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per i Beni Culturali
Ravello

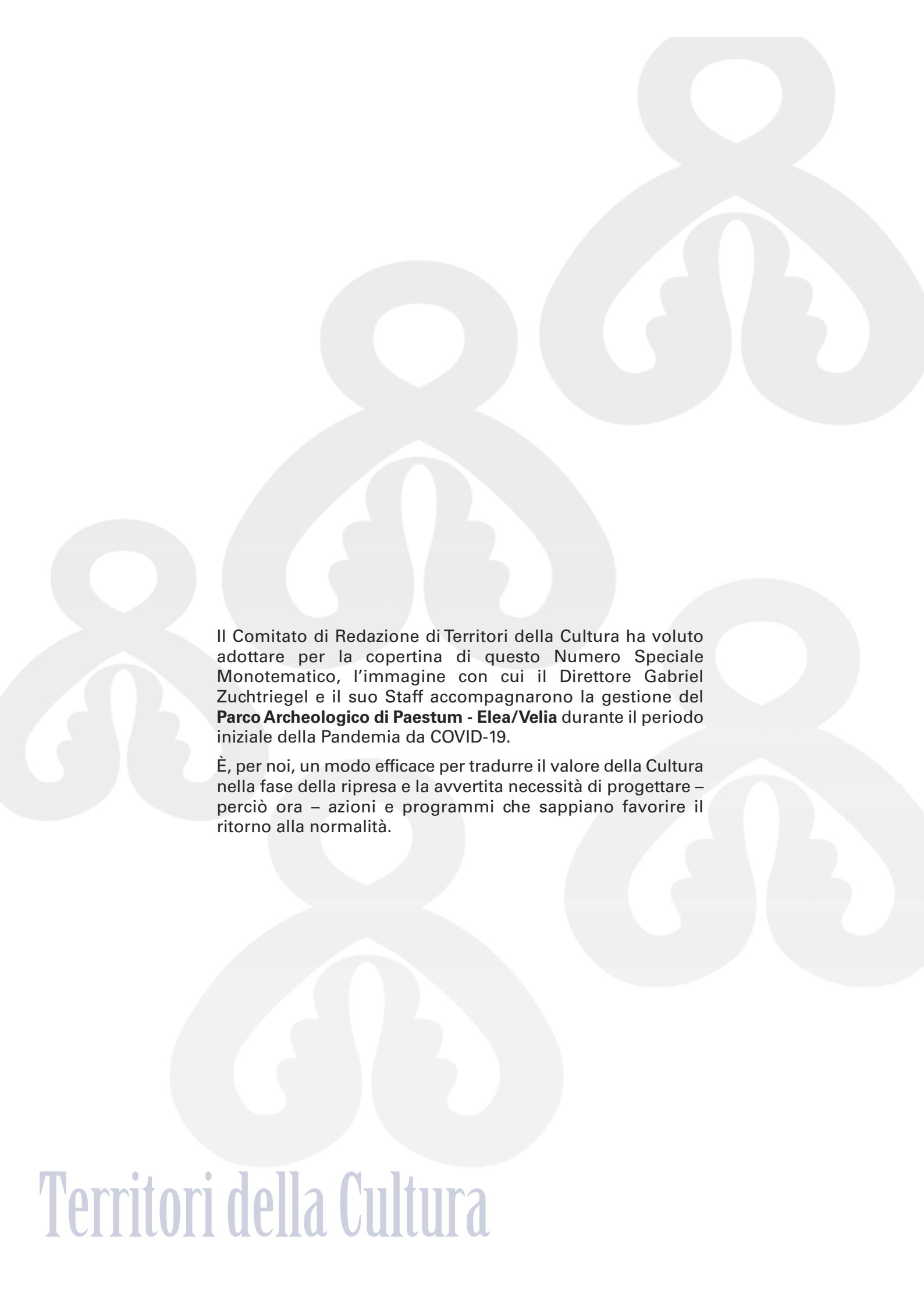
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Cultura dei Territori
al tempo del coronavirus





Il Comitato di Redazione di Territori della Cultura ha voluto adottare per la copertina di questo Numero Speciale Monotematico, l'immagine con cui il Direttore Gabriel Zuchriegel e il suo Staff accompagnarono la gestione del **Parco Archeologico di Paestum - Elea/Velia** durante il periodo iniziale della Pandemia da COVID-19.

È, per noi, un modo efficace per tradurre il valore della Cultura nella fase della ripresa e la avvertita necessità di progettare – perciò ora – azioni e programmi che sappiano favorire il ritorno alla normalità.

Territori della Cultura

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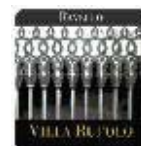
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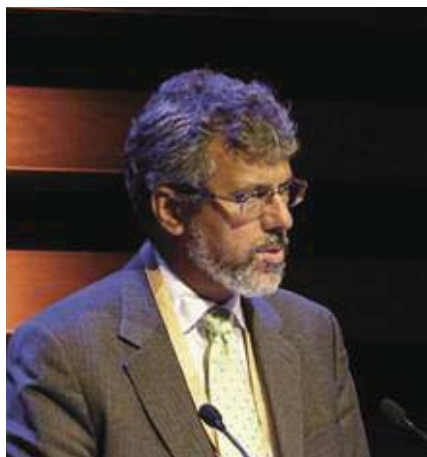


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Luiz Oosterbeek

From Humankind towards Humanity, through epidemics and sociocultural cohesion



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Abstract

The understanding of Health, and healing, as a concern within the field of what we call, today, the Humanities, has dominated from the dawn of human societies to the 19th century. Contrary to a current public perception, Medicine was never understood, not only in the East but also in the West, as primarily a set of techniques. Meaning, purpose and holistic understanding of the patients and of the management of diseases (such as pandemic processes) was dominantly understood as an art. Certainly, scientific advances, namely from modernity onwards, allowed to couple this approach with a growing understanding of physiology and, at large, physical, chemical and biological process, which led to the healing of several previously deadly diseases, increased life expectancy and diminished death at birth. It is by no coincidence that Medicine faculties remained separate from Sciences schools, and even, occasionally, integrated in “Classical Universities” instead of migrating to new “Technological Universities”. However, the acceleration of technological advances and the turn towards quantification of results, themselves not to be blamed, entailed a deep crisis of the Humanities since after WWII, slowly reifying natural sciences, and moreover technologies and solutions, detaching them from intangible purposes and the understanding of dilemmas. The current growing ethical concerns in medicine, in the public sphere, echo a never interrupted reflection of the Humanities, and express a new social awareness of the short-comes of the positivist STEM approach. But the contribution of the Humanities goes far beyond, and building the appropriate tools to face new health management concerns (e.g. on managing the next pandemic crisis or convincing people to take vaccines) requires resuming older concepts from different traditions, merging them in order to offer society new insights, within a globalized debate which is dominated by uncertainty.

Key-words: Health, Humanities, Economics, Integration



My understanding of the strong connection between the Humanities and Medicine goes back to my childhood, learning from my grand-father from Goa, India, and seeing a magazine he used to collect: *Médecine de France*. This was a publication, launched back in early 1949, in the same occasion when CIPSH was created, which would bring together articles on Medicine, Ars and Letters.

When challenged to collaborate with this initiative by Professors Hsiu-Hsi Chen and Hsiung Ping-Chen, I turned back to that Magazine, now part of my own library, and to my surprise I found that its number 1 started with a few contributions on plagues, which is curious enough, considering that the aftermath of the II World War, unlike the first one, hadn't been dominated by a pandemic surge. However, this first issue started by referring to Albert Camus *La Peste* (maybe this is also why Camus was so influential in my adolescence, although my favourite book is *L'étranger*), to then recall the Paris plague of 1418 and others, as the famous plague of Athens described by Thucydides (himself a survivor) or Lucretius, and to end with an article by Albert Camus, entitled *Exhortation aux médecins de la peste*, a reprint of Camus' text from 1941 (the same year penicillin started to be successfully given to patients in the UK).

In that text, Camus recites several recommendations for doctors, to then stress the need to avoid fear, with a very elaborated argument: *La première chose c'est que vous n'ayez jamais peur. On a vu des gens faire très bien leur métier de soldats tout en ayant peur du canon. Mais c'est que le boulet tue également le courageux et le tremblant. Il y a du hasard dans la guerre tandis qu'il y en a très peu dans la peste. La peur vicie le sang et échauffe l'humeur, tous les livres le disent. Elle dispose donc à recevoir les impressions de la maladie (...)* (Camus, 1949).

The understanding of Health, and healing, as a concern within the field of what we call, today, the Humanities, has dominated from the dawn of human societies to the 19th century, when Physical medicine started to spread across universities, after an initial use of the concept from the late 18th century (Duck, 2014). Contrary to a current public perception, Medicine was never understood, not only in the East but also in the West, as primarily a set of techniques. Meaning, purpose and holistic understanding of the patients and of the management of diseases (such as pandemic processes) were dominantly understood as an art.



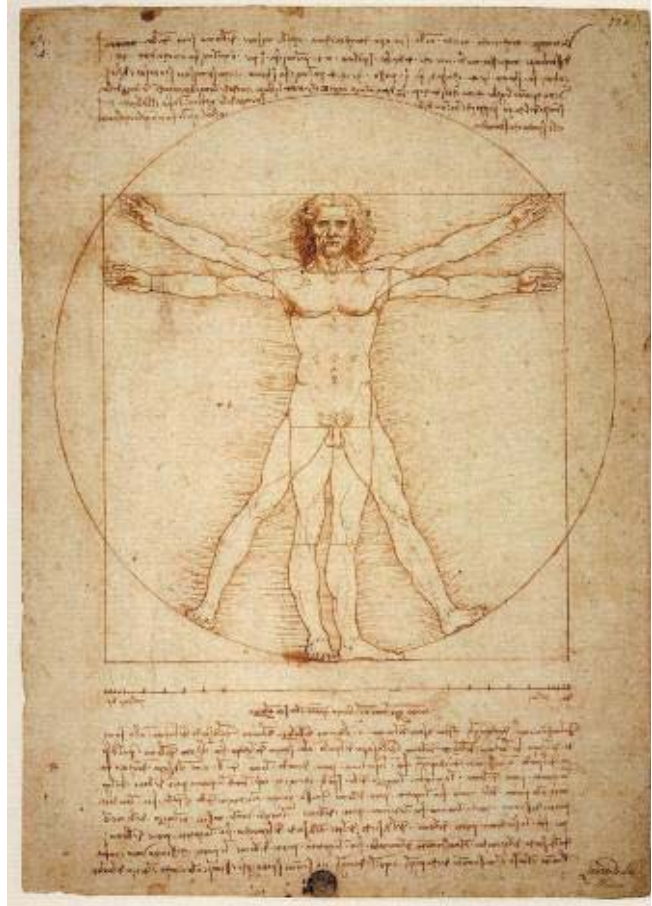
Cover of *Médecine de France* in its 20th anniversary, in 1969.



Certainly, scientific advances, namely from modernity onwards, allowed to couple this approach with a growing understanding of physiology and, at large, physical, chemical and biological process, which led to the healing of several previously deadly diseases, increased life expectancy and diminished death at birth. But techniques in Medicine would rather fall under the classical concept of revelation (*téchne* - τέχνη) than of its contemporary meaning. It is by no coincidence that Medicine faculties remained separate from Sciences schools, and were even, occasionally, integrated in “Classical Universities” instead of migrating to new “Technological Universities”. However, the acceleration of technological advances and the turn towards quantification of results, themselves not to be blamed, entailed a deep crisis of the Humanities since after WWII, slowly reifying natural sciences, and moreover technologies and solutions, detaching them from intangible purposes and the understanding of dilemmas (Oosterbeek, 2019). The current growing ethical concerns in medicine, in the public sphere, echo a never interrupted reflection of the Humanities, and express a new social awareness of the short-comes of the positivist STEM approach. But the contribution of the Humanities goes far beyond, and building the appropriate tools to face new health management concerns (e.g. on managing the next pandemic crisis or convincing people to take vaccines) requires resuming older concepts from different traditions, merging them in order to offer society new insights, within a globalized debate which is dominated by uncertainty. The current COVID-19 pandemic crisis occurs in a context of a growing tension between the anthropocentric understanding of Humankind (a biological evolutionary definition, that unified the understanding of the humans as a whole, replacing former ethnocentric xenophobic and racist approaches) and the contemporary values driven notion of Humanity. It is in such context that Humanities are called to intervene, reinforcing the notion of Medicine as a Humanities driven field of studies and practice. Pandemics are a cyclical reality in human history, enhanced by demographic concentration and human mobility, both of which have reached an unprecedented scale in history. But it’s wrong to think that pandemics are a novelty. If it is certain that Palaeolithic hunter-gatherer societies maintained a low population density and limited exchange networks, despite great mobility, at least since the Neolithic, more than 10,000 years ago, it is possible to record evidence of epidemic out-



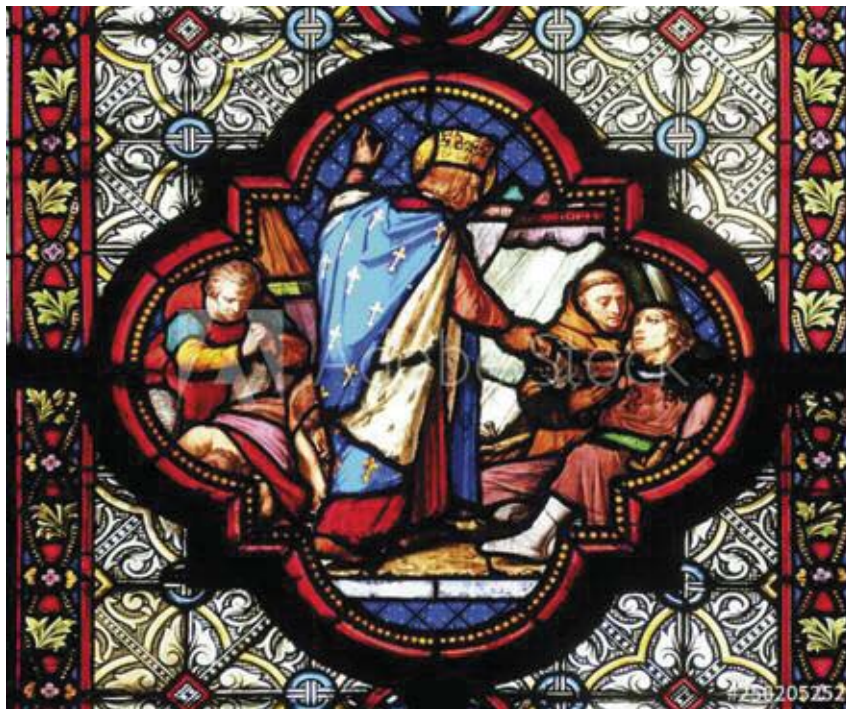
breaks, enhanced by human concentration and cohabitation with animals (Valtueña, Mitnik *et al.* 2016). If for earlier times it is difficult to assess the possible epidemic causes of generalised infections, the first direct evidence of a deadly epidemic caused by *Yersinia pestis* dates from over 4.500 years ago (Latham, 2013). History records numerous examples of epidemics, as well as the creation of secondary dissemination centres and their profound consequences: in demographics (with demographic reductions that sometimes reached more than 50% of the population), in the economy (partly because of the breakdown of demographics, with effects on the decrease in production and consumption, but also by the subsequent trend in economic isolation), in the socio-political organization (with rapid erosion of existing powers) and in the configuration of new cultural landscapes, that is, of new visions of the future and of how to transform what has been inherited from the past. Traditional reactions to epidemics have done what some, few, current governments have also tried to: letting the epidemic progress, betting on group immunization and overcoming it after a year or two, isolating the infected, often abandoned to their fate, preferring to invest much more in the context of catastrophe than to maintain a permanent investment in health systems to eradicate endemic diseases (Ravenel, 1920). This option, however, proved impossible to pursue this time, not because the infectious agent is distinct or more deadly, not for economic reasons, but because the notion of dignity of the human person has changed radically, and the right to life has become, at least partially, more relevant than other rights and interests (this being a feature to observe, even if with variations, across the globe and different cultures, itself being a result of globalization). The management of epidemics, as most recently of pandemics, is similar to managing the risk of disastrous volcanic eruptions, tsunamis or meteorite falls: the economic cost of preventing them is so high (implying a massive reduction in resources available for immediate use), that societies prefer not to do it, merely managing the consequences of the disaster. This ap-



The Vitruvian Man of Leonardo da Vinci, a representation of Humankind (free image on Pixabay).



Saint Louis attending victims of the plague (Basilica of Saint Clotilde, Paris (free Adobe image).



proach stems, in part, from the pressure to “care for the living” and, on the other hand, from the diffuse understanding that those affected will develop strategies, chaotic but tending to be efficient, of resilience (Wisner, Blaikie *et al.* 2003, p. 112). However, when such disasters occur, if the impact is too broad the system, in global terms, is obliged to adjust, especially when it is already weakened. This is what happened with the combination of the black plague with the crisis of the medieval world and the beginning of the small ice age 600 years ago: modernity was not a time of speculative expansion, it was the triumph of a rational vision of economic expansion starting from another scale and a new, and hitherto minority, economic model, which reacted to the epidemic with the intensification of exchanges. But it was not always so, because sometimes societies have lost hope in the future and have moved towards immediate enjoyment or logistics disintegration (as with the plague of Athens, which accelerated the end of the Athenian domain) or succumbed to the too long epidemic (as with the plague of Justinian, which began in the 6th century but would return in recurring waves for two centuries, precipitating the sunset of the Byzantine world).

The current pandemic occurs in a scenario of economic depression that began 12 years ago, the effects of which converge with an exhaustion of the financialization model of the economy, with the growing awareness of the need to create alternatives (Porter & Kramer, 2011) and with a meteorological-environmental crisis. It is from this reality that we can try to think about the future, the possible trends of human behaviour to be expected and how can Humanities contribute



(knowing that the first dimension of a Humanities approach should be to move being segregated assessments of health, economics or other dimensions, to consider them as a whole). In a general context of economic depression, compounded by health fears as well as continued security threats in the context of local conflicts and terrorism, initial fear will tend to project into growing anxiety. Although the situation should not be confused with a war scenario, there is a fundamental similarity: after an initial hope in a quick outcome, the understanding has come that it will be a long process, which will last for years. In other words, the perception of the world has changed, and it can be said that the cycle of optimistic growth that followed World War II, and which has been suffering shocks since the oil crisis in the 1970s until the 2008 crisis, finally ended. New perceptions of the world mean the design of new cultural landscapes (Oosterbeek, 2018), which will tend to trigger two types of reactions when the health issue will be controlled.

One possible scenario is that of aggravation of scepticism and mistrust. That's what happened after World War I and the pneumonic flu (Barrett & Brown, 2008), which marked a generation in terms of mistrust of democratic states (which had precipitated the war and were unable to contain the pandemic), increased national and international tensions, growth of xenophobic and dictatorial forces and lack of hope in the future (with the consequent drop in savings and potential exponential increase in credit – Persons, 1930). In this scenario, there could be a rapid rise in expenditure from families as well as a resumption of the dominant activities in the previous two decades (including an economy marked by a mosaic of regional monocultures), however, leading to a worsening of depression, followed by a sharp contraction, with more serious consequences, not only for economics but for health care, the general functioning of society, democracy and peace.

The deepening of internal division in countries such as the United States of America, certain conflicting rhetorics, the aging of the population, as well as the fragility of trust in political regimes and, in general, in the structures of socialization of behaviors (Churches, family, etc.) contribute to a scenario of this nature. Above all, scepticism and mistrust fuelled by absolute relativism and a nihilistic understanding of individual rights (even though it is assimilated differently in the various regions of the globe), are relevant dangerous cultural traits that may foster such an avenue.



However, other scenarios, marked by the rebirth of confidence in the future, are equally possible. If this occurs, moderate credit growth to individuals should be expected to occur (Ryan, Trumbull & Tufano, 2011), with a significant increase in savings, increased consumption of durable and transferrable products, possibly investment in strategic sectors (the green economy, health, desirably culture and education) with economic diversification and at least partial abandonment of regional monocultures, as well as the strengthening of States and, moreover, regional federations of States. This scenario could develop within a protectionist logic (generating a slower but also more sustainable economic recovery, albeit with greater poverty and risks to peace), or in a logic of cooperative globalization (aimed at greater integration of regions such as Europe, in a framework of economic, and not merely financial, reconstruction). The latter would be the most positive scenario, as it would allow for a faster and equally sustainable recovery. Contributions to the latter scenario are the low level of current savings, the experience of the post-2008 mistakes and unbalanced recovery, some proposals for re-thinking and further integrate the European Union (despite its hesitations), as well as the very much integrated nature of the world economy (the disintegration of which would generate a much more serious impoverishment and an extension of depression). Above all, the expression of a cross-cultural convergence in defence of the dignity of the human person (which made it impossible for COVID-19 to be managed like the pandemics of the past), putting life above survival (that's what the priority to health over the economy means), will tend to promote greater cooperation, even if combined with a reduction in monoculture extractive strategies (thus imposing a new economic framework of reference).

Overcoming the developmental model, abandoning not the idea of development (and the growth that allows it), but putting the cultural notion of well-being, or *eudaimonia*, at the center of the economy (Oosterbeek, 2017), is the most harmonizing paradigm for the new phase initiated in 2008 and finally revealed and accelerated, in all its dimensions, in 2020. One that puts global health, i.e., Humanity, at the centre of economics and public policies.

It is not clear what strategies will finally be taken up by the States. Aware that a paradigm shift, in line with the reorganizing logic of depressions, will alter geostrategic balances, several large states will tend to begin by trying to recover the previous



Vincent Van Gogh's *The bedroom*, a representation of Humanity (free image on Rawpixel).

status quo, either when change could mean loss of status (especially the West), or when it carries too many risks (especially to the East). Historical examples show that, however, this initial reaction will be overcome because it is impossible to return to the past, opening up two paths: protectionism, replacing the impossible return to the recent past with a chimeric return to a more remote, nationalist and imperialist past (as in Europe of the dictatorships of the twentieth century); or a paradigm shift that overcomes the current totalitarian vision of globalization and sustainable development (Oosterbeek, 2006), based on the reification of some disciplinary knowledge, through the reevaluation of the diversity of cultural complementarity as a better mechanism for responding to difficulties, with a strong appreciation of academic and scientific knowledge and the definition of cultural strategies for economic management.

This latter possibility, which has a wide and diverse spectrum of possible achievements, will tend to take as the basis of the recovery of the economy (government's common needs and resources) what was revealed as a priority in the moments of the health crisis: the preservation of life (health), the very strong appreciation of heritage and culture (which remains, in the days of confinement, as the most powerful non-depressing link with the outside world, through internet concerts, virtual visits to museums, distance classes, but also books that gained dust at home and are now read, and the longing to be able to return to certain places of memory and conviviality) and the feeling of brotherhood (reinforced by the notion of "common enemy" who knows no borders).

Humanities should discuss economic trends when discussing their approach to the current pandemic context, because the major dilemma that has been posed to societies today is



framed as an option between preserving health and survival or preserving economic growth. Dilemmas cannot be solved, they can only be overcome by framing them into a wider scale than renders them “non-dilemma”. Humanities contribution may build from the very relevant cultural advance of Humans into appreciating the value of human life dignity, in order to stress that current concerns are not only about survival (but about human individual dignity) against economic growth (but economic conditions for life quality). To bridge economics and culture/values and to understand health in relation to life quality, is the path to re-integrate health, economics and the wider societal challenges ahead, into a convergent framework.

Certainly, a new relationship between economy and culture, breaking the ghetto to which it has allowed itself to be voted in recent decades, and also overcoming its complacency as a mere commodity, is a utopia. But it is a powerful utopia (because it relies on the sense of history and the recent experience of people), which may conquer its *topos*, as in his time were the utopias of a capitalist economy without slaves, or security in society without the death penalty (both, still, with vast territories to gain, and many others threatened).

The current depression will need a new paradigm, a new cultural landscape (or vision of the future), which will probably be far from many expectations, but still closer to integration between humans. There are many variables that will determine the future, but it is possible, from academia and its networks of relationships, to influence that future.

At the global level, it will be useful that, in this phase of strategic reflection, entities with responsibilities in the health sphere (starting with OMS) and those who assume responsibilities in the field of heritage and humanities (CIPSH, ICOMOS, ICOM, IFLA), or the economy (such as the WTO), at the international level but also in each country, constitute permanent joint work committees, for the co-construction of a convergent strategy, which reviews the management of the economy, health and culture and heritage on other bases, around the words knowledge, participation and diversity.

Overall, this is the opportunity to take another step towards building a sense of Humanity and not just Humankind, and for the integration between economy and *eudaimonia*.



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