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Editor's Note

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Editor's Note

Padraig O'Malley

Dr. Rieux resolved to compile [a] chronicle so that he should not be one of those who hold their peace but should bear witness in favor of those plague-stricken people; so that some memorial of the injustice and outrage done to them might endure; and to state quite simply what we learn in a time of pestilence: that there are more things to admire in men than to despise.

Nonetheless, he knew that the tale he had to tell could not be one of a final victory. It could be only the record of what had had to be done, and what assuredly would have to be done again in the never ending fight against terror and its relentless onslaught, despite their personal afflictions, by all who, while unable to be saints but refusing to bow down to pestilence, strive their utmost to be healers.

— Albert Camus, *The Plague*

We stand nakedly in front of a very serious pandemic, as mortal as any endemic there ever has been. I don't know of any greater killer than AIDS, not to speak of its psychological, social and economic maiming. Everything is getting worse and worse with AIDS and all of us have been underestimating it, and I in particular. We are running scared. I cannot imagine a worse health problem in this century.

—Halfdan Mahler, director-general of the World Health Organization, address to the United Nations, November 20, 1986

When asked to compare AIDS to other epidemics, such as smallpox, that have infected and killed over the course of history, Halfdan Mahler, director-general of the World Health Organization, said that he "could not think of anything else that matched the estimates that one hundred million people would be infected with AIDS within ten years of its discovery."[1]

Like the novel coronavirus, HIV/AIDS spread fear, othering, false narratives, and social upheavals, decimating populations across 160-plus countries, carrying infection and lonely, agonizing death to hundreds of thousands.

As with the novel coronavirus, there were ominous forewarnings of the AIDS epidemic, and as with the coronavirus, these warnings were ignored, the threat was played down, the institutional response was inadequate and dysfunctional, always lagging behind developments, and medical supplies were short. As with the coronavirus, the political response was muddled and defensive. President Donald Trump has mishandled the coronavirus pandemic much as President Ronald Reagan botched the AIDS epidemic. And, as with the novel coronavirus, statistical models were used to try to track the path of HIV/AIDS.

In the United States, as of September 1988, when the special issue of the *New England Journal of Public Policy* on AIDS went to print, 74,500 cases had been reported, and approximately 42,000 of these persons had died. The Centers for Disease Control (CDC) estimated that the number of new cases alone in 1991 would exceed 52,000, and it projected a

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combined total of 270,000 cases by the end of 1991, with perhaps 180,009 deaths, 365,000 cases by 1992, and 453,000 by 1993.

At one point, the CDC estimated that one in every thirty males between the ages of twenty and fifty was infected with AIDS, that of the nation's then estimated 2.5 million gay men and 25 percent of the estimated intravenous drug users had the virus, and that overall between 845,000 and 1.4 million were possibly infected.

Once the fear took hold that the virus might seep into the general population through simple heterosexual intercourse, as happened in other parts of the world, such as South Africa in particular and other parts of Africa more generally, AIDS in the United States became a disease of the poor, of African Americans and Hispanics, and of women and children—communities with high concentrations of minorities. A disease of "them," with "us" as virtuous onlookers. Attitudes began to change only when intravenous drug use became a problem in their own communities and the white middle class took heed and demanded action from the government. The discovery of antiretrovirals meant that HIV/AIDS no longer carried a death sentence.

Overall, between 1981, the start of the epidemic, and 2018, 74.9 million people became infected and 32 million died from AIDS and related illnesses, 770,000 alone in 2018. By the end of 2018, 37.9 million people remained infected.[2]

In the early years, fear was pervasive among the public that the HIV virus could be spread by human touch. To police a demonstration in Washington, DC, during the Third International AIDS Conference in 1987, officers wore yellow gloves to prevent possible contamination. HIV/AIDS patients died in isolation from other hospital patients; stigmatization was rife. Othering and scapegoating were pervasive.

New York was the epicenter of the pandemic in the United States.

Sound familiar?

By the first of April this year, New Orleans had incurred one of the highest per head rates of infection and death from the coronavirus in the country—1,212 infections, 101 deaths. In one twenty-four-hour period, these figures spiked 30 percent. If Louisiana were a country, its death rate from Covid-19 would rank among the top fifteen globally. Within the state, the New Orleans metropolitan area, which includes Orleans and Jefferson Parishes, accounts for two-thirds of all cases.[3]

Like other cities, especially in the South, New Orleans was slow to impose a lockdown and social distancing. Mardi Gras proceeded with little concern for the virus that revelers might have carried hanging over it like the Sword of Damocles.

Are there lessons from Katrina that might let New Orleans better cope with the coronavirus?

The lessons of Katrina are the subject of this special issue.[4] The eighteen articles were assembled and overseen by Michael Cowan, the guest editor. Michael founded Common Good, a civil society action network, after Hurricane Katrina. He is Senior Fellow in the Centre for the Resolution of Intractable Conflict and Research Affiliate in the Centre for the Study of Social Cohesion, both in the University of Oxford. He is also a Visiting Research Associate in the Irish School of Ecumenics in Trinity College Dublin.

The coronavirus is an exponential spiral of infections and death that is no respecter of class, color, creed, or culture. It is changing in profound and mundane ways how we live and work and socialize, collapsing the mightiest of economies within weeks, bringing hitherto unimaginable levels of unemployment and plunging incomes and spreading unbearable suffering, so overpowering the pervasiveness and constancy of cumulative losses that the time for grieving has been eviscerated.

Perhaps in the post-pandemic world that will emerge when this pestilence passes—and pass it will because there is nothing particularly new about plagues through human history—we will be more tolerant, so we can say, as Dr. Rieux observed, that "there are more things to admire in men than to despise," more empathetic, that social distancing will be understood as an act of connection, of pulling together while staying apart, and more humble in the knowledge that we are just a species, both fragile and resilient, but that there is nothing inevitable about us at all.

Notes

[1] Halfdan Mahler, director-general of the World Health Organization, address to the United Nations, November 20, 1986.

[2] Global HIV and AIDS statistics—2019 Fact Sheet, UNAIDS, unaids.org/en/resources/fact-sheet, accessed April 2, 2019.

[3] Vann R. Newkirk II, "Watch New Orleans," *Atlantic*, March 27, 2020.

[4] To enrich your experience, we suggest that after reading this issue you listen to the *Atlantic*'s eight-part podcast, Floodlines, on what happened in New Orleans after the levees broke. The podcast is available at https://www.theatlantic.com/press-releases/archive/2020/03/floodlines-story-unnatural-disaster/607858/.