The Corona virus has propelled us into what appear to be unprecedented times. Yet history shows that we are not the first to experience massive upheaval associated with plagues and pandemics. Closer attention to previous events of this nature highlight the need to heed urgent lessons from the past. At a time when we need unity, ill-formed and reactive responses and policies can exacerbate existing social divisions and fissures. The recent harnessing of war-time metaphors can have unintended social consequences, such as public shaming and demonisation of minorities, as has been occurring in different countries, including in our own neighbourhoods in Australia.¹

Governments and members of society alike, need to work to ensure that division, conflict and ostracism are kept in check to avoid falling into the traps of antipathy, disunity and disorder. In 2018, several scholars noted that ‘War metaphors are ubiquitous in discussions of everything from political campaigns to battles with cancer to wars against crime, drugs, poverty’. In this regard, they stressed ‘that war metaphors are misleading at best, and harmful at worst, resulting not only in increased political and cultural polarization, but in risks to personal and social well-being as well’. Unfortunately, there is an insatiable appetite for using them, even though the very idea of war fosters not only ‘a sense of risk and urgency’ but also ‘fear and anxiety’.²
Control Measures and War-time Footing
On 15th March 2020, three days after the World Health Organisation (WHO) declared that the Coronavirus (COVID-19) outbreak a pandemic, the Australian Government issued National Guidelines for Public Health Units and launched a national campaign to inform all Australians about COVID-19. Central aspects of the campaign have included quarantine, promotion of improved hygiene behaviours and self-isolation designed to reduce ‘the risk to individuals and families by enabling them to make informed decisions and to take up health recommendations’. The New South Wales (NSW) Government added to these recommendations by issuing advice and guidance for NSW businesses that recommended them to undertake workplace health and safety risk management regarding work activities / work design.

On 18 March, the Australian Government increased control by banning large scale indoor gatherings of more than 100 people domestically and international travel from our shores. On 19 March, the Tasmanian Government declared a state of emergency and tough border control measures to enforce stronger new quarantine measures. Similar and in some cases tougher responses have been implemented by the Australian Federal and other State governments subsequently, including State border closures.

Transforming the invisible enemy into a visible target
Epidemics and pandemics have been a recurring feature of human history. Sensationalised through verbal exchanges and other media, they have had immense social and economic impacts. There is no doubt that they are exceptional events that create abnormal life circumstances, but they are never experienced in isolation and the fears they generate interconnect with other prevailing fears in the social, political and economic contexts in which they occur, producing long-term consequences for individuals and societies. The economic and social impact of such fear is evident in financial markets, tourism and other industries, prices of goods and services, unemployment and social isolation, stereotyping, discrimination and loss of liberty as governments respond by increasing quarantine and related control measures, including surveillance. Besides affecting all aspects of everyday life, epidemics and pandemics result in personal and social tragedies.

A number of scholars have commented on how diseases ‘becomes adjectival’ since the late 1980s when Susan Sontag first highlighted how epidemics become a proxy for social disorder when metaphors are applied to them and ‘the horror of the disease is imposed on other things’. More recently, in a book that examined the legacies of plague in literature, theory and film, Cooke noted that: ‘Structurally, metaphor is a figure of speech that implies contagion: the two concepts metaphor brings together are no longer discrete but mutually infect one another’. In our current circumstances, we see that certain political leaders in various countries have begun to use the metaphor of war to legitimate action in response to COVID-19 and themselves as leaders who are able to fight an invisible enemy. Increasingly in America, Australia and elsewhere in the world, the rhetoric of ‘wartime footing’ is being used to describe needed and actual measures to combat, what some refer to as the ‘invisible enemy’ and others have depicted as the ‘Chinese virus’.

This war metaphor is highly problematic particularly when linked to the history of epidemics and pandemics, during which ‘invisible’ enemies have been transformed into visible targets. It is precisely this targeting of certain individuals, groups, and nations that brings to mind an endless playback loop of common reactions at times of fear and panic.
In the current circumstances, the rise of racism against people of Chinese origin reflects what Hong described as a disturbing ‘resurgence in “yellow peril” mythology’ circulated through a range of media outlets. However, as Manjoo points out, the focus can quickly extend to other ethnic and religious minorities, a point reiterated by the New Zealand Race Relations Commissioner, Meng Foon, who stressed: ‘Anxiety and fear should never be a reason to discriminate and vilify Chinese or any other group’.12

It is worthwhile remembering that the outbreak of H1N1 flu in Mexico in 2009, led health authorities there to introduce quarantine, the wearing of masks, the closure of schools and other institutions and to increase surveillance.13 As occurred during other epidemics and pandemics when fear led to the blame of those ‘people whose national, ethnic or religious backgrounds differ from those of the majority group’, the spread of this disease to other countries resulted in Mexican immigrants often being ‘pronounced guilty by association’ and ‘Mexican nationals and the products they produced’ being ‘shunned across the globe; in the United States, some talk show hosts portrayed Mexican immigrants as disease vectors who threatened the health and security of other citizens’.14

As Myron Echenberg stressed in referring to the impact of the Bubonic Plague on Sydney in 1900, statistics cannot ‘measure the panic and psychological impact’ of epidemics.15 Unlike many other natural disasters, they ‘are divisive and serve to magnify social tensions’, invariably accentuating ‘pre-existing divisions within society’16 and focusing frustration on ‘a visible enemy’. Examples abound of the scapegoating of distinctive minority groups and their subjection to hostility and discrimination. Jewish people were singled out during plague epidemics in Europe during the Middle Ages, while Chinese people bore the brunt of attack during epidemics in Australia during the late nineteenth and early twentieth centuries.17

In a similar vein, Collier argued in his history of the post-World War One Influenza Pandemic, that after naming a disease, ‘it was but a short step to pointing an accusing finger - often at any ethnic group that differed from the norm.’18 The names given to this disease in different parts of the world reflected prevailing concerns about certain ethnic groups and ideologies – the disease was called the ‘Singapore fever’ in Penang and the Bolshevik disease in Poland. In Sydney, the Influenza was conflated first with the Bubonic Plague and with the ‘Bolshevik pneumonia’ and the disruption caused the NSW General Strike of 1917.19 The tendency to name, shame, blame and isolate during such extraordinary times needs to be remembered and considered seriously at a time when the world is gripped by divisive populism not too dissimilar from the populism that characterised the First World War and the years after the Bolshevik Revolution, when the Influenza Pandemic caused far more disruption and death than any other epidemics of the 19th and early 20th centuries.20

In commenting on the impact of COVID-19 in Hong Kong, Professor Keith B. Richburg reflected on the echoes of the H5N1 virus in 1997 by saying: “Sometimes history seems to unspool in a continuous playback loop. That is the feeling from watching Hongkongers donning face masks, dousing hands with sanitiser and once again bracing for the possibility of a deadly new virus outbreak originating in mainland China spreading’ to Hong Kong.20 Similar echoes can be heard in relation to the SARS pandemic of 2002-2003. Called the “Chinese disease” by some at that time,21 given its origins in China, this pandemic witnessed a ‘wave of xenophobia’ in Canada that has resurfaced there in recent times.22 In this regard, the warning given by Keil and Ali to Canadian ‘policy makers and public opinion makers to avoid wherever possible any identification of infection with race, ethnicity or other socio-physical appearance’ seems not to have been noted or acted on.23 Similar long-lasting and deeply embedded prejudices have also resurfaced in other parts of the world in recent months in response to COVID-19, increasing the hostility
experienced by Chinese people in Australia as elsewhere. A closer look at epidemics and pandemics illustrates that racism against Chinese people, at times of plagues and pandemics, is no new phenomenon.

Echoes from Past Plagues and Pandemics:

Historians of early twentieth century Australia acquainted with the outbreak of Bubonic Plague in Sydney in 1900 and its annual recurrence until 1910, as well as the Influenza Pandemic of 1918-19, cannot help but see continuities, particularly in relation to the remedial measures adopted in relation to COVID-19 and the re-emergence of disease naming practises with racist and politically charged overtones.

The Bubonic Plague in Sydney spread to Australia from China and India one year before the Immigration Restriction Act, 1901 formalised the White Australia policy. The prevailing collective fear of Asia and Asian invasion unsurprisingly contributed to mass hysteria that reinforced the mistaken belief that the disease had been introduced to Australia by recently arrived Chinese seamen and immigrants. The Plague was referred to as the ‘Asiatic harvest’ and Sydney’s Chinese community experienced the brunt of most attacks, including the boycotting of their businesses, while members of the Syrian community in Sydney’s inner city suburb of Redfern, were also attacked and vilified.

Throughout the centuries efforts to contain the spread of epidemics and pandemics have relied on quarantine measures. During the Bubonic Plague outbreaks in the Middle Ages, those affected were treated like lepers with the houses of the afflicted marked with red flags. In Italy, some 1,500 victims were isolated on a small island in the Venetian Lagoon. Similarly, in Sydney in 1900, affected individuals and families were isolated either in their homes or removed to quarantine stations. Houses were resumed and demolished. However, Sydney’s ‘health authorities adopted a much more draconian approach when it came to cleansing and fumigating Chinese dwellings’. Their ‘harsh’ quarantine treatment included the removal of Chinese people to the North Head Quarantine Station where they were ‘physically segregated from other inmates and quartered in tents near the foreshore’. The Federal Government’s approach to quarantining Coronavirus evacuees from China at Christmas Island detention centre and Manigurr-ma Village at Howard Springs, an old mining camp about 30km from Darwin, in the early months of 2020, highlights the continuous playback loop referred to earlier. Somewhat paradoxically, in late March, the Ruby Princess cruise ship, whose last stop was New Zealand, was permitted to dock in Sydney where almost 2,700 passengers disembarked, ‘catching trains, buses and even overseas flights to get home’.

The Influenza Pandemic reached Australia in October 1918 resulting in efforts to limit its spread through containment of those affected in specially designated hospitals or Sydney’s quarantine station, where numerous deaths occurred. As these measures failed to prevent spread to the resident population, the Government proclaimed NSW ‘infected’ on 28 January 1919. Regulations imposed the wearing of masks in public, in university classrooms and in factories. Libraries, schools, churches, theatres, public halls, and ‘places of indoor entertainment’, including religious venues, cafes, restaurants and racecourses were all closed. Public meetings were banned, as was travel across the NSW-Victorian border. The devastating spread of the disease, despite these formal actions, had a profound psychological effect, heightened by fear and confusion caused by the fact that no one was sure about what caused the Influenza, let alone how to prevent or cure it. Unlike earlier plagues, the ‘Flu’s symptoms varied in different parts of the world. By the end of 1919, some 12,000 deaths were reported in Australia and over 21 million worldwide. Some estimate that 60 million were affected.
The quarantine and other health measures reinforced pre-existing fears and anxieties. In what we would now refer to as meme-like fashion in the media of that time, the 'Flu was conflated with the Bubonic Plague of the Middle Ages. The closing of public venues and the wearing of masks overtly intervened in the lives of ordinary people and had a strong impact on those who lived through it. Enforced physical isolation, while positive from a public health perspective, also had negative effects, causing social isolation and fear of groups and ideas already identified as potentially disruptive. People interviewed about their experiences of the Influenza Pandemic recalled family members being admitted to Royal Prince Alfred Hospital in Sydney, being quarantined at home and having food delivered to the front door. One person, whose husband died from the Flu in 1919 described how they were required to put a yellow flag up in front of the house to discourage people from coming near once quarantined.  

**Fanning the Flames of Fear and Panic**

In March 1919, the *Medical Journal* argued that the daily press was guilty of ‘fanning the flame of panic’ by renaming the Influenza, ‘the Plague’. This played back the sensational accounts in the popular press a decade earlier during the Bubonic Plague in Sydney that promoted the ‘symbolic power … in the European imagination’ through continuous references to the ‘medieval Black Death’. Unsurprisingly, historian Humphrey McQueen concluded that the panic caused by the 'Flu Pandemic' could only be appreciated by considering the way it had been represented in the press.

Given the prevailing fears caused by cultural differences and global economic conditions, it is incumbent on governments and the media to minimise the negative social impacts of the current Coronavirus. Journalists have a responsibility to avoid ‘fanning the flame of panic’ with headlines like 'Chinese virus pandamonium', and references to war and war-time footing. Governments have a responsibility that extends beyond preventing the spread of the disease to protecting people from being stigmatised by their national and ethnic origins. We need to avoid associating the disease with one country and any group of people and be mindful of the way naming operates as a process of social exclusion. Surely it is time to not only learn from past errors but also to work to avoid them.

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