastrophe’ in his book *America’s Forgotten Pandemic*, originally written in 1976 and released under this new title in 1989.¹¹

This sweeping forgetfulness had many causes, some of which reached back to the time of the events themselves. Like many other belligerent states in Europe, Germany’s wartime censorship authorities prevented the press from reporting on the increasing case numbers. But even as newspapers began writing about the flu towards the end of June 1918, their tone was one of reassurance. Even at the crest of the second wave in October and November 1918, articles about the flu did not make it onto the front pages of large German newspapers.¹² On the one hand, this was an expression of the press conforming to the government’s appeal to not frighten and panic the populace during a period of military and, later, political instability. After all, in the assessment of Germany’s public health authority, the Imperial Health Council, there were neither effective medicines

⁹ Jeffery K. Taubenberger and David Morens, ‘1918 Influenza: The Mother of All Pandemics’, *Emerging Infectious Diseases*, 12, no. 1 (2005): 15–22.

¹⁰ Mark Harrison, ‘Pandemics’, *The Routledge History of Disease*, ed. Mark Jackson (London: Routledge, 2017), 137.

¹¹ Quoted in David Rengeling, *Vom geduldigen Ausharren zur allumfassenden Prävention: Grippe-Pandemien im Spiegel von Wissenschaft, Politik und Öffentlichkeit* (Baden-Baden: Nomos, 2017), 411. See also Alfred W. Crosby, *Epidemic and Peace, 1918* (Westport, CT: Greenwood Press, 1976); Alfred W. Crosby, *America’s Forgotten Pandemic: The Influenza of 1918* (Cambridge: Cambridge University Press, 1989).

¹² Eckard Michels, ‘Die “Spanische Grippe” 1918/19. Verlauf, Folgen und Deutungen im Kontext des Ersten Weltkriegs’, *Vierteljahrshefte für Zeitgeschichte*, 58, no. 1 (2010): 10–11, 22.

against this disease nor any adequate preventive measures.¹³ On the other, this type of reporting seems to have reflected the widespread assumption that the flu represented just one danger among many at the time, one that simply had to be accepted because there was nothing anybody could do about it anyway.¹⁴

Moreover, the case numbers showed stark regional variations and, amidst the complex situation of an ending war, a revolution and the conflict-laden founding of the Weimar Republic, public health authorities had a difficult time getting an overview of the flu's death toll.¹⁵ Thus, the 1918–20 flu pandemic never really had an opportunity to enter into German collective memory¹⁶ and has been and continues to be passed over in almost all well-known surveys of German history.¹⁷ The same holds for many other Western countries.¹⁸

Things looked quite different in the United States – and particularly in the American military – as well as at international organizations. Preventing pandemics was a primary objective of the Health Organization of the League of Nations. The Surgeon General of the US army built up a system of medical information and surveillance and, in 1941, shortly before the United States entered the Second World War, it established the Commission on Influenza and Vaccine Development. These initiatives treated the memory of the Spanish flu as a warning.¹⁹ Indeed, while it was ongoing in 1918–20, the pandemic had drawn much more media attention in the United States than was the case in Germany. One reason was that the First World War was not fought on US territory, thus making flu deaths and severe cases more 'visible'. Additionally, in contrast to Germany's largest metropolises, some American cities enforced considerable restrictions on public life in order to stop the spread of the virus.²⁰ The military was sensitive to the virus early on because the first cases appeared

¹³ Michels, 'Die "Spanische Grippe"', 11–12.

¹⁴ Michels, 'Die "Spanische Grippe"', 22–4. On France, see Marc Hieronimus, *Krankheit und Tod 1918: Zum Umgang mit der Spanischen Grippe in Frankreich, England und dem Deutschen Reich* (Münster: LIT Verlag, 2006), 86–9.

¹⁵ Wilfried Witte, *Erklärungsnotstand: Die Grippe-Epidemie 1918–1920 in Deutschland unter besonderer Berücksichtigung Badens* (Herbolzheim: Cerbaurus, 2006), 317–34.

¹⁶ This term denotes both communicative memory (memories shared orally within a group) and cultural memory (memories shared through cultural artefacts), two concepts defined in Jan Assmann, 'Kollektives Gedächtnis und kulturelle Identität', in *Kultur und Gedächtnis*, ed. Jan Assmann and Tonio Hölscher (Frankfurt am Main: Suhrkamp, 1988), 9–19. Aleida Assmann notes that forgetting plays a central role in cultural memory. The acts of concealing, staying silent and ignoring are primarily responsible for the type of forgetting discussed in this article. See Aleida Assmann, *Formen des Gedächtnisses* (2nd edition, Göttingen: Wallstein, 2016), 22–5.

¹⁷ Rengeling, *Vom geduldigen Ausharren*, 20.

¹⁸ Wilfried Witte, *Tollkirschen und Quarantäne: Die Geschichte der Spanischen Grippe* (Berlin: Wagenbach, 2008), 95–6.

¹⁹ Harrison, 'Pandemics', 135.

²⁰ Honigsbaum, *Pandemic Century*, 48–51.

at domestic bases and spread rapidly due to the barracks' close quarters.²¹ While most German medical scientists assumed that the disease was caused by *Bacillus influenzae*, American military doctors' ability to extensively study the flu and its devastating effects on the lungs of healthy young men away from the battlefields of the First World War led them to conclude that it must have been caused by a yet unknown germ – a virus – invisible to microscopes of the era.²²

Thus, the memory of the 1918 influenza epidemic remained particularly alive within the US military, despite what the 1989 title of Crosby's book – *America's Forgotten Pandemic* – might suggest. This was particularly apparent in the year 1976 – when the book was first published under the title *Epidemic and Peace* – as a flu outbreak again struck an American military base. The flu virus had been discovered in the intervening years (in 1933 to be exact), and scientists were then speculating that the reason the 1918–20 pandemic was so deadly was because it was caused by a virus endemic to an animal host. As the 1976 outbreak that started at Fort Dix was caused by a swine flu of the influenza A virus subtype H1N1, the Ford Administration quickly decided to activate a national vaccination drive of unprecedented scale. Forty million Americans were vaccinated. But in the end, the flu turned out to be relatively harmless, and the vaccination program was heavily criticized not only because the virus turned out to be a mild threat but also because the vaccine was developed hastily and triggered numerous side effects. It remains a subject of debate whether it was actually the cause of an increase in cases of Guillain–Barré syndrome.²³

Flu management 1957–8 and 1968–70

This failure was publicly discussed in West Germany and other West European countries. It bolstered the scepticism of those who did not believe the flu posed a special threat and thus did not think that the state should take any measures against it.²⁴ As historian David Rengeling has analysed in detail, this kind of 'patient perseverance' defined the West German federal government's approach to the flu pandemics of 1957–8 and 1968–70.²⁵ The choice of strategy illustrates

²¹ Honigsbaum, *Pandemic Century*, 24–35.

²² Honigsbaum, *Pandemic Century*, 35–46.

²³ Harrison, 'Pandemics', 135–6; Witte, *Tollkirschen und Quarantäne*, 81–92. Guillain–Barré syndrome is a neurological condition that causes muscle weakness that can inhibit a person's movement. The weakness usually begins in the legs and then moves up over the back to the arms and head. It can affect the breathing muscles and cause potentially fatal respiratory failure. The weakness gradually subsides after four weeks, though sometimes some effects endure.

²⁴ Rengeling, *Vom geduldigen Ausharren*, 275–6.

²⁵ Rengeling, *Vom geduldigen Ausharren*, 134–62, 185–235.

with particular clarity how memory, expectations about the future and the capabilities of epidemiological observation interact with emotional and social-historical factors and how this interaction can influence political and media responses. Because although contemporary statistics demonstrate that both pandemics each led to between 30,000 and 40,000 deaths, neither occasioned any serious public health measures when they were ongoing. The media reported little on flu cases, and when they did, it was generally with a conciliatory tone.²⁶ The situation in France and Great Britain was similar.²⁷

One explanation is that health officials simply lacked a comprehensive sense of the actual extent of these flu pandemics. This was particularly true of West Germany, where the federalist system of government posed an extra hurdle to data collection. After the WHO's Director-General warned the Federal Ministry of the Interior by telegraph and recommended that it procure vaccines, it took two months for the ministry to order the health departments of West Germany's ten states to submit case numbers twice a month. But the health departments did not regularly comply.²⁸ Moreover, West Germany's Federal Health Agency only counted deaths as having been caused by the flu if the person had tested positive. But because test rates were low, the federal health authority counted only a total of about two hundred deaths for both the 1957–8 and 1968–70 pandemics together.²⁹ The Federal Health Agency insisted on this method, even though doctors, particularly during the 1968–70 epidemic, heavily criticized it and demanded that excess deaths be integrated into the numbers.³⁰ The Federal Health Agency's counting allowed the federal government to assert that there was no pandemic in West Germany, despite the fact that around New Year 1969/70, hospitals sounded the alarm that they were confronting an 'unprecedented situation'.³¹

The hesitancy to rethink epidemiological data collection methods was informed by the conviction that the flu was generally harmless. The memory of

²⁶ During the 1968–70 epidemic, the media did depict the risk more seriously, while at the same time promoting vaccinations as a promising form of protection. See Rengeling, *Vom geduldigen Ausharren zur allumfassenden Prävention*, 173–8, 244–9; Bettina Hitzer, 'Angst, Panik?! Eine vergleichende Gefühlsgeschichte von Grippe und Krebs in der Bundesrepublik, *Infiziertes Europa. Seuchen im langen 20. Jahrhundert*, ed. Malte Thießen (Frankfurt am Main: Beihefte der Historischen Zeitschrift, 2014), 143–5.

²⁷ 'Grippe des Hongkong: pourquoi on l'a tous oubliée', *Podcast Le Monde*, https://www.lemonde.fr/podcasts/article/2020/05/09/grippe-de-hongkong-en-1968-pourquoi-on-l-a-tous-oubliee_6039185_5463015.html; Honigsbaum, 'Art of Medicine'.

²⁸ Rengeling, *Vom geduldigen Ausharren*, 146, 148.

²⁹ Rengeling, *Vom geduldigen Ausharren*, 417.

³⁰ Rengeling, *Vom geduldigen Ausharren*, 417.

³¹ Quoted in Rengeling, *Vom geduldigen Ausharren*, 211.

the Spanish flu played a role here. By no means had it been completely forgotten, and indeed, some newspapers and magazines used it as a point of comparison. However, the memory was stripped of all sense of urgency.³² Articles that did reference the 1918 influenza pandemic featured neither images nor concrete accounts, but simply worldwide death numbers. For their part, these numbers were also far below contemporary estimates, because they did not contain any data on colonized territories like India, which were some of the hardest hit regions in 1918–20.³³ Moreover, the memory of the Spanish flu was coloured by the assumption that the pandemic had only been so severe because of the catastrophic conditions unleashed by the ending war. Thus, it was pigeonholed as an exception in the history of pandemics, an assessment that implied that there was no reason to fear that future pandemics of such intensity would come about. Indeed, comparisons with 1918–20 generally had a reassuring effect, because many medical scientists hypothesized that older generations who had lived through the Spanish flu would be immune to other flu pandemics.³⁴ Accordingly, the field of virology and medical research on the flu only slowly gained more attention and funding in the Federal Republic of Germany.³⁵

Health authorities' and many doctors' doubts about the efficacy of the available treatments compounded these issues. Intensive care units had much fewer options than they do today, and respirator technology was at a rudimentary stage. Thus, to many, it seemed pointless to require quarantine to avoid overfilling hospitals, since, with a lack of alternatives, flu patients were already being advised just to call their house doctors and receive care at home.³⁶ Flu vaccines, in contrast, were a subject of contested debate. In Western countries, and particularly in the United States, they were seeing use as early as 1957.³⁷ In West Germany, on the other hand, scepticism towards the effectiveness and safety of flu vaccines was widespread.³⁸ Alongside insufficient production capacity and the low estimation of the threat posed by the flu, West Germany's government decided against advising everyone to get vaccinated during the 1968–70 pandemic, because the government did not want to accept legal liability for potential harms caused by the vaccine.³⁹ On the issue of vaccines, almost all media outlets took a different

³² See, for example, 'Viren aus Singapur', *Der Spiegel*, 27, 3 July 1957, 46–7.

³³ The numbers were first officially recognized in the 1990s. See Rengeling, *Vom geduldigen Ausharren*, 305.

³⁴ Rengeling, *Vom geduldigen Ausharren*, 411.

³⁵ Rengeling, *Vom geduldigen Ausharren*, 137–41.

³⁶ Honigsbaum, 'Art of Medicine', 1826.

³⁷ See Honigsbaum, 'Art of Medicine', 1826.

³⁸ On scepticism towards vaccines see Malte Thießen, *Immunisierte Gesellschaft: Impfen in Deutschland im 19. und 20. Jahrhundert* (Göttingen: Vandenhoeck & Ruprecht, 2017), 215–27.

³⁹ Rengeling, *Vom geduldigen Ausharren*, 152–3, 217.

position, without, however, formulating it as a critique of the government's strategy. Already in 1957, many newspapers described vaccines as providing good protection.⁴⁰ And by 1968–70, editorials assertively promoted vaccination.⁴¹ Still, with their generally reserved reporting style, German newspapers adhered to the government and the Federal Health Agency's strategy of trying to reassure the populace, of avoiding anything that might provoke fears and of not reporting on already existing anxieties. There certainly were some people concerned about reports on the flu spreading throughout Asia and other European countries who turned to health authorities for help. But in the cases when they received any reply at all, it was usually just to flatly deny that there was a flu pandemic.⁴²

Government responses and journalistic reporting were informed by an emotional regime that extended far beyond the realm of public health. This was a regime in which speaking about fears, risks and the limits of knowledge was supposed to have no place in public discourse, and particularly not when it concerned domestic policy or the health and safety of citizens.⁴³ Different rules applied to foreign policy issues, such as the Sputnik shock that dominated West German media in the autumn of 1957, in which fear played a key role in a nuanced strategy of political emotional management.⁴⁴

Thus, the emotional regime around fear differed from today's. But so too did emotional attitudes towards (early) death from illness. Infectious diseases like typhus and diphtheria caused many deaths in the first years after the Second World War. The year 1952 marked the worst year of a lengthy polio epidemic in West Germany that afflicted more than nine thousand people, many of whom were permanently paralysed, and killed over seven hundred people, many of whom were children.⁴⁵ The main difference to today did not consist in people

⁴⁰ See, for example, 'Viren aus Singapur'.

⁴¹ See, for instance, 'Schuß mit atü', *Der Spiegel*, 7, 12 February 1968, 116–18; 'Herr Meier kommt nicht. Er hat Grippe', *Stern*, 46, 17 November 1968, 193. See also Rengeling, *Vom geduldigen Ausharren*, 244–6.

⁴² Rengeling, *Vom geduldigen Ausharren*, 144, 194–5.

⁴³ Frank Biess, 'Corona-Angst und die Geschichte der Bundesrepublik', *Aus Politik und Zeitgeschichte*, 35–7 (2020): 5, <https://www.bpb.de/apuz/314351/corona-angst-und-die-geschichte-der-bundesrepublik>. A certain parallel can be found in media and political treatment of corruption during West Germany's early years, as it was generally only reported on with reserve and in very 'matter-of-fact' terms. See Jens-Ivo Engels, *Alles nur gekauft? Korruption in der Bundesrepublik seit 1949* (Darmstadt: Wissenschaftliche Buchgesellschaft, 2019), 25–43.

⁴⁴ Honigsbaum, 'Art of Medicine', 1826. Frank Biess refers to a 'carefully calibrated emotional balance' during the Cold War, writing that West German chancellor Konrad Adenauer's government sought to mobilize fear of communism while seeking to contain fears of nuclear war by making grand promises about security in civil defence campaigns. Frank Biess, *German Angst: Fear and Democracy in the Federal Republic of Germany* (Oxford: Oxford University Press, 2020), 107, 95–129.

⁴⁵ Ulrike Lindner, *Gesundheitspolitik in der Nachkriegszeit: Großbritannien und die Bundesrepublik Deutschland im Vergleich* (Munich: Oldenbourg, 2004), 221–82.

mourning the dead with less intensity, but rather that their deaths were more or less accepted as being unavoidable.

This difference in perception has a close relation with the history of prevention and security, a point that can be illustrated by a comparative look at East Germany, where prophylaxis was considered the primary purpose of public health. Early in the flu pandemic of 1968–70, the East German government sought to acquire vaccines and took the fears of its citizenry more seriously than did its West German counterpart.⁴⁶ The West German government's approach to other potentially fatal risks underscores this difference. Whether it was traffic fatalities or the health risks of smoking, the population of the Federal Republic of Germany in the 1950s and 1960s generally accepted such dangers without demanding that the government act to mitigate them and without showing a particularly widespread willingness to change their own behaviours.⁴⁷ Even though the end of the 1960s saw the Federal Centre for Health Education produce some informational films about preventing smoking, it took until the 1970s for the definition of these risks as avoidable to slowly become established, and then only in the context of a more generally increased focus on security in many spheres of society. During this period, many people came to expect the state to function as the guarantor of a notion of security that became ever more all-encompassing.⁴⁸ In the field of medicine, disease prevention was prioritized, and, beginning in the 1980s, so was healthy living. In this context, the governmental strategy of 'patient perseverance' no longer seemed adequate.

'Newly emerging infectious diseases' and the rise of 'preparedness'

Since the 1990s, these developments have opened up new expectations about governmental strategies against pandemics. In the 1950s and 1960s, the WHO focused on fighting certain infectious diseases that had been widespread for a long time. Among its most ambitious projects was the campaign started in 1955

⁴⁶ Rengeling, *Vom geduldigen Ausharren*, 220–2, 226.

⁴⁷ On the treatment of traffic fatalities see Thomas Zeller, 'Loving the Automobile to Death? Injuries, Mortality, Fear, and Automobility in West Germany and the United States, 1950–1980', *Technikgeschichte*, 86, no. 3, special issue 'Tech-Fear: Histories of a Multifaceted Relationship', ed. Alexander Gall, Martina Heßler, Bettina Hitzer, Karena Kalmbach, Anne Schmidt and Andreas Spahn (2019): 201–25.

⁴⁸ See Nicolai Hannig, 'Erforschungen des Gefährlichen. Zur Versicherheitlichung der Natur in den 1970er Jahren', *Jenseits der Moderne? Die Siebziger Jahre als Gegenstand der deutschen und der italienischen Geschichtswissenschaft*, ed. Thomas Großbölting, Massimiliano Livi and Carlo Spagnolo (Berlin: Duncker & Humblot, 2014), 175–93.

to eradicate malaria and the successful campaign to eradicate smallpox, which ran from 1967 to 1980.⁴⁹ Both occasioned optimism that infectious diseases could, over the long term, be beaten. During this period, pandemics were not considered a particular security risk, nor did anyone seriously anticipate that new infectious diseases would come about.⁵⁰

This began to change with the first cases of HIV/AIDS in the early 1980s. But not from the WHO's perspective, which categorized AIDS as an exclusively Western problem and thus as outside of the WHO's sphere of responsibility.⁵¹ The then relatively new discipline of virology viewed things differently. The emergence of HIV led virologists to the realization that the globalized world would consistently be confronted with new infectious diseases that had the potential to explode into pandemics. By 1989, the US National Institute of Allergy and Infectious Diseases and other research institutes convened a large conference on 'newly emerging viruses'. After the conference, a research group led by molecular biologist Joshua Lederberg from the Institute of Medicine (now called the National Academy of Medicine) was formed to develop a comprehensive overview of the extent of this newly identified danger. In 1992, the committee published their study, *Emerging Infections: Microbial Threats to Health in the United States*.⁵² In 1996, the WHO came to adopt the position that newly emerging infectious diseases posed a considerable threat to the world's health and security. Hiroshi Nokoijima, then Director-General of the WHO, began the organization's annual report that year with the message that the world stood 'on the brink of a global crisis in infectious diseases', a threat that no state would be spared.⁵³

In the same year, a research group led by American virologist Jeffery K. Taubenberger succeeded in sequencing the genome of the virus that caused the Spanish flu.⁵⁴ The findings confirmed previous assumptions that the virus was, like HIV, zoonotic. The discovery permanently altered the memory of the

⁴⁹ Thomas Zimmer, 'Weltgesundheitspolitik zwischen Panik und Verdrängung', *Geschichte der Gegenwart*, 2020, <https://geschichtedergewegung.ch/weltgesundheitspolitik-zwischen-panik-und-verdraengung/>.

⁵⁰ Harrison, 'Pandemics', 136.

⁵¹ Thomas Zimmer, *Welt ohne Krankheit: Geschichte der internationalen Gesundheitspolitik 1940–1970* (Göttingen: Wallstein, 2017), 369.

⁵² Joshua Lederberg, Stanley C. Oaks and Robert E. Shopes, eds, *Emerging Infections: Microbial Threats to Health in the United States* (Washington, DC: National Academics, 1992). On the 1989 conference, see page 1.

⁵³ See Hiroshi Nokoijima, 'Message from the Director-General', *The World Health Report 1996: Fighting Disease, Fostering Development*, ed. World Health Organization (Geneva: WHO, 1996), v–vi.

⁵⁴ Jeffery K. Taubenberger, Ann H. Reid, Amy E. Krafft, Karen E. Bijwaard and Thomas G. Fanning, 'Initial Genetic Characterization of the 1918 "Spanish" Influenza Virus', *Science*, 257 (1997): 1793–6.

1918–20 pandemic. No longer considered an exceptional event, it was now seen as a harbinger of a future defined by pandemics. Its extraordinary lethality could no longer be adequately explained by the conditions created by the ending war. Rather, its lethality was a factor of its zoonotic origins. And both virologists and epidemiologists were convinced that the probability that new, previously unknown zoonotic diseases would appear and bloom into pandemics would only increase with accelerating globalization and the environmental destruction that goes along with it.⁵⁵ In 1997, just one year later, their worst fears seemed verified. In Hong Kong, people became infected with the novel avian influenza A virus subtype H5N1, which had a high mortality rate: 50 per cent of those infected died.⁵⁶ However, because the virus could only be transmitted from animals to humans and not from humans to humans (which remains true today), the total number of cases was low. The anticipated catastrophe had not yet arrived.

Newly emerging infectious diseases would never again disappear from the agenda of both international and national health organizations and authorities. The influenza pandemic of 1918–20 now served as a model of modern global pandemics that could spread throughout the world over the span of just a few weeks. This insight slowly altered understandings of global health security. Prevention was now joined by the principle of preparedness. In contrast to prevention, which seeks to keep negative events from taking place, preparedness is rooted in the assumption that certain emergencies or catastrophes cannot be prevented, even if it is difficult or impossible to predict if and when they will occur. Minimizing the negative effects of these potential events necessitates preparation through means like bolstering the resiliency of existing structures, developing countermeasures and implementing constant surveillance to identify signs of an impending catastrophe as early as possible.⁵⁷

The WHO therefore released an influenza pandemic preparedness plan in 1999 that has been regularly updated since. It provides guidelines for how member states should shape their national pandemic preparation measures.

⁵⁵ Nokojima, 'Message from the Director-General'.

⁵⁶ However, there are doubts that the mortality rate was really so high or whether this might have partially been an effect of insufficient testing. See Martin Enserink, 'Controversial Studies Give a Deadly Flu Virus Wings', *Science*, 334, no. 6060 (2011): 1192–3.

⁵⁷ See Andrew Lakoff, *Unprepared: Global Health in a Time of Emergency* (Oakland: University of California Press, 2017), which details how the logic of preparedness was developed by civil engineering and emergency management and then adopted by global health in the 1990s. On this topic from the perspective of the coronavirus pandemic, see Ulrich Bröckling, 'Optimierung, Preparedness, Priorisierung. Soziologische Bemerkungen zu drei Schlüsselbegriffen der Gegenwart', *Soziopolis*, 13 April 2020, <https://www.sozopolis.de/beobachten/gesellschaft/artikel/optimierung-preparedness-priorisierung/>; Carolin Mezes and Sven Opitz, 'Die (un)vorbereitete Pandemie und die Grenzen der Preparedness', *Leviathan*, 48, no. 3 (2020): 381–406.

The plan helped usher in a global observation system that is coordinated by the WHO's Pandemic Task Force with assistance from select National Influenza Laboratories, which continuously collect and report on samples of new influenza strains.⁵⁸ On the basis of this plan, the WHO defined different threat levels intended to trigger the execution of certain preparatory measures, which, for their part, were to be defined by the national plans developed on the basis of the WHO's guidelines. In Germany, the first such plan was formed by the Robert Koch Institute – the country's governmental disease control agency – in 2005.⁵⁹

Also in 2005, the WHO revised its International Health Regulations (IHR) for the first time since 1969.⁶⁰ Entering into effect in 2007, the revised IHR implemented three fundamental innovations in global public health security. First, it introduced the new, expansive concept of a 'public health emergency of international concern'. Second, it enabled the WHO to use information from non-governmental actors to diagnose such 'public health emergencies'. Third, it required that all member states set up public health institutions by the year 2016. These resolutions, binding under international law, substantially expanded the global network of health surveillance. The revision of the IHR thus represents one of the most fundamental shifts in international public health law since the nineteenth century.⁶¹ Moreover, it codified an understanding of newly emerging infectious diseases as primarily resulting out of the increasing worldwide mobility of people, goods and services.

Meanwhile, the concept of excess deaths had become established in Germany for calculating mortality rates.⁶² German health authorities laid out the measures to be taken in continuously revised pandemic plans, which culminated in the crisis management test (LÜKEX) of 2007. Spanning all of Germany's sixteen federal states and multiple state and federal ministries, the test used three thousand participants to simulate a 'medium serious pandemic', defined as involving about twenty-seven million cases, of which 370,000 would have to be treated in hospitals and 102,000 would die.⁶³ Such calculations were derived

⁵⁸ World Health Organization (WHO), *Influenza Pandemic Plan: The Role of WHO and Guidelines for National and Regional Planning 1999* (Geneva: WHO, Department of Communicable Disease Surveillance and Response, 1999), 9.

⁵⁹ Robert Koch Institute (RKI), *Nationaler Pandemieplan. Teil I: Strukturen und Massnahmen*, 2017, 5–6, <https://edoc.rki.de/bitstream/handle/176904/187/28Zz7BQWW2582iZMQ.pdf?sequence=1&isAllowed=y>.

⁶⁰ World Health Organization (WHO), *International Health Regulations (2005)* (3rd edition, Geneva: WHO, 2016).

⁶¹ David P. Fidler, 'From International Sanitary Conventions to Global Health Security: The New International Health Regulations', *Chinese Journal of International Law*, 4, no. 2 (2005): 326.

⁶² Rengeling, *Vom geduldigen Ausharren*, 420.

⁶³ Bundesministerium des Innern (BMI) and Bundesministerium für Gesundheit (BMG), *Kurzfassung des Auswertungsberichtes der dritten länderübergreifenden Krisenmanagementübung 'Lükex 2007'*,

from epidemiological models generated by computer programs like FluAid 2.0 (one of the first such programs, it was developed in the year 2000 by the American Centers for Disease Control and Prevention).⁶⁴

The revised memory of the Spanish flu thus created a new horizon of expectations, which, for its part, completely transformed instruments of epidemiological observation and data collection. The system of preparedness forged around the turn of the millennium rested and continues to rest on the certain expectation that a global pandemic *will* come in the near future. According to anthropologist Carlo Caduff, this gave rise to a culture of anticipated danger that was constantly being updated by virologists in the labs and by national and international organizations tasked with combatting pandemics.⁶⁵ This awareness of imminent danger was reflected in and shaped by an altered political culture and a new media landscape in which open discussion of fears and concerns came to be seen as indicative of a critical perspective.⁶⁶ Works of non-fiction, novels and films produced after the mid-1990s have all thematized the possibility of a ‘coming plague’.⁶⁷ Indeed, it seemed to have arrived in November 2002, when the first cases of the atypical lung infection SARS were diagnosed. During some stretches, German media reported almost daily on the disease that was spreading throughout Asia and, later, Canada, as well as on the few cases in Germany that were quickly placed under quarantine.⁶⁸ Nevertheless, SARS did not end up being the feared pandemic for Europe.

The WHO declared a pandemic again in 2009. A strain of influenza A subtype H1N1 spread from Mexico throughout the rest of the world. A recombination of multiple swine flu viruses, it was, like the Spanish flu, a zoonotic disease and could be spread from human to human. The ‘swine flu’ thus showed some of the primary attributes of the long-expected pandemic; however, at the time, there was no evidence that the illness it caused was particularly severe. Still, the German government rushed to order fifty million doses of vaccine and large quantities of antiviral drugs. But the unexpectedly mild symptoms of what was officially being called the ‘new influenza’ ultimately made these measures

2007, 4, https://www.bbk.bund.de/SharedDocs/Downloads/BBK/DE/Downloads/Luekex/LUEKEX07_Auswertungsbericht.html.

⁶⁴ Labisch and Fangerau, *Pest und Corona*, 144.

⁶⁵ Carlo Caduff, *The Pandemic Perhaps: Dramatic Events in a Public Culture of Danger* (Oakland: University of California Press, 2015). See also Lakoff, *Unprepared*, 167.

⁶⁶ See Biess, *German Angst*, 251–71, 290–330.

⁶⁷ This is the title of a bestseller by science journalist Laurie Garrett, *The Coming Plague: Newly Emerging Diseases in a World Out of Balance* (New York: Farrar, Straus and Giroux, 2014). See also Hitzer, ‘Angst, Panik?!’, 146–7.

⁶⁸ A search of www.stern.de for the period between March 2002 and October 2003 returns 140 hits.

superfluous. At the end of 2011, most of the vaccine doses expired and had to be destroyed, representing a loss of 239 million euros.⁶⁹ This costly false alarm illustrates well how the combination of memory, future expectations and epidemiological observation can develop its own momentum within a political and media culture defined by fears and demands that the state provide security.⁷⁰

Reacting to criticism of how it handled the ‘swine flu’, the WHO published a revised pandemic plan in 2013. The Robert Koch Institute, too, issued a revised national pandemic plan in 2014. The WHO reworked its definition of what constitutes a pandemic by giving more weight to the disease’s lethality, while the Robert Koch Institute advised that Germany’s own health authorities should play a greater role in determining whether a given disease rose to the level of a pandemic.⁷¹ However, the fundamental logic of preparedness and the extant instruments of combatting pandemics remained untouched. When Tedros Adhanom Ghebreyesus, the Director-General of the WHO, officially declared on 11 March 2020 that Covid-19 was a pandemic, the measures long prepared in various national and international pandemic plans were set in motion, with one significant addition: ‘Lockdowns’ were not originally part of these plans, but public pressure led to their quick integration into the arsenal of pandemic crisis management strategies.⁷² Despite these plans, there was a lack of sufficient personal protective equipment like gowns and masks, which might be explained by the fact that European and North American pandemic plans were primarily focused on influenzas and thus on stockpiling antiviral medicines and the quick development and production of a flu vaccine. Another explanatory factor might be that the false alarm of 2009 had altered European and American governments’ and health authorities’ threat assessments.

The notion that the Covid-19 pandemic blindsided these governments and health authorities is incorrect. However, the same cannot be said for the majority of these countries’ populations. Certainly, neither pandemic plans nor

⁶⁹ Jörg Vögele (with Ulrich Koppitz and Hideharu Umehara), ‘Epidemien und Pandemien in historischer Perspektive’, *Epidemien und Pandemien in historischer Perspektive: Epidemics and Pandemics in Historical Perspective*, ed. Jörg Vögele, Stefanie Knöll and Thorsten Noack (Wiesbaden: Springer, 2016), 11.

⁷⁰ See also Andrew Lakoff, ‘Global Health Security and the Pathogenic Imaginary’, *Dreamscapes of Modernity: Sociotechnical Imaginaries and the Fabrication of Power*, ed. Sheila Jasanoff and Sang-Hyun Kim (Chicago: University of Chicago Press, 2015), 315–16. No evidence has been found to substantiate some critics’ claims that this was in part the result of impermissibly close relations between the WHO and the pharmaceutical industry. For an example of such criticisms see Fiona Godlee, ‘Conflicts of Interest and Pandemic Flu’, *British Medical Journal*, 340 (2010): c2947.

⁷¹ Rengeling, *Vom geduldigen Ausharren*, 358–61.

⁷² Pascal Berger, ‘Zwei Wochen im März: zum Zusammenspiel von Medien, Wissenschaft und Politik während der SARS-CoV-2 Pandemie’, *Zeitschrift für theoretische Soziologie*, 1 (2021): 34–47.

the laws undergirding them were created in secret – all documents were and are publicly available. But clearly, only a handful of people in Europe and the United States seriously believed in early 2020, when the first reports from China about the new coronavirus were broadcast, that a serious pandemic could affect their countries too. The reasons for this lie primarily in the history of emotions and experiences related to disease in the second half of the twentieth century.

Who's afraid of which disease? Perspectives from the history of emotions and history of experience

Historian of medicine Fritz Dross recently noted that most people in the premodern era were 'survivors of epidemics', because 'every forty-year-old person ... had survived at least two serious plagues'.⁷³ But in modernity, too, pandemics and potentially fatal endemic infectious diseases long remained part of everyday life. Still, since the second half of the nineteenth century – and in some places even earlier – large-scale epidemics have become less common.⁷⁴ Even before 1850, many infectious diseases like smallpox, measles and scarlet fever had transformed from non-age-specific illnesses into childhood illnesses. Life expectancy rose continuously. In the 1970s, epidemiologist Abdel R. Omran summarized these findings in his model of epidemiological transition. According to this theory, the history of disease can be divided into three phases: the phase of pestilence and famine is followed by a transitional period in which epidemics lose significance and death rates gradually decline. In the third and final phase, infectious diseases are relegated to a secondary role and are supplanted by lifestyle and chronic diseases. Mortality rates nevertheless remain low and life expectancy high, because chronic diseases often first appear when a person has reached an advanced age.⁷⁵

Most researchers date the beginning of the third phase in Europe and North America at around the middle of the twentieth century. Omran's model, though often criticized in its details and modified by others, defined research on the history of medicine and demographics for decades.⁷⁶ The claim that infectious diseases no longer posed a serious threat and would, over the long term, fade into the past around the world is reflective of the overarching optimism of

⁷³ Fritz Dross, 'Vergesellschaftung unter Ansteckenden – für eine Körpergeschichte der Seuche', *NTM – Zeitschrift für Geschichte der Wissenschaften, Technik und Medizin*, 28, no. 2 (2020): 198.

⁷⁴ On the following see Vögele, 'Epidemien und Pandemien', 5–6.

⁷⁵ See Abdel R. Omran, 'The Epidemiological Transition: A Theory of Epidemiology of Population Change', *Milbank Memorial Fund Quarterly*, 49, no. 1 (1971): 509–38.

⁷⁶ For instance, Omran completely omitted data from Africa, thus failing to consider a majority of cases of malaria. See Vögele, 'Epidemien und Pandemien', 6.

the 1970s. Medical scientists' optimistic belief in progress made itself felt in the everyday lives of people in Europe and North America. While diphtheria, typhus and polio raged in the early post-war period, they were almost entirely stamped out by antibiotics, vaccines and improved hygienic measures. These successes convinced many that infectious diseases of all types could in principle be defeated by modern medicine. The influenza pandemics of 1957–8 and 1968–70, which received little attention from politicians and the media, seemed to have negligible impact on this optimism.

But the model of epidemiological transition was in no way just a bet about the future. In Europe and North America, infectious diseases were indeed waning in significance as causes of death. As a consequence, fewer and fewer people experienced how severe infectious diseases could be. By downplaying the risks, the West German government left its citizens in the dark as to the actual extent of the influenza pandemics of 1957–8 and 1968–70, which never entered into German collective memory despite many – above all doctors – having had to grapple with their detrimental effects. These factors changed part of the population's assessment of risks. Although the Robert Koch Institute established a Standing Committee on Vaccination in 1972 that recommended all children receive certain vaccinations, many parents did not vaccinate their children, not necessarily because they rejected vaccinations as such, but simply because they forgot, so little were the risks of infectious diseases part of their everyday thinking. 'Impfmüdigkeit', or 'vaccine fatigue', was a recurring topic of discussion in West German health policy after the late 1960s, which, in contrast to East Germany, for the most part did not mandate vaccinations.⁷⁷

Fears of infectious disease popped up only sporadically when viruses were 'imported' from abroad. Up into the 1970s, West Germany experienced a few isolated smallpox outbreaks; the virus was first transmitted in these instances by travellers or migrants.⁷⁸ In 1967, employees of a laboratory in Marburg fell ill with a haemorrhagic fever caused by a previously unknown virus that was surmised to have been transmitted by lab monkeys from Uganda.⁷⁹ These 'incidents' stuck out in a country that otherwise did not have to contend much with infectious diseases, and (sometimes sensationalized) media reporting on them drew peoples' attention to the danger they could pose. But in the end, they mostly served to bolster the feeling that the territory of West Germany was a safe

⁷⁷ Thießen, *Immunisierte Gesellschaft*, 294–5.

⁷⁸ Thießen, *Immunisierte Gesellschaft*, 241–6.

⁷⁹ The virus was named the 'Marburg Virus' after the city where the first documented infection occurred.

zone, because the outbreaks were quickly contained and affected only a small number of people. They thus intensified the general impression that infectious diseases were a problem of other parts of the world – in these cases, above all Africa and Asia – and not of West Germany or Europe more generally.

Instead, Europeans and North Americans were gradually training their focus on chronic illnesses. Long-term epidemiological studies like the Framingham Heart Study, which has been ongoing since it started in 1948, sought to identify the factors that could increase risks of heart disease and other chronic conditions.⁸⁰ In the 1970s, doctors and health officials began studying protective factors. The goal of avoiding illness was now being rounded out by the principles of health maintenance and healthy living, which were consecrated in the Ottawa Charter for Health Promotion, adopted by the WHO in 1986.⁸¹ Analyses of risk factors and protective factors modelled the relation between an individual's lifestyle and their chance of being affected by certain chronic health conditions. Stress and a general feeling of coherence in one's life could be influenced by individual behaviour; people could quit smoking, choose a healthier diet and get more exercise. Minimizing risk and improving one's health, the hypothesis went, were thus matters of individual behaviour. Models of risk factors and protective factors go hand in hand with the concept of prevention, which, while centred on individual behaviour, has been assisted by measures to minimize unhealthy environmental factors and cultivate communities that promote health.⁸²

A different approach has been taken towards diseases like cancer. Until recently, early detection, and not prevention in the strict sense, was the dominant strategy. But here, too, personal responsibility was and remains a significant component of mitigation, as early detection campaigns since the early twentieth century have often centred on the notion that the mindful patient who regularly monitors their own body will always detect irregularities early on and will thus be able to be quickly cured.⁸³ These ideas exerted an

⁸⁰ See Carsten Timmermann, 'Risikofaktoren: Der scheinbar unaufhaltsame Erfolg eines Ansatzes aus der amerikanischen Epidemiologie in der deutschen Nachkriegsmedizin', *Das präventive Selbst: Eine Kulturgeschichte moderner Gesundheitspolitik*, ed. Martin Lengwiler and Jeannette Madarász (Bielefeld: transcript, 2009), 251–77; Robert A. Aronowitz, 'The Social Construction of Coronary Heart Disease Risk', *Making Sense of Illness*, ed. Robert A. Aronowitz (Cambridge: Cambridge University Press, 1998), 111–44.

⁸¹ Aaron Antonovsky's concept of salutogenesis played an important role here. See Aaron Antonovsky, *Unraveling the Mystery of Health: How People Manage Stress and Stay Well* (San Francisco, CA: Jossey-Bass, 1987).

⁸² Matthias Leanza, *Zeit der Prävention: Eine Genealogie* (Weilerswist: Velbrück Wissenschaft, 2017), 221–43.

⁸³ Bettina Hitzer, *Krebs fühlen: Eine Emotionsgeschichte des 20. Jahrhunderts* (Stuttgart: Klett-Cotta, 2020), 103–77.

enormous influence on experiences and feelings of health and sickness in the West, because they were communicated to people through the most multifarious media. Exhibitions, posters, pamphlets, films and television shows funded by the state or public health insurers delivered this message to homes and schools. Health advice books written by experts, newspaper and magazine articles and podcasts also engaged with the subject, while early detection programs and bonuses from statutory health insurers nudged people to make these practices into habits.

Early detection measures continued (and continue) to be wrapped up in a delicate balance between promises of security and feelings of fear. While they claim to offer people a certain degree of control over their own health risks, they also unremittingly direct people's attention towards the possibility of falling ill with one of the diseases that stands in the focus of early detection and prevention. The primary ones are heart disease and cancer, which is to say, noncommunicable diseases.⁸⁴ Both are among the most feared illnesses, along with Alzheimer's, against which there are still no known preventive measures.⁸⁵ In contrast, up until 2019, few people feared catching an infectious disease, and when they did, it was generally only sexually transmitted diseases.⁸⁶

This might sound surprising, since, as discussed above, virologists and epidemiologists took HIV/AIDS as a warning that could not be ignored, which helped turn newly emerging infectious diseases into a priority of medical research. In the 1980s, HIV/AIDS did spark fears and for a time was widely discussed in newspapers and television. However, in the media – and, in the early years of the epidemic, in science – it was quickly identified with marginalized 'risk groups', directing fears of the disease towards homosexuals and intravenous

⁸⁴ Only since the discovery of an HPV vaccine for girls in 2006 have large swathes of the population been aware of the fact that viruses, and thus infection, can play a role in some types of cancer. However, this has not changed the general perception of cancer, because viral infections have been demonstrably identified as significant factors for only a very small number of cancers, and even in these cases, viral infections only increase one's disposition to get cancer and do not themselves cause cancer.

⁸⁵ As demonstrated, for instance, by a Forsa Institute survey of about 2,800 German citizens conducted annually since 2010. Commissioned by the public health insurer DAK, it shows that between 65 per cent (2017) and 73 per cent (2010–11) of respondents listed cancer as their most feared disease. There is a large gap between it and the next on the list: Alzheimer's/dementia (39–54 per cent), stroke (40–54 per cent) and heart attack (33–45 per cent). Fear of an accident resulting in serious injuries (37–57 per cent) is roughly on the same level as these health problems. 'Junge Leute haben Angst vor psychischen Erkrankungen', DAK Gesundheit, [https://www.dak.de/dak/bundesthemen/angst-vor-krankheiten-2179528.html#/.](https://www.dak.de/dak/bundesthemen/angst-vor-krankheiten-2179528.html#/)

⁸⁶ In the Forsa survey, the numbers fluctuate between 19 per cent (2011) and 9 per cent (2017). In 2019, 11 per cent of respondents said they most feared venereal disease; among those aged fourteen to twenty-nine it was 28 per cent, while 74 per cent in this age group most feared cancer (multiple responses were allowed).

drug users.⁸⁷ Othering the danger made the fear seem manageable – but only at the high price of wide-scale discrimination against those identified with the ‘risk groups.’⁸⁸ By the late 1980s, when most people had learned that anyone could get infected, some simple and efficacious methods of preventing transmission, such as condom use, had become known, and the discovery of AZT represented the first effective antiretroviral drug, even if the dosage prescribed at the time caused numerous side effects. Infection rates in Europe remained well below the numbers feared.⁸⁹ Thus, in the long run, HIV/AIDS did little to change the perception of many people in Europe that infectious diseases do not pose a serious danger to the population as a whole.

In some respects, the 2002–3 SARS pandemic presented a similar scenario. Extensive media coverage quickly engaged in othering, albeit of a different sort. A ‘virus from the witch’s cauldron,’ namely Southeast China, was raging in Asia, while papers reassured people that ‘fears of a SARS epidemic’ in Germany were baseless.⁹⁰ In the early summer of 2003, there was a brief period when German media speculated about whether SARS might reach Europe and develop into one of the ‘first global epidemics of the twenty-first century,’ but the general consensus that its spread was ‘manageable’ did not take long to return.⁹¹ In short, the media reported with a feeling of safe distance. And they pointed to the perception that Asian countries had insufficient hygienic standards and allowed people and animals to live too close together in order to justify their claim that the continent was particularly ripe ground for the emergence of new zoonotic diseases like SARS.⁹²

At the same time, the search for the SARS virus was depicted as a kind of real-life crime drama with global ‘virus hunters.’ This framing clearly drew on narrative techniques from non-fiction books as well as films from the 1990s about the search for the virus that caused the Spanish flu or the viruses responsible for fictional pandemics, as in the movie *Outbreak*

⁸⁷ Henning Tümmers, ‘AIDS und die Mauer: Deutsch-deutsche Reaktionen auf eine komplexe Bedrohung’, in Thießen, *Infiziertes Europa*, 158.

⁸⁸ Susan Sontag, *AIDS and Its Metaphors* (New York: Farrar, Straus and Giroux, 1989), 25.

⁸⁹ Tümmers, ‘AIDS und die Mauer’, 163, 170.

⁹⁰ Jörg Blech and Andreas Lorenz, ‘Erreger aus dem Hexenkessel’, *Der Spiegel*, 24 March 2003, 184–6; ‘Experten: Angst vor SARS-Epidemie in Deutschland unbegründet’, *Stern*, 3 April 2003, <https://www.stern.de/gesundheit/epidemie-experten--angst-vor-sars-epidemie-in-deutschland-unbegruendet-3349102.html>.

⁹¹ ‘SARS. Wissenschaftler im Wettlauf gegen die erste globale Seuche des 21. Jahrhunderts’, *Der Spiegel*, 5 May 2003; ‘Seuche bedroht auch Europa’, *Stern*, 27 April 2003, <https://www.stern.de/gesundheit/sars-seuche-bedroht-auch-europa-3350286.html>; ‘Die Gefahr ist überschaubar’, *Stern*, 29 April 2003, <https://www.stern.de/gesundheit/deutschland--die-gefahr-ist-ueberschaubar--3351954.html>.

⁹² Blech and Lorenz, ‘Erreger aus dem Hexenkessel’. Similar comparisons were drawn during the flu pandemics in 1957–8 and 1968–70. See Hitzer, ‘Angst, Panik?!’, 145–9.

(1995).⁹³ Thus, in 2002–3, the observer position opened up by newspapers and television was supplemented with an element of fiction. The next pandemic – the ‘swine flu’ of 2009 – did come to Europe and, like SARS, created a lot of noise, but its lack of severity only bolstered the feeling of many that Europe was safe from pandemics. Accordingly, neither the West African Ebola epidemic in 2014–16 nor the Ebola outbreak in the Democratic Republic of Congo and Uganda generated much fear in Europe.

Conclusion

In the spring of 2020, people in Europe and the United States were quickly and painfully shaken out of their position as mere observers. After the model of the first SARS pandemic, many in the West tried to channel fears through othering, as emblemized by Donald Trump calling SARS-CoV-2 the ‘China Virus’ or ‘Wuhan Virus’. But these attempts failed in the face of rising case numbers.

In most of Europe, however, far-reaching measures to fight the pandemic were implemented, even if with a bit of delay in some places. In comparison with the strategies against pandemics in the twentieth century, the restrictions they placed on everyday life were unprecedented. Looking back, neither the Spanish flu nor the later flu pandemics of 1957–8 and 1968–70 were countered with such intense reactions. Three factors were responsible for this. First, the death rate was underestimated in all three earlier pandemics, because proper epidemiological observational techniques were lacking or were not adequately applied and because the mortality rates were calculated differently. Second, unlike the coronavirus, they were not predated by expectations about a coming, potentially catastrophic pandemic. Thus, their prospective course was assessed differently from the very beginning. Third, government responses, and, to an extent, those of the media as well, were primarily concerned with managing emotions, with hindering panic and creating a feeling of security, even though there were not sufficient numbers of intensive care beds to treat all severe cases.

Around 1990, though, medical science and epidemiology began committing more resources to researching newly emerging infectious diseases, a turn that was initially triggered by the HIV/AIDS epidemic of the 1980s and then bolstered in the 1990s by viroarchaeological studies of the Spanish flu. Virologists’ and

⁹³ For instance, Marco Evers, Veronika Hackenbroch, Beate Lakotta and Katja Thimm, ‘Weltbund der Virenjäger’, *Der Spiegel*, 19, 4 May 2003, 194–204.

epidemiologists' concerns that a new, disastrous pandemic could appear at any moment were taken up early on by the WHO. For its part, the WHO had already given up its optimism that infectious diseases could be eliminated around the world. As in virological labs, the WHO gradually began to adopt the conviction that being prepared for an unpreventable global pandemic was the best approach. As a result, new tools of epidemiological surveillance were established around the world and member states developed plans for the anticipated 'public health emergency of international concern.' Even though SARS, avian flu and swine flu did not turn out to be the global pandemics many had feared were on the horizon, this did not extinguish the logic of preparedness. Thus, the measures set in motion in March 2020 had been planned for years but were significantly intensified under public pressure occasioned by knowledge of Covid-19's potential severity.

Nevertheless, the coronavirus pandemic and the public health measures taken to combat it came as a shock to most people. The history of emotions and experiences related to disease sketched in this chapter help explain why. Only few people in Europe and North America had ever had first-hand experience with severe or fatal infectious diseases. The pandemics of the twentieth century did not leave a serious mark on collective memory. The pandemics of the early twenty-first century primarily affected Asia and Africa. Western media used this fact to cast newly emerging infectious diseases as the progeny of insufficient hygiene and an impermissible proximity between the living quarters of humans and animals, while associating both with an element of disgust. Many believed that Western medicine, Western hygienic standards and Western crisis management would protect them from such pandemics. It was not entirely unknown that virologists and WHO public health officials saw things differently and that all European countries had developed pandemic plans and tested them in simulations. However, most people perceived these plans as overly cautious security measures for an exceptionally unlikely event.

Moreover, during the preceding half century, most people in Europe and North America had become accustomed to the notion that chronic illnesses, and not infectious diseases, posed the greatest health risks, and that the chances of being afflicted could best be reduced through 'self-improvement' and 'working' on one's own behaviours. Thus, the coronavirus pandemic caused a situation of great uncertainty and a loss of control in two senses: individual preventive health measures were mostly irrelevant, and Western medicine initially had nothing more to offer than the centuries-old technique of social distancing. Mark Siemons was right to call this a 'blow to Western feelings of cultural superiority',

which, it might be added, was compounded by the sense that an unprecedented, difficult-to-define threat was afoot.⁹⁴

The desire to deny the loss of control and reverse the injury to one's sense of security as if everything could go back to how it was may help explain why conspiracy theories have run rampant. Unable to stigmatize 'risk groups' or project the danger onto Asia, some of these conspiracy theories seek different narratives to produce an imaginary sense of agency and invulnerability.⁹⁵ Anti-Semitic conspiracy theories from the age of bacteriology have seen a resurgence. Some have latched onto criticisms of the alleged influence of private economic interests on governments' approaches to the 2009 swine flu pandemic.⁹⁶ In retrospect, some people did – for reasons unrelated to conspiracy theories – suspect that the WHO's hasty reaction to the 2009 event was spurred by the pharmaceutical industry's sway over the institution, while some states evidently exploited the 'pandemic' to make gains by imposing import restrictions.⁹⁷

The notion that a virus could be produced in a lab and instrumentalized for geopolitical or economic ends has roots in serious concerns that likewise have little to do with conspiracy theorists' exploitation of the concept. Since the early 1990s, security experts have feared that viruses and other biological weapons manufactured in labs in the former Soviet Union could be wielded by terrorists. The 2001 anthrax attacks fed into this worry, which has been played through countless times in films of the popular virus thriller genre.⁹⁸ What the different conspiracy theories that abuse these more defined concerns have in common is their desire to uncover an intention behind every danger and demonstrate its 'foreignness'.

This was one reason why wearing masks became a contested symbol in 2020. Certainly, masks had been worn in Europe in the past and invested with patriotic content, such as during the Blitz on London.⁹⁹ But in the recent past,

⁹⁴ Mark Siemons, 'Corona und der Westen: Die zivilisatorische Kränkung', *Frankfurter Allgemeine Zeitung*, 29 March 2020, <https://www.faz.net/aktuell/feuilleton/debatten/coronaund-der-westen-die-zivilisatorische-kränkung-16700907.html>.

⁹⁵ Carolin Amlinger and Nicola Gess, 'reality check. Wie die Corona-Krise kritische und weniger kritische Theorien auf den Prüfstand stellt', *Geschichte der Gegenwart*, 2020, <https://geschichtedergegenwart.ch/reality-check-wie-die-corona-krise-kritische-und-weniger-kritische-theorien-auf-den-pruefstand-stellt/>.

⁹⁶ Philipp Sarasin, 'Fremdkörper/Infektionen: "Anthrax" als Medienvirus', *Virus! Mutationen einer Metapher*, ed. Ruth Mayer and Brigitte Weingart (Bielefeld: transcript, 2004), 139.

⁹⁷ Harrison, 'Pandemics', 139.

⁹⁸ Ruth Mayer, "'Bei Berührung Tod". Virenthriller, Bioterrorismus und die Logik des Globalen', in Mayer and Weingart, *Virus!*, 217–19.

⁹⁹ On mask-wearing during the Blitz on London see Jesse Olszynko-Gryn and Caitjan Gainty, 'Why Londoners in the Blitz Accepted Face Masks to Prevent Infection – Unlike Today's Objectors', *The Conversation*, 13 July 2020, <https://theconversation.com/why-londoners-in-the-blitz-accepted-face-masks-to-prevent-infection-unlike-todays-objectors-142021>.

many have sought to turn them into symbols of an alternately threatening and ridiculous other. Thus, hardly a single German newspaper or magazine article on the SARS pandemic in 2002–3 dispensed with a photo of a Southeast Asian-looking person wearing a mask. Even after months of reporting, mask-wearing in Asia still seemed so exotic and in need of explanation that it was constantly thematized.

Many image captions interpreted the mask as a sign of fear. For instance, one caption for a picture of the ‘maskless’ Chancellor Gerhard Schröder during a state trip to Asia noted that the Chancellor was not afraid of SARS.¹⁰⁰ Every now and again, photos were printed with the aim of illustrating how the ‘fear of SARS [in Asia] sometimes has bizarre results’, as the caption beneath a photo of a cat wearing a mask commented.¹⁰¹ The message was clear: wearing a mask is a sign of fear that borders on the ridiculous and is something that people from Asia do. Since SARS, masks have had the added connotation in the West of signifying potential sources of virus from the East. This historical context underscores why mask mandates in 2020 perfectly symbolized an instance of the aforementioned ‘blow to Western feelings of cultural superiority’.

¹⁰⁰ Matthias Schepp, ‘SARS und der Kanzler ohne Maske’, *Stern*, 15 May 2003. Image captions that associate masks with fear can be found in articles like: ‘Abschwächung von SARS bei jeder Übertragung?’, *Stern*, 15 April 2003; ‘Hongkong will zu drastischen Maßnahmen greifen’, *Stern*, 13 April 2003; ‘Wirtschaftswachstum in Asien durch SARS beeinträchtigt’, *Stern*, 1 April 2003; ‘SARS – weltweit 1610 Erkrankte’, *Stern*, 30 March 2003.

¹⁰¹ ‘Vierter Todesfall in Kanada’, *Stern*, 31 March 2003.