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05/18/2020

History 129A

COVID-19 TODAY

The coronavirus, or COVID-19 pandemic today is said to be the worst contagion of the 21st century, and sometimes even the worst of the 20th century, including that of Spanish Flu. The trouble with COVID-19 is in its ability to spread fast and undetectably, as well as its unclear presentation of symptoms in some individuals over others. One of the most fascinating facts I learned about the virus was that it can lay completely dormant in person and be asymptomatic yet that person can unwittingly be a carrier. It doesn't seem to affect people based on ethnicity, gender, or, despite reports, age, though older people are more likely to be sick and have comorbidities so their risks are higher because of pre-existing conditions. All in all, COVID-19's exact symptomology and means of attacking the body is still being figured out, which has been overwhelming the medical system.

Personally, I have some family that works in the medical profession, and I have heard that dealing with the virus has made their job lives a nightmare. Many of them get very little sleep and are constantly covered in PPE to protect themselves from acquiring the virus in the hospital setting. I have heard that the hospitals take extreme precautions to be as sterile as possible, with routine hour-to-hour cleanings in some locations. Many hospitals and clinics are lacking in adequate testing packs, and so testing of COVID-

suspected patients is very behind. As a result, the medical staff always “assumes” the symptoms are COVID-related and has a plan of action to relieve problems as they present themselves.

My life has changed somewhat due to the virus. The stay-at-home order has put a lot of projects of mine on hold, let alone my schools all being transferred online. I have elderly members of my family which I check up on regularly to make sure that they are doing well, and have adequate supplies. I have some family members who also have pre-existing health conditions that might make them more susceptible to illness. As a result, I have not been visiting or seeing those members, out of my own concerns of being behind an asymptomatic carrier.

The virus lockdown has motivated me to read more and give myself a to-do list every day in order to successfully achieve what I need to. I have grown more fascinated by the prospect for a worldwide pandemic, or even endemic, and done research on cases of the past. One of the most significant times that “disease” spread quickly, with more symptomatic and susceptible peoples over a largely asymptomatic or “immune” peoples was during the Age of Exploration period of world history. It is said that the majority of deaths during the Conquests of both the Inca and the Mayan/Aztec civilizations was due to disease and not to warfare, genocide, or any type of violent skirmish. More generally, the interaction between MesoAmerican and Native American tribes and early European settlers was one that historically, has always been portrayed as extremely negative, leading to the ultimate demise of the vast majority of Native Americans by way of European-brought disease. However, outside of the militaristic and fatalistic outcomes,

there were influences and changes on a cultural level before the indigenous peoples of the Americas stopped remaining the dominant peoples of the land. For example, Native Americans had a particular religious belief that the European Christians saw as pagan and heretical and thereby wished to stamp out, for the “betterment” of the savages, and replace it with Christianity. The Europeans came to the New World on a mission for gold, God and glory and the spread of godliness was an integral part of that plan. Disease was something that came gradually with this integration of cultures. The biggest question is, why exactly did it decimate the Native populations but not the European populations that settled there, or at least not to the same extent? Part of the answer has to do with the nature of immunity and evolution.

While Native Americans were generally isolated from the rest of the world, Europeans were not, and their trade and exchange facilitated the spread of a multitude of diseases to their urban areas which helped the populations grow a certain level of immunity (by way of selection). There were numerous outbreaks in MesoAmerica during the century of conquest. In 1520 there was a smallpox outbreak that led to 8 million deaths. In 1545 and then again in 1576 there were epidemics known as the Cocoliztli epidemics, which took 12-15 million lives and then 2 million lives respectively. This ostensibly plateaued the MesoAmerican population from nearly 22 million before the 1520 outbreak to less than 1 million by the turn of the century in Mexico (Farriss). Some scholars have even said that this is truly the biggest loss of life ever attributed to a “conquest” because of the nature of disease being used as an indirect agent to “weaken”

the native populations. That is not to say that the disease was weaponized against natives, but rather, that the disease was a “welcomed advantage” for colonial power (Carassaco).

Fascinatingly, though smallpox was indubitably a European-derived disease brought to the Americas, the exact nature of Cocoliztli was unknown. Recent studies have indicated that it may have been a locally-derived disease that spread more quickly and had a more devastating impact because of “crowding” and because many Aztec natives were forced into easily governable territories known as “reducciones,” where the indigenous peoples could be easily taught agriculture and converted to Christianity (Clendinnen). This issue of proximity exacerbated the spread of the disease because onset was very sudden and, according to reports, many individuals lacked signs or symptoms before the main and more deadly symptoms began to take root. The disease was said to induce high fever, headache, and profuse bleeding from the nose, eyes, and mouth, including bloody stool. It had a high level of virulence and death was usually expected 2 to 3 days after onset (Clendinnen).

All of this makes comparisons to COVID-19 easy, even if the severity is not nowhere as close. While the COVID-19 death rate is low and does not involve viral hemorrhaging, the ease of spread of the virus, as well as its sudden onset of bad symptoms, provides for some points of comparison. COVID-19 is overwhelming our industries because it is a rather quiet illness at the beginning but one that can spread very easily. It is recommended we wear masks not because masks will prevent us from getting sick but because if someone asymptomatic wears a mask, they are less likely to spread it as their mouth and nose will not spread germs as easily. In ancient MesoAmerica, face

masks would have likely delayed the fast spread of the virus, and ancients could have used quarantining to actually stave off epicenters of the illness from spreading; this is of course presuming that they understood the nature of contagion, even if the germ theory of disease was certainly not well known.

In addition to the historical comparisons, there are many things about the COVID-19 that reveal a systematic issue at the core of the American system, a sort of “rotten” core. While New Zealand is currently reporting 0 new cases of coronavirus, proving that their early lockdown and immigration/emigration suspensions seems to have successfully isolated the island nation from a widespread endemic, and the source of the virus, Wuhan China, is also slowly lifting restrictions, the United States is now leading in coronavirus cases and coronavirus deaths and continues to necessitate the need for lockdowns. In New York City, medical services are so ill-prepared for the extent of COVID casualties, that reports of refrigerated trucks parking near hospital morgues to house the “excess of bodies” conjures images of atrocities from times of war. Unidentified and unclaimed bodies are being “temporarily” buried on abandoned East River islets in order to make room for new deaths. All of these signals are giant ill-preparedness in dealing with any sort of large scale medical crisis, especially in cities of upwards of 20 to 30 million metropolitan residents. New revelations about the nature of the American welfare system seem to be roaring forward, especially in regards to its general ineptitude at dealing with mass unemployment and claims cases. The State of Florida, despite having enforced lockdown for nearly 40 days, has yet to supply most unemployed residents with their first check. The governor's refusal to completely shut

down beachfronts has raised questions about Florida's unrelenting need for tourism dollars to run a functional economy. Other states are finding that nursing homes are utterly unprepared for the potential of mass outbreaks, with many nursing home residents dying without much preventative care. Hospitals have done little to isolate immunocompromised individuals in quarantined wings, and many hospitals and clinics have dramatic shortages of gloves and masks. All this comes on the heels of reports that the United States has seemingly shipped supplies of masks to foreign aid countries, and even, if one report is to be believed, "refused" a nationwide offer to catalyze the production of hospital masks for medical use. The Trump administration's early denial of the severity of COVID-19, including President Trump's reformation of it as a "Democrat hoax," has seemingly delayed the country's much-needed national lockdown, as well as delayed the closure of its borders and the halting of international flights from infected areas. All of these reveal the bureaucratic and executive unpreparedness for dealing with "disasters" of mass caliber, the metaphoric "rotten wood" holding the treehouse together. One might argue that a more keen attempt to involve emergency preparation planning into the federal government's "priority" list would have staved off a great deal of death and mayhem during COVID season. Indeed, national "emergency simulations" are not uncommon when it comes to potential nuclear warfare or "acts of terrorism" involving nuclear power plants and other areas of deadly intrigue. However, mass pandemics of a non-terroristic origin have not appeared as part of such simulations. Hopefully this pandemic can showcase the need for more attention paid to "natural" causes of disasters, including viruses, bacteria, and other contagions.

I'm happy to be socially distanced, and feel some empathy for those in past generations that did not know socially distancing would reduce their risk of catching a disease. The alone time is actually quite relaxing and productive in some ways, so I am not disappointed to be missing out on social gatherings and everyday "work."

References

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