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on Health Humanities**

June 23-24, 2020  
TAIPEI, TAIWAN

# PLANETARY HEALTH AND HUMANITIES

Online Conference April 16-17, 2020

Main Conference June 23-24, 2020

Taipei, Taiwan

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## Agenda for New Humanities on Planetary Health Online Conference

Website: <https://planetaryhealth2020.website/>

**Day 1: 2020/04/16 (Thursday)**

Time (GMT+8)	Topic	Chairman
16:30 – 16:40	<b>Opening Remarks</b> Director of Department of Humanities and Social Sciences: Ming-Jen Lin Dean of College of Public Health: Chang-Chuan Chan	
16:40 – 16:50	<a href="#">COVID-19 Pandemic: Implications for Humanities</a> (Prof. Hsiu-Hsi Chen)	Prof. Ping-Chen Hsiung
16:50 – 17:00	<a href="#">Pandemics in History: Before and After</a> (Prof. Ping-Chen Hsiung)	Prof. Luiz Oosterbeek
17:00 – 17:10	<a href="#">From Humankind towards Humanity, through epidemics and sociocultural cohesion</a> (Prof. Luiz Oosterbeek)	Prof. Laurent Tissot
17:10 – 17:20	<a href="#">History, tourism and epidemics, the example of Thomas Mann's Death in Venice</a> (Prof. Laurent Tissot)	Dr. Zoltán Somhegyi
17:20 – 17:30	<b>Coffee Break</b>	
17:30 – 17:40	<a href="#">Medical Ethics for new emerging COVID-19 infected pneumonia</a> (Prof. Yen-Yuan Chen)	Prof. Tim Jensen
17:40 – 17:50	<a href="#">COVID-19 and public gathering of religion</a> (Prof. Tim Jensen)	Prof. Jesús de la Villa
17:50 – 18:00	<a href="#">History and literature in times of epidemic</a> (Prof. Jesús de la Villa)	Prof. Mu-chou Poo
18:00 – 18:10	<a href="#">COVID-19 and aesthetics</a> (Dr. Zoltán Somhegyi)	Prof. Hsiu-Hsi Chen
18:10 – 18:20	<b>Recommendation and summary</b>	
18:20 – 18:40	<b>Discussion</b> (Prof. Hsiu-Hsi Chen & Prof. Ping-Chen Hsiung)	

# COVID-19 Pandemic: Implications for Humanities

Moderator:



Prof. Ping-Chen Hsiung

Professor of History,  
The Chinese University of Hong Kong

Speaker:



Prof. Hsiu-Hsi Chen

Associate Dean,  
College of Public Health (CEPH accredited) ,  
National Taiwan University

# Curriculum Vitae

**Name:** Hsiung, Ping-chen 熊秉真  
**Birth date:** 13 October 1952  
**Work Address:** Department of History, Fung King Hey Building, The Chinese University of  
Hong Kong  
Shatin, NT, Hong Kong  
**Work Phone:** (+852) 3943-7536  
**Fax:** (+852) 3942-0992  
**E-mail:** mhpch@arts.cuhk.edu.hk

## **Education:**

1992-1993 Harvard University, School of Public Health, Master of Science (Population Studies and International Health)  
1977-1983 Brown University, Ph.D. (History, Thesis directed by Prof. Jerome B. Grieder)  
1976-1977 Brown University, M.A. (Asian History)  
1975-1976 National Taiwan University, Graduate Program (Modern History)  
1971-1975 National Taiwan University, B.A. (History)

## **Languages:**

Chinese (native), English, Spanish, Russian (reading)

## **Academic Fields:**

Late Imperial and Modern China  
Comparative Cultural and Social History  
History of Children and Pediatric Medicine  
Gender Studies and Population  
Public Health, Society, Technology and Medicine (STM)  
Russian Cultural and Intellectual History

## **Present Position:**

Director, Taiwan Research Centre, The Chinese University of Hong Kong (since 2016.8)  
Professor of History, The Chinese University of Hong Kong (since 2009.7)  
President, Asian New Humanities Network (ANHN) (since 2016.7)

Founder and President, Asian New Humanities Network (ANHN) (Since 2004)  
 Member, International Advisory Board, Consortium of Humanities Centers and Institutes (CHCI) (since 2005)  
 Adjunct Professor, School of Translation, Hang Seng Management College (since 2017)  
 Visiting Chair Professor, Xiamen University  
 Senior Visiting Fellow, Asian Pacific Centre, University of California, Los Angeles  
 Visiting Professor, Brown University  
 Visiting Scholar, School of Humanities, University of California, Irvine (2018.8-2020.8, renewable)  
 Member, Advisory Board Council, UNESCO chair on Humanities Cultural Landscape Management at Polytechnic Institute of Tomar  
 Member, General Assembly / Outreach Strategy Team (led by Vice-President Rosalind Hackett) / Board Nomination Committee of International Council for Philosophy and Human Sciences (CIPSH) of UNESCO (since 2015.12)  
 Executive Committee Member, Asia-Pacific Charter of International Council for Philosophy and Human Sciences (CIPSH) (since 2016.06)  
 Chair, Sub-Committee of CHCI-CCK Summer Program (since 2015)  
 Visiting Professor, Department of History, University of California, Los Angeles (since 2013.10)  
 Visiting Professor, College of Public Health, National Taiwan University, Taipei (since 2015. 8)  
 Visiting Fellow, “The Formation of Mordern China,” Humanities Research Center, National Chengchi University (2016. 8 to 2017. 7)  
 Chief Editor, New Humanities Series, National Taiwan University Press (since 2014)  
 Member, Humanities and Social Sciences Panel of the Research Grants Committee (RGC) of Hong Kong, China (since 2013)  
 Assessor of Research Proposals, the Hong Kong Scholarship for Excellence Scheme (HKSES), Hong Kong (since 2015)  
 Member, the Academic Contract Renewal Panel of the Faculty of Social Sciences, The University of Macau (since 2015)  
 Member, Editorial board, The Humanities in Asia (THIA), Springer (since 2016)  
 Member, New Course Review Panel, Tamkang University (since 2016)  
 Senior Fellow, Administrative Policies and Compliance Office (APC), University of California, Los Angeles (2017-2020)  
 Advisor, Female Professorial Staff Support Network, The Chinese Univeristy of Hong Kong (since 2016)

# CURRICULUM VITAE

Hsiu-Hsi Chen  
Professor

## **Tony Hsiu-Hsi Chen, PhD**

- Associate Dean, College of Public Health (CEPH accredited), National Taiwan University
- Director, MPH Program, National Taiwan University
- Professor, Institute of Epidemiology and Preventive Medicine, National Taiwan University

A Room 533, No. 17 Xu-Zhou Rd, Taipei 100,  
Taiwan

T +886-2-33668033

E chenlin@ntu.edu.tw



## **現職 PRESENT POSITION**

教授 (臺灣大學流行病學與預防醫學研究所) Professor, Institute of Epidemiology and Preventive Medicine, College of Public Health, National Taiwan University, Taipei, Taiwan

副院長 (臺灣大學公共衛生學院) Associate Dean, CPH(CEPH accredited), National Taiwan University

主任 (臺灣大學公共衛生碩士學位學程) Director, MPH Program, National Taiwan University

## **學歷 EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS**

英國劍橋大學生物統計博士(**Ph.D.** in Biostatistics, Biostatistics Unit of Medical Research Council (MRC), Institute of Public Health, Cambridge University, UK1995)

英國劍橋大學生物統計碩士(**M.Phil.** in Biostatistics, Biostatistics Unit of Medical Research Council (MRC), Institute of Public Health, Cambridge University, UK1992)

陽明大學流行病學碩士 (**M.Sc.** in Epidemiology, College of Public Health, National Yang-Ming University, 1988)

台北醫學大學牙醫學士 (**DDS** in School of Dentistry, Taipei Medical University, 1986)

# CURRICULUM VITAE

Hsiu-Hsi Chen  
Professor

## **Biography**

Prof. Hsiu-Hsi Chen is an expert in evaluation of intervention program, with emphasis on population-based cancer screening and also universal vaccination program, by using a series of complex statistical modelling to deal with several thorny issues that cannot be solved by classical approaches. These include the development of different health economic decision models for cancer screening program and also vaccination program and prophylactic treatment. The recent statistical publications on the methodology of applying stochastic process to evaluation of cancer screening model published in JASA and Biometrics with Bayesian and non-Bayesian approach have facilitated the development of health economic decision models. A series of original articles cost-effectiveness (benefit) analysis based on these models have been published in international peer review articles.

Regarding international academic cooperation, Professor Chen has taken the presidency of the international Asian Cancer Screening Conference (Network) held annually since 2004. As far as collaborative research in Western countries is concerned, the long-lasting collaboration with Sweden (Falun Central Hospital), the USA (American Cancer Society), United Kingdom (Wolfson Institute of Preventive Medicine), and also Finland (School of Public Health, University of Tampere) where Professor Chen was awarded the Finland Distinguished Professor (FIDIPRO) issued by the Academy of Finland between 2007 and 2009.

## **PUBLICATIONS**

### **359 Articles**

#### **Peer-reviewed papers by year**

##### **[1992]**

1. Chou P, **Chen HH**, Hsiao KJ. Community-based epidemiological study on diabetes in Pu-Li, Taiwan. Diabetes Care. 1992;15:81-9. [SCI]
2. Chou P, Chen CH, **Chen HH**, Chang MS. Community-based epidemiological study on isolated systolic hypertension in PU-Li, Taiwan. International Journal of Cardiology. 1992;35:219-26. [SCI]

##### **[1995]**



## **Abstract**

As of mid-April, COVID-19 pandemic has not only claimed more than hundred thousand tolls and over one twenty million cases around the world but also has led to economic loss and social restriction due to the adoption of various containment measures including complete lockdown, quarantine and isolation, and social distancing resulting in the closure of school and work, the termination of public gathering, and the distance of close contact.

Although these containment measures play an important role in the control of the spread of SARS-COV-2 they have raised numerous debates on the pros and cons between the containment of COVID-19 and different aspects of humanities that embrace politics, economics, finance, culture, ethics, religion, socialism, education, tourism, arts, and equity.

From the political viewpoint, COVID-19 has not only afflicted numerous political leaderships around the world but has also swayed over the reciprocal relationships of these political leaderships, while different policies on the borders of isolation and lockdown have been made given the existing diplomatic networks and friendships across countries.

The lockdown of the borders and cities has also restricted the activities of economics that affect bilateral and multi-lateral corroboration, resulting in direct and indirect economic consequences like the fluctuation of stock market and the deferred investment of various kinds of enterprise.

The measures of social distancing have also led to financial loss and also out of jobs for all relevant workplaces, recreations, and restaurants although the contingency plan subsidized by national policy has been proposed and devised. Nonetheless, it is very difficult to sustain the maintenance while the duration of pandemics has still lasted for a while.

There are numerous cultural disparities in preventing the spread of COVID-19. The classical example is pertaining to the habit of putting on mask for the reduction of transmission probability of COVID-19 between oriental and western society at the beginning of epidemics. Personal hygiene on washing hands and also shared meals while eating also varies from country to country.

While the demand for hospitalization and isolation ward and intensive care unit (ICU) has been pulled up due to a large-scale outbreak of COVID-19 the priority taken for allocating these limited resources across different demographic and socio-economic groups has created many serious ethical issues.

Due to a cascade of outbreaks resulting from religious public gathering, one has no choice but need to take the containment measures of social distancing for containing the spread of SARS-COV-2. However, it would affect faith and conscience related to mindful and psychosocial feeling of human due to such a restriction.

The closure of school would also affect the education of students. Nonetheless, the majority of schools have already taken alternative strategy like online course that may study at home. It is very difficult to assess what is the impact has been caused by such not pedagogical and off-campus. The situation may be worse for the developing and undeveloped countries where such an alternative education style has yet well prepared.

Numerous famous exhibitions and presentation of arts have been cancelled due to COVID-19 pandemic. Although such kinds of art gathering can be resuscitated after the end of outbreak creativity and inspiration may not be retrievable both characteristics are

sometimes instantaneous and change from time to time given each exchange of exhibition on arts and culture.

COVID-19 pandemic also poses a great threat to tourism. There a substantial reduction of tourists in each country. There are numerous outbreaks of COVID-19 through aeroplane and also cruise ship. The first outbreak of Diamond Princess cruise ship is a lesson for the outbreak of COVID-19 and the ensuing issues in relation to various types of the equity of human right when they were isolated on the harbour.

# Pandemics in History: Before and After

Moderator:



Secretary General of the International  
Council for Philosophy and Human  
Sciences

Prof. Luiz Oosterbeek

Speaker:



Professor of History,  
The Chinese University of Hong Kong

Prof. Ping-Chen Hsiung

# CURRICULUM VITAE

Name: Luiz Miguel Oosterbeek

Affiliation: Maria Noémia Augusta Rodrigues and Hendrik Jan Oosterbeek

Born: Ede (The Netherlands), 24.08.1960

Nationality: Portuguese

Address: Instituto Politécnico de Tomar, Av. Dr. Cândido Madureira 1, 2300 Tomar, Portugal

Phone: +351 249346363

Mobile: +351917849330

Fax: +351 249346366



## Summary

Luiz Oosterbeek, born the 24<sup>th</sup> August 1960 in Ede (Netherlands), with Portuguese nationality, graduated in History (Lisbon 1982), having started his academic activity as an archaeologist in 1982. He worked mainly on the mechanisms of spread of agro-pastoralism in Iberia, the topic of his PhD research in Archaeology (London 1994, Oporto 1995). Acting as a lecturer and a museum director, he has conducted research in the fields of archaeology, heritage and landscape management in Portugal, Africa and Southern America since 1983. For these activities he has received prizes and awards from the European Commission, the Brazilian Lawyers Bar, the Portuguese Ministry of Culture, the Gulbenkian Foundation, the Portuguese Foundation for Science and Technology and several private sponsors.

He is a Professor at the Polytechnic Institute of Tomar, coordinator of Master and PhD Erasmus Mundus programmes in quaternary and prehistory, invited Professor of the Universities of Córdoba (Spain) and Ferrara (Italy), member of the scientific council of the Muséum National d'Histoire Naturelle (France). He has been a guest professor in over 40 universities from 20 countries in Europe and Brazil, and is a member of several NGOs in the field of cultural and environmental heritage.

Luiz Oosterbeek is the Secretary General of the International Council for Philosophy and Human Sciences since October 2014. He is also the Secretary General of the International Union of Prehistoric and Protohistoric Sciences, since September 2006, and a member of the German Institute of Archaeology, of the Scientific Committee of the European University Centre for Cultural Heritage (Ravello, Italy) and an advisor of the Taihu World Cultural Forum (China), as well as member of several other academic bodies. He is president of the Instituto Terra e Memória (Portugal), a research and development structure based in Mação, with ongoing projects in archaeology, heritage management and landscape management in various countries in Europe, Africa and Southern America. As a former vice-manager of the Iberianamerican Program on Science and Technology, he assessed and monitored several research projects on Science and Society. From 1994, on several occasions he served as academic Expert for the European Commission and the European Training Foundation, in programmes such as Erasmus, Erasmus Mundus, Tempus, Culture and Marie-Curie. He has been promotor of the Socrates programme (1995-1006) and Erasmus Ambassador (2012).

Luiz Oosterbeek is the author of over 300 papers and 50 books, mostly on the origins of agro-pastoralism, rock art, landscape management and heritage studies (management, tourism and law). He is Director of the Museum of Prehistoric Art in Mação, Portugal (which holds the Vice-Presidency of the Association CARP for the Council of Europe Rock Art Itinerary), Vice-President of HERITY International in Italy and one of the founders of the Portuguese Association for Intangible Heritage. He is Principal Investigator of the Quaternary and Prehistory group of the Geosciences Centre of Coimbra University. Currently he is a member of the Scientific Commission and the leading task force of the International Year for Global Understanding, approved by UNESCO General Assembly in 2013. He is also involved in the preparation, for 2017, of the World Conference of the Humanities (organised by UNESCO, CIPSH and LIEGETOGETHER).

# Curriculum Vitae

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**Birth date:** 13 October 1952  
**Work Address:** Department of History, Fung King Hey Building, The Chinese University of  
Hong Kong  
Shatin, NT, Hong Kong  
**Work Phone:** (+852) 3943-7536  
**Fax:** (+852) 3942-0992  
**E-mail:** mhpch@arts.cuhk.edu.hk

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 Senior Fellow, Administrative Policies and Compliance Office (APC), University of California, Los Angeles (2017-2020)  
 Advisor, Female Professorial Staff Support Network, The Chinese Univeristy of Hong Kong (since 2016)

## Pandemics in History: Before and After

Although history as a discipline tends to be retrospective, it often takes a current event to push historians to search up and down, interrogate from right and left, looking desperately for meaning and insights. Thoughts on plague and the people, as William McNeil had observed, is no exception.

COVID-19 jolted armchair scholars out from their desks and studies as acquired knowledge from education begin to dawn on them as to what pandemics used to do to individuals and society, West or East, past or now.

Here, I like to take examples of understandings on the Athenian Plague (430-425 BCE), Black Death (1347-1351), in European history, as well as the more recent Hong Kong and Manchurian Plagues in the late 19th Century and the SARS in early 21st Century Asia to shed some light on our current experience with the Covid-19 of the 21st Century.

This longer gaze may help us to see how poorly prepared people were, and still are, not only regarding their own activities, battle grounds in the Peloponnesian War, but also regarding their own wellbeing in the matters of life and death, in the movements of population and goods, whether it's in the Eurasian continent in the Middle Ages, or on the East Asian land and towns on the eve of or at the height of modernity.

Ironically, mixed blessings could and did come of these terrible encounters, whether with the Athenian Plague that ended the Classical Greek, or the Black Death that cleared the ground for Renaissance which came with revived urban prosperity after for the 16th century European cities. More closely at hand, Manchurian plague certainly turned the pages of public health for China. Not to mention how SARS now seemed like an unwelcomed dress rehearsal for the shocks of these last 3 months and counting, for East Asia and now 200 countries all over.

Whatever the circumstances, however or whenever it turns out to go off stage, as whoever had said it: "People who do not know history tend to repeat it." Since pandemic is one kind of history that we prefer not to repeat, not as frequently or as badly as this time, it may be high time that we walk through the museum of classical Athens, Medieval Europe, modern Manchuria, and Hong Kong or China from 17 years ago.

Humanities are yet to be invited to help with their expertise to better meet up with the COVID-19 pandemic now. Not all humanists are ready or willing to engage either. For those who are interested to join their public health colleagues in informing politicians and economists to rise for the occasion collectively, nonetheless, here forth are some samplers of foods for thought.



# **From Humankind towards Humanity, through epidemics and sociocultural cohesion**

Moderator:



Prof. Laurent Tissot

Honorary Professor of the Institute of  
History at the School of Literature and  
Humanities of Neuchatel University

Speaker:



Prof. Luiz Oosterbeek

Secretary General of the International  
Council for Philosophy and Human Sciences

## **Prof. Laurent Tissot**

Professor in Contemporary History



## **Biography**

Born in Friborg on February 5, 1953. Baccalaureate at St.Michel College in Friborg (1974); Bachelor of Political Science at the University of Lausanne (1978), Ph.D. in Political Science at the University of Lausanne (1987). Assistant professor at the University of Lausanne (1987) and the University of Geneva (1997-1999). Lecturer at the University of Friborg (1994-2005). Assistant professor at the University of Neuchâtel (1995-1998). Associate Professor at the University of Neuchâtel (1999-2001). Research Director at the University of Neuchâtel (2002-2006). Ordinary professor at the University of Neuchâtel (2006-). Vice-Dean of the Faculty of Arts and Humanities (2007-2009), Dean of the Faculty of Arts (2009-2011). President of the scientific council of the Institute man and time, La Chaux-de-Fonds (1999-2006). Chairman of the Committee of the Swiss Society for Economic and Social History (2006-2010). Professor at the Graduate School of Social Sciences in Bucharest (2002-2003). Founding member of the International Commission for the History of Tourism and Travel and member of its committee (2002-). Member of the National Council of Scientific Research (2007-). Member of the Board of Trustees of the Swiss Hotel Archives (2008-). Member of the Foundation Board of Swiss Diplomatic Documents (2008-). Member of the Foundation Board of the Historical Dictionary of Switzerland (2008-). Member of the Committee and Treasurer of the International Committee of Historical Sciences (2008-).

## **Some publications**

Margrit Müller, Laurent Tissot (ed.), Companies in the economic crises of the 20th century - Unternehmen in den Wirtschaftskrisen 20. Jahrhunderts, Neuchâtel: Ed. Alphil, 2014.

Henri Etienne, Chinese for the Panama Canal: correspondences (1886-1889), presented and annotated by Laurent Tissot, Lausanne: Ed. D 'En Bas, 2014.

Brigitte Studer, Caroline Arni, Laurent Tissot [et al.] (Eds.), Switzerland elsewhere: the Swiss abroad - the Swiss abroad, Die Schweiz anderswo: AuslandschweizerInnen - schweizerInnen im Ausland, Zurich: Chronos, 2015.

Marc Gigase, Cédric Humair, Laurent Tissot (ed.), Tourism as a factor of economic, technical and social transformations (19th-20th centuries), Tourism as a factor of economic, technical and social transformations (XIXth-XXth Centuries), Neuchâtel : Ed. Alphil, 2014.

Simon Leresche, Laurent Tissot, 150 years of turbine production in Vevey (1863-2013): from Benjamin Roy to Andritz Hydro via the mechanical construction workshops of Vevey, Neuchâtel: Ed. Alphil, 2013.

Daniel Borno, Laurent Tissot, Dubied, a Neuchâtel company, 1867-1988, Neuchâtel, Neuchâtel Historical Review, 2012.

Margrit Müller, Heinrich R. Schmidt, Laurent Tissot (ed.), Regulated Markets: Corporations and Cartels, Regulierte Märkte: Zünfte und Kartelle, Zürich, Chronos, 2011.

Cédric Humair, Laurent Tissot (eds.), Swiss tourism and its international influence (19th-20th centuries), Switzerland: the playground of the world, Lausanne. Antipodes, 2011.

# CURRICULUM VITAE

Name: Luiz Miguel Oosterbeek

Affiliation: Maria Noémia Augusta Rodrigues and Hendrik Jan Oosterbeek

Born: Ede (The Netherlands), 24.08.1960

Nationality: Portuguese

Address: Instituto Politécnico de Tomar, Av. Dr. Cândido Madureira 1, 2300 Tomar, Portugal

Phone: +351 249346363

Mobile: +351917849330

Fax: +351 249346366



## Summary

Luiz Oosterbeek, born the 24<sup>th</sup> August 1960 in Ede (Netherlands), with Portuguese nationality, graduated in History (Lisbon 1982), having started his academic activity as an archaeologist in 1982. He worked mainly on the mechanisms of spread of agro-pastoralism in Iberia, the topic of his PhD research in Archaeology (London 1994, Oporto 1995). Acting as a lecturer and a museum director, he has conducted research in the fields of archaeology, heritage and landscape management in Portugal, Africa and Southern America since 1983. For these activities he has received prizes and awards from the European Commission, the Brazilian Lawyers Bar, the Portuguese Ministry of Culture, the Gulbenkian Foundation, the Portuguese Foundation for Science and Technology and several private sponsors.

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# From Humankind towards Humanity, through epidemics and sociocultural cohesion

Luiz Oosterbeek

Instituto Politécnico de Tomar; Instituto Terra e Memória, Mação; Centro de Geociências da Universidade de Coimbra, Secretary-General of the International Council for Philosophy and Human Sciences – [loost@ipt.pt](mailto:loost@ipt.pt)

## 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 shortcomings 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 favorite 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 (...)*<sup>1</sup> (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 18<sup>th</sup> century (Duck, 214). 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. 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 shortcomings 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)

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<sup>1</sup> “The first thing is that you never get scared. We've seen people do their job very well as soldiers while being afraid of the cannon. But it is that the ball also kills the brave and the trembling. There is chance in the war, while there is very little of it in the plague. Fear vitiates the blood and warms the mood, all the books say. It therefore is prepared to receive the impressions of the disease (...)” (author translation).

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 paleolithic 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 outbreaks, 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 did 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 approach 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 desintegration (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 a 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 behavior 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 skepticism 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 rhetoric, 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, skepticism and mistrust fueled 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.

Contribute to this latter scenario 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 defense 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 *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 revaluation 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.

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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# History, tourism and epidemics, the example of Thomas Mann's Death in Venice

Moderator:



Chair of the Department of Fine Arts  
College of Fine Arts and Design,  
University of Sharjah, United Arab Emirates

Dr. Zoltán Somhegyi

Speaker:



Honorary Professor of the Institute of  
History at the School of Literature and  
Humanities of Neuchatel University

Prof. Laurent Tissot

## CURRICULUM VITAE



### EDUCATION:

#### **Ph.D. in Aesthetics**

Eötvös Loránd University, Budapest, Hungary, 2010

Areas of Study: History of Aesthetics and of Philosophy, History and Theory of Art History, Hermeneutics

Thesis: German Romantic Landscape Painting and Aesthetics (supervisor: Dr. Béla Bacsó)

#### **Terminal Degree in Arts in Art History (equivalent of BA & MA)**

Eötvös Loránd University, Budapest, Hungary, June, 2006

Areas of Study: History of Arts, Western and Hungarian Arts from Antiquity to the Present

Thesis: 18th Century Italian Painting (supervisor: Dr. György Széphelyi Frankl)

#### **Terminal Degree in Teaching Art History (equivalent of BA & MA)**

Eötvös Loránd University, Budapest, Hungary, June, 2006

Areas of Study: Pedagogy, Psychology, Methodology of Teaching of Art History

Thesis: Contemporary Challenges in Teaching Art History (supervisor: Dr. Edit Bodonyi)

#### **Programme Degree in Art Management**

Eötvös Loránd University, Budapest, Hungary, June, 2006

### SCHOLARSHIPS, RESEARCH AND TEACHING GRANTS:

#### **Seed Research Grant at the University of Sharjah, 2015-2016**

Research topic: Ruined fortresses in the UAE and Oman. Aesthetics and Heritage

**Erasmus LLP Teaching Mobility Grant**

Seville University, Spain, 2014

**Erasmus LLP Teaching Mobility Grant**

Bogazici University, Istanbul, Turkey, 2012

**DAAD-Scholarship**

Freie Universität, Berlin, Germany, Fall term 2009/2010

**Research Scholarship of the Italian Ministry of Foreign Affairs**

University of Bologna, Italy, Fall term 2005/2006

**Erasmus Scholarship**

Ca' Foscari University, Venice, Italy, Spring term 2003/2004

**AWARDS:**

“Köztársasági Ösztöndíj” – Grant of the Hungarian Ministry of Culture and Education, 2005/2006

First place in the Hungarian National Competition between High Schools (OKTV) in Art History, 2000

**LANGUAGES:**

Hungarian: native

English: fluent

Italian: fluent

German: fluent

French: good

**TEACHING, RESEARCH AND WORKING EXPERIENCE:**

Since September 2019: **Chair of the Department of Fine Arts**

College of Fine Arts and Design, University of Sharjah, United Arab Emirates

Since September 2014: **Assistant Professor of Art History and Cultural Studies**  
College of Fine Arts and Design of the University of Sharjah, United Arab Emirates

March 2013 – September 2014: **Assistant Professor of History of Art and Architecture**  
Department of Interior Architecture, Faculty of Architecture, Izmir University, Turkey

September 2011 – March 2013: **Assistant Professor of Aesthetics**  
Department of Philosophy, Faculty of Arts, University of Szeged, Hungary

September 2010 – June 2011: **Assistant Professor of History and Pedagogy of Art**  
Communication Institute, Faculty of Pedagogy, SZIE University in Szarvas, Hungary

September 2010 – March 2013: **International Relations Manager**, since March 2013: **Consultant**  
Art Market Budapest – International Contemporary Art Fair

September 2007 – June 2009: **Chargé de cours of Art History and Architecture History**  
Department of Sociology and Communication, University of Technology, Budapest, Hungary

September 2006 – June 2009: **Member of the Romanticism Research Group**  
University of Pécs, Hungary

September 2006 – June 2012: **Teacher of Art History**  
“Szimultán” Vocational School, Budapest, Hungary

## **BOOKS AND CATALOGUES:**

Author of books, catalogues and more than 200 articles, essays and critiques on classical and contemporary arts.

See the sections [Publications](#) and [Bibliography](#) for further details.



## **Prof. Laurent Tissot**

Professor in Contemporary History



### **Biography**

Born in Friborg on February 5, 1953. Baccalaureate at St.Michel College in Friborg (1974); Bachelor of Political Science at the University of Lausanne (1978), Ph.D. in Political Science at the University of Lausanne (1987). Assistant professor at the University of Lausanne (1987) and the University of Geneva (1997-1999). Lecturer at the University of Friborg (1994-2005). Assistant professor at the University of Neuchâtel (1995-1998). Associate Professor at the University of Neuchâtel (1999-2001). Research Director at the University of Neuchâtel (2002-2006). Ordinary professor at the University of Neuchâtel (2006-). Vice-Dean of the Faculty of Arts and Humanities (2007-2009), Dean of the Faculty of Arts (2009-2011). President of the scientific council of the Institute man and time, La Chaux-de-Fonds (1999-2006). Chairman of the Committee of the Swiss Society for Economic and Social History (2006-2010). Professor at the Graduate School of Social Sciences in Bucharest (2002-2003). Founding member of the International Commission for the History of Tourism and Travel and member of its committee (2002-). Member of the National Council of Scientific Research (2007-). Member of the Board of Trustees of the Swiss Hotel Archives (2008-). Member of the Foundation Board of Swiss Diplomatic Documents (2008-). Member of the Foundation Board of the Historical Dictionary of Switzerland (2008-). Member of the Committee and Treasurer of the International Committee of Historical Sciences (2008-).

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## **History, tourism and epidemics, the example of Thomas Mann's Death in Venice**

History, tourism and epidemics, the example of Thomas Mann's Death in Venice  
Recent events teach us how fragile the tourism sector is. The Covid-19 epidemic reminds us of this fact, which has been known for a very long time in a historical perspective: the slightest disturbances - whether geopolitical, military, economic or health-related - have an immediate and profound impact on the entire chain of tourist activity: tour operators, transporters, hoteliers, inn-keepers, leisure activity leaders, etc. The deflagration causes a domino effect that is difficult to stop and it is difficult to restart. The unheard-of violence of the Covid-19 brought to a standstill - for how long? - an economic sector that is said to be the largest employer in the world. It has also highlighted the desperation of thousands of tourists surprised in their places of stay by the restrictions put in place and being forced to stay and wait for a more or less long time, sometimes very anxiously, for the means to get home. The hotel room or the cabin of the cruise ship suddenly turns into a prison that one could have done without. While it is easy after the events to denounce the carelessness of these thousands of people or the immorality of tourist promoters to "think" tourism as they did, it is useful to repeat that there are many historical experiences to remind us of this fragility.

Many blogs, newspaper articles, television and radio programs tell us how old the epidemics are and their impact on societies to make us understand that there is nothing new under the sun and that our belief in the indestructibility of our societies was only an illusion<sup>1</sup>. However, there is little research specifically on the links between epidemics and tourism. In 1974, the great malaria specialist L.J. Bruce Chwatt, published an article on the links between air traffic, which was booming due to the growth of tourism, and epidemics, pointing out that "the growth of the tourist industry, has greatly increased the risk of transmission and greatly increased the difficulties of preventive action"<sup>2</sup>.

This article led a French scientist, migration specialist and director of research at the National Institute of Demographic Studies, Jacques Houdaille, to extend Chwatt's thinking. Houdaille pointed out that "The international regulations that have been in place since 1951 to prevent the transmission of certain epidemic diseases have been fairly well observed for some fifteen years. However, during the 1960s, the rapid development of tourism prompted the immigration authorities to relax their vigilance. Advances in commercial aviation contributed significantly to this."<sup>3</sup>. Each

in their own way and using their knowledge, these two scientists put their finger on a phenomenon that we did not want or could not foresee: the impact of epidemics. As proof, in the introduction to a special issue of a magazine devoted in 2007 to the economic history of tourism, we ended up asking ourselves whether tourism has a future: "Tired visitors, exhausted sites, discouraged destinations, fraudulent tour operators, overcrowded airports, blocked motorways, everything indicates that, barring miracles, tourism is heading towards a wall where happiness will certainly not be there"<sup>4</sup>. No miracles have, it is true, occurred, but neither was there any mention of the dangers of an epidemic as if it were indecent to invoke its possibility. The Covid-19 gives us the opportunity to be more attentive to the very essence of tourism which, like the god Janus, has two sides, one happy side, most often put forward - and for good reason - and the other, the dark side. At the beginning of the 20th century, a famous German writer wrote a text of astonishing topicality in these days of confinement. In his short story *Death in Venice*, Thomas Mann wonderfully (if one can use that word...) describes the process that leads ... tourists to be caught in the meshes of a net from which they can scarcely extricate themselves<sup>5</sup>. Beyond his masterful literary mastery and his intrigue that sees a writer, Gustav Aschenbach, take on a mad passion for a teenager, he is a very shrewd observer, showing the underhanded spread in Venice of what he calls "Indian cholera". Mann's text helps to see how the epidemic has spread in Europe and particularly in Venice and how it affects the city and its inhabitants, especially tourists. In his "demonstration", Thomas Mann describes a process that can be divided into several stages:

1. Asian origin of the epidemic -> 2. Arrival of the epidemic in Europe -> 3. Identification of "patient zero" -> 4. Transmission of the epidemic -> 5. Symptoms -> 6. Measures taken by the authorities -> 7. Public reactions -> 8. Implications (departure or containment).

Let's review these steps and see how Mann develops them<sup>6</sup>.

First, Thomas Mann places the origin of the epidemic in Asia.

For several years, Indian cholera had shown an increasing tendency to spread abroad and travel. Engendered in the hot swamps of the Ganges delta, arising from the mephitic exhalations of that wilderness of primordial world and islands, luxuriant but inhabitable and shunned by man, in whose bamboo thickets the tiger crouches, the epidemic had raged throughout Hindustan unremittingly, and with unusual violence, had spread eastward to China, westward to Afghanistan and Persia, and, following the main caravan routes, had brought its horrors as far as Astrakhan and even Moscow.

Secondly, Mann describes the arrival of the epidemic in Europe. He identifies

precisely those responsible:

But while Europe trembled in fear lest the phantom might enter its territory from that point, and by land, it had been carried across the Sea by Syrian merchants, had appeared in several Mediterranean ports simultaneously, had raised its head in Toulon and Malaga, had shown its mask repeatedly in Palermo and Naples, and seemed to be a permanent fixture throughout Calabria and Apulia. The north of the peninsula had been spared. But in the middle of May of that year, the fearful vibrios had been discovered in Venice twice in the same day, in the emaciated, blackened corpses of a cargo-ship crewman and a female greengrocer. The cases were kept secret. But a week later there were ten, there were twenty, thirty, and in different neighbourhoods.

The third stage of the mechanism is the identification of "patient zero" and then the infections that gradually surround the whole city despite the denials of the city authorities:

A man from the Austrian provinces, who had spent a few vacation days in Venice, died upon returning to his hometown with unmistakable signs of the disease, and so it came about that the first rumors of the epidemic in the city on the lagoon made their way in German-language newspapers. The Venetian authorities replied that health conditions in the city had never been better, and took the most urgent measures to combat the illness.

Fourth stage: the expansion takes place through the infection of food products and their transmission to humans:

But probably foodstuffs had been infected, vegetables, meat or milk, for, denied and hushed up as it might be, death flourished in the narrow lanes, and the prematurely occurring summer heat, which turned the water of the canals lukewarm, was particularly conducive to its spread. In fact, it seemed as if the epidemic had experienced a revivification of its strength, as if the tenacity and fertility of the germs that caused it had redoubled.

In the fifth stage, Thomas Mann presents the symptoms of infected patients.

Cases of recovery were rare; eighty out of a hundred victims died, and horribly, because the disease was attacking with extreme virulence and often in its most dangerous form, called the 'dry' form. In such cases the body was not even able to discharge the water that was excreted in massive quantities from the blood vessels. Within a few hours the patients dried up and, with convulsions and hoarse moans, choked on the blood that had become as thick and sticky as pitch. They were better off in the occasional instances when, after a slight indisposition, the disease took the form of a deep coma, from which they no longer, or just barely, awoke.

The sixth stage can be seen in the measures taken by the authorities, or rather the

denials for fear of alarming the tourists and seeing them fleeing from La Serenissima. At the beginning of June the isolation sheds of the Ospedale Civile quietly became filled up, hardly any space was left in the two orphanages, and there was frightfully heavy traffic between the quay of the Fondamente Nuove and San Michele, the cemetery island. But the fear of causing general harm to the city, concern for the recently opened exhibition of paintings in the Public Gardens, and anxiety over the tremendous losses with which the hotels, business and the entire multifaceted tourist industry were threatened in case of a panic and a boycott, proved to be of most weight in the city than love of the truth and respect for international conventions; these concerns induced the authorities to maintain obstinately their policy of silence and denial. The chief medical officer of Venice, a distinguished man, had resigned from his position indignantly and had been clandestinely replaced by a more compliant personality.

In the seventh point, Thomas Mann focuses on describing the reactions of the public. The populace knew this; and the corruption of their leaders, along with the prevailing insecurity and state of emergency that the stalking death had brought forth in the city, resulted in a certain demoralization of the lower classes, an incitement to criminal and antisocial impulses, which took the form of intemperance, shameless behaviour and a growing crime rate. In the evening one could see many drunken people, which was unusual; it was said that malicious ruffians were making the streets unsafe at night; muggings and even homicides occurred rapidly: it had already been proved on two occasions that persons who had allegedly fallen victims to the epidemic had really been made away with, poisoned by their own relatives; and professional vice took on conspicuous, excessive proportions hitherto unknown here, and at home only in the south of the country and in Orient.

The eighth stage is the decision stage. An English employee of a travel agency admits that the situation is very serious and that the only conclusion to be drawn is to leave Venice without delay, before the quarantine is installed for all its inhabitants, to which - unlike all the other tourists who were escaping, leaving; numerous cabanas were empty; there were many unoccupied tables in the dining room, and in the city a foreigner was only rare to be seen- Aschenbach cannot get down to it, bewitched as he is by the passion devoted to Tadzio, the angel of death.

The short story of Thomas Mann cannot be seen as an exact replica of what is happening with the Covid-19. It would be pointless, even silly. Of the eight steps mentioned, most do not factually fit the present situation, even though the effects of globalization or government reactions or the manifestations of the disease are in many ways the same in both cases. It is not a question of taking at face value the writings of a writer whose immense power of imagination and suggestion is well

established. We know that the paths between literature and history are very complex and problematic<sup>7</sup>.

An in-depth study of the sources used by Thomas Mann to describe the "Indian cholera" epidemic would be interesting. His description does not spare us either stereotypes about populations (people from the South and the East) or geographical areas (Asia). But his text helps us to analyse the infection process in its tragic sequence: from the arrival of the epidemic to implications in the form of departure or quarantine. This sequence leads to an inevitable halting of tourist activities... With Thomas Mann, their death, personified by the hero, is the only outcome. It is to be hoped that after Covid-19, a rebirth will take place.

Laurent Tissot (University of Neuchâtel)

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1 See, for example, the very interesting blog of the Economic History Society: The Long View on Epidemics, Disease and Public Health: Research from Economic History Part A <https://ehsthealongrun.net/2020/03/26/the-long-view-on-epidemics-disease-and-public-health-research-from-economic-history-part-a/> and B: <https://ehsthealongrun.net/2020/03/31/the-long-view-on-epidemics-disease-and-public-health-research-from-economic-history-part-b/>. (accessed 3 April 2020. See also Nicolas Weill, "Face à la maladie, les limites du pouvoir" in *Le Monde*, 3 April 2020

2 L.J. Bruce Chwatt, "Air Transport and disease", *Journal of Biosocial Science*, avril 1974, 6, p. 241-258.

3 Jacques Houdaille. "International tourism and disease" In: *Population*, 30e year, n°1, 1975. pp. 140-142. The author also wonders why the spread of yellow fever has never occurred.

4 Laurent Tissot, «Le tourisme: de l'utopie réalisée au cauchemar généralisé ?» In: *Entreprises et histoire*. - Paris. -No 47(2007), p. 5-10.

5 In her blog of February 23, 2020, GeoSophie - Geopolitical Landscapes, geographer Sophie Clairet takes up without analyzing them the excerpts from Thomas Mann's short story in the context of Covid-19. <https://geosophie.eu/tag/tourisme/>. (accessed April 5, 2020).

6 We use the English translation of Stanley Apfelbaum published by Dover Thrift Editions in 1995, pp. 52-57

<https://archive.org/details/deathinvenice00mann/page/56/mode/2up> (accessed 06.04.2020).

7 A very good clarification can be found in Haddad Élie, Meyzie Vincent, « La littérature est-elle l'avenir de l'histoire ? Histoire, méthode, écriture. À propos de : Ivan Jablonka L'histoire est une littérature contemporaine. Manifeste pour les sciences sociales, Paris, Seuil, 2014, 333 p., ISBN 978-2-02-1137190 4 », *Revue d'histoire moderne & contemporaine*, 2015/4 (n° 62-4), p. 132-154. DOI : 10.3917/rhmc.624.0132. URL : <https://www.cairn.info/revue-d-histoire-moderne-et-contemporaine-2015-4-page-132.htm>. See also, Nikolay Koposov, *De l'imagination historique*. Paris, Editions de l'Ecole des Hautes Etudes en Sciences Sociales, 2009.



# Ethical issues associated with COVID-19 pandemic

Moderator:



Prof. Tim Jensen

President,  
International Association for The History  
of Religions

Speaker:



Dr. Yen-Yuan Chen

Department of Medical Education  
National Taiwan University Hospital

# Tim Jensen

Honorarprofessor, mag.art., cand.mag.

Associate Professor, Head of Studies, Department of History

Associate Professor, Head of Studies, Study of Religions

Phone 65503315, 20888378

Email [t.jensen@sdu.dk](mailto:t.jensen@sdu.dk)

Campusvej 55  
5230 Odense M  
Denmark



## *Professional and Academic Career (A Selection)*

2016- Honorarprofessor, Leibniz Universität, Hannover

2013-2016 Lehrauftraggeber, Abt. Religionswissenschaft, Institut f. Theologie u. Religionswissenschaft, Leibniz Universität, Hannover

2012-2013 Professor, Gastwissenschaftler, Abt. Religionswissenschaft, Institut f. Theologie u. Religionswissenschaft, Leibniz Universität, Hannover

2008- Associate Professor, MSK

1998- Associate Professor, The Study of Religions, University of Southern Denmark, Odense

1995- External Lecturer, DPU/Aarhus Universitet

1995-1998 Assistant Professor, The Study of Religions, Odense Universitet, Odense

1988- Director of DACOREC, Danish Consultancy on Religion, Education, and Culture

1982 Cand. art in Oldtidskundskab (Classical Studies/'Altertumswissenschaft'), University of Odense

1981-1995 Lecturer in RE (Religion Education) and Oldtidskundskab ('Altertumswissenschaft'), Christianshavns Gymnasium

1980 Magister artium (Magisterkonferens: "Studier i 'hybris' i det homeriske kosmos"; "Studies in 'hybris' in the homeric Cosmos"), History of Religions, University of Copenhagen

### ***Academic/Administrative Offices Held (A Selection)***

2015- President, IAHR (International Association for The History of Religions, <http://www.iahr.dk>)

2011- Head of Department of The Study of Religions, University of Southern Denmark, Odense

2005-2010 General Secretary IAHR (International Association for The History of Religions,

2010-2015 General Secretary IAHR (International Association for The History of Religions,

2001-2004 Head of Institute of Philosophy & The Study of Religions, University of Southern Denmark, Odense

2000-2005 Chairman NORREL (Nordisk Samarbejdskommitte for Religionshistorisk Forskning; Nordic Committee for History of Religion Research

2000-2004 General Secretary EASR (European Association for the Study of Religions; <http://www.easr.eu>)

1999-2007 Head of Department of The Study of Religions, University of Southern Denmark, Odense

1997-2005 President DAHR ('Danish Association for The History of Religions'; today: 'DASR, Danish Association for the Study of Religion';

1992-1994 Member of the executive board of EFTRE (European Forum for Teachers in Religious Education)

1991-1994 Chairman, Religionslærerforeningen f. Gymnasieskolerne og HF ('The Association of Teachers in Religious Education in the Upper-Secondary School', the central and state recognized organisation dealing with matters pertaining to the obligatory Upper-Secondary School subject called 'Religion')

1982-2008 Co-editor, CHAOS, Dansk-norsk tidskrift for Religionshistoriske Studier; today: Skandinavisk Tidsskrift for Religionshistoriske Studier; 'Journal for Scandinavian Studies in History of Religions')

1980-1990 Chairman, Religionshistorisk Forening ('History of Religions Society', a lecture society founded in 1980, also publishing the journal CHAOS), University of Copenhagen

### ***Member of Editorial, International Editorial, and Advisory Boards (Current)***

- Temenos, Nordic Journal for Comparative Religion
- British Journal of Religious Education
- NUMEN

- Teaching Theology and Religion & Education
- Korean Journal of Religious Studies
- Study of Religion ('Religiovedenie')
- Journal of the Study of Religion
- Executive Editor of the IAHR Book Series: The Study of Religion in a Global Context (Equinox Publishing)

***External evaluation and examination, referee, as well as expert reviews in regard to academic positions, quality of journals etc.***

**2017** External expert to the Slovenian Research Council

**2016** Member of Assessment Committee (Norwegian Research Council) for the Assessment of the Humanities in Norway (religion and theology); External expert to the Slovenian Research Council

**2014** External 'Gutachter' appointed by university Rector ad applications for a chair in Vienna

**2010** Referee ad position as docentat at Höskolan in Halmstad, Sweden

**2009** Member of Expert Advisory Committee: German Research Council, on Clusters of Excellence

**2008** Qualified Reference in regard to a nomination of a 'Faculty Research Lecturer 2008', UCRiverside, CA.; Expert opinion on a Norwegian journal on religion to the Norwegian Research Council

**2007** Expert opinion ad application for research funding with The Arts & Humanities Research Council, UK;

Referee ad position as docentat at the University of Gothenburg, Sweden

**2006** Review of scientific work of a nominee for a position as 'distinguished professor' ('professor above scale'), UCRiverside, CA.

**2005** External 'Gutachter' ad applicants for a chair at Philipps-Universität Marburg, Germany

**1995-2017** Member of assessment committees ad positions as a Ph.d., Assistant - and Associate Professor at the universities of: Copenhagen, Aarhus (Denmark), Bergen, and Tromsø (Norway), and Gothenburg, Linköping and Växjö (Sweden). Chairman of several such committees at the University of Southern Denmark

**1995-2010** Member of the national Danish corps of external examiners for the study programs at the departments for the academic study of religions

**1995-2000** Member of the national Danish corps of external examiners for the religious studies programs at the university colleges/teacher's training seminars

# Yen-Yuan Chen

E-mail      chen.yenyuan@gmail.com; chenenyuan@ntu.edu.tw  
Address      Graduate Institute of Medical Education & Bioethics  
National Taiwan University College of Medicine  
No. 1, Rd. Ren-Ai sec. 1, Chung-Cheng District, 100, Taipei  
Taiwan  
Telephone    886-2-23123456 ext 88744

## CURRENT POSITION

---

<b>Professor</b>	Aug 2018 ~
Graduate Institute of Medical Education & Bioethics National Taiwan University College of Medicine Taipei, Taiwan	
<b>Attending Physician</b>	Nov 2010 ~
Department of Medical Education National Taiwan University Hospital Taipei, Taiwan	
<b>Vice Director</b>	Aug 2018 ~
Department of Medical Education National Taiwan University Hospital Taipei, Taiwan	
<b>Director</b>	Aug 2018 ~
Health Education Center National Taiwan University Hospital Taipei, Taiwan	

## EDUCATION

---

<b>Doctor of Philosophy (Ph.D.)</b>	Aug 2004 ~ Sep 2008
Department of Bioethics, Case Western Reserve University Cleveland, Ohio, U.S.A.	
<b>Master of Public Health (M.P.H.)</b>	Jul 2003 ~ May 2004
Bloomberg School of Public Health, Johns Hopkins University Baltimore, Maryland, U.S.A.	
<b>Doctor of Medicine (M.D.)</b>	Sep 1991 ~ Jun 1998
National Taiwan University College of Medicine Taipei, Taiwan	

# **Religion and Health. Aspects of a Study-of- Religion(s) Perspective. With Special Regard to Covid-19.**

Moderator:



Professor of Ancient Greek Philology at the  
Universidad Autónoma de Madrid, Spain

Prof. Jesús de la Villa

Speaker:



President, International Association  
for The History of Religions

Prof. Tim Jensen

**Jesús de la Villa Polo. Presidente de la Sociedad Española de Estudios Clásicos**

Professor of Ancient Greek Philology at the Universidad Autónoma de Madrid, Spain.

Member of the Conseil International de la Philosophie et des Sciences Humaines (CIPSH).

Vicepresident of Fédération Internationale des Études Classiques (FIEC).

President of the Spanish Society for Classical Studies

He has been teaching Ancient Greek Language and Literature for over 35 years at Universidad Autónoma de Madrid, Spain.

His research focus mainly on linguistics of Ancient Greek and Latin.

His last book is a critical edition, with translation into Spanish and commentary of Homer's *Iliad*.

Actually, he is preparing a book on sentence structure in Ancient Greek.

He has given seminars and conferences in different universities and countries, such as University of Amsterdam, Università degli Studi di Roma-La Sapienza, Univesità Roma Tre, Charles University in Prague, University of La Plata (Argentina), University of Mendoza (Argentina) and others.

# Tim Jensen

Honorarprofessor, mag.art., cand.mag.

Associate Professor, Head of Studies, Department of History

Associate Professor, Head of Studies, Study of Religions

Phone 65503315, 20888378

Email [t.jensen@sdu.dk](mailto:t.jensen@sdu.dk)

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## **Religion and Health. Aspects of a Study-of- Religion(s) Perspective. With Special Regard to Covid-19.**

### **A First (and Very Raw) Draft. References to Follow Also. Not for Circulation outside the Circle of Participants to the Online Meeting.**

From the point of view of the scientific study of religion, the general phenomenon and the various historical 'instances' thereof, i.e. religions (religious traditions past and present, majority or minority religious traditions), and religious phenomena (e.g. religious rituals, religious ideas, religious experts, religious places and religious organisations) is a human, natural, social and cultural phenomenon, - to be studied, interpreted and explained as such and with the theories and methods pertaining to the sciences, the natural, social and human sciences.

From this point of view, to put it in a nutshell, it is not gods who create the world, societies and human beings. It is but societies and human beings that create gods. In most classical as well as contemporary theories and definitions of religion (and of 'the religious' in rituals, buildings, persons, places, beliefs etc.) (notions of and references to) postulated super-human and super-natural (divine) beings are central.

A building is always a building, whether religious or not, but a religious building has something added to it by the religious people using it and also by those studying it, namely some kind of reference to a religious tradition that operates with postulates about something more than human, more than historical, more than natural. Something superhuman, transhistorical, supernatural.

A beard likewise is a beard, but a religious beard is a beard grown and worn with reference to something in the religious tradition, e.g. Muhammad or some other exemplary figure. Eating is eating and bread is bread but when partaking in the Christian mass eating bread and drinking wine is partaking in something considered a sacred ritual as well as instituted by a supreme divine being and the eating is thus not just like any other eating and the bread is not just bread and the wine not just wine. The notion of something sacred (to somebody at a certain time in history) is linked to this and equally important.

Likewise, a tempest may very well be nothing but a tempest, just like a beard may be nothing but a beard, bread just bread, and wine just wine. But a tempest at times may be more than 'just' a tempest, maybe if it comes unexpected, if it has disastrous consequences, if it hits me exactly when I happen to be in the wrong spot at the wrong time. In those cases it may, just like a tsunami, an earthquake, a plague, a devastating virus, be supposed to be more than just normal, namely something given, created, caused by the divine beings, the ancestors, fate, the unfolding of the universe and time. It could be seen as a 'sign' of the wrath of the gods or ancestors, in response to human beings being unfaithful, humans who have not sacrificed as they were supposed to, who have conducted in a way that might be called asocial or immoral, etc. etc.

A well-known idea is that the moral (good or bad) of the people and their leaders can be 'read' in the in the fields, in the women, in the cattle and amongst the people. Moral or ritual transgressions are punished by a failure of crops, by infertility among women, by illness, disease, plague, hunger, by poverty, by war and defeat etc. Or, in good health, crops, fertility, peace and well-being.

What to do? behave! Make sacrifice, pray, repent, change your way of life, be loyal to the god, have faith in the god, follow his commandments etc.

What is said above to a large degree corresponds to one of the first natural explanations of religion given by David Hume (but in line with some ancient ones and to a large degree also with modern cognitivist explanations for religion): it is fear (not least of natural powers) that creates gods, and it is, to refer to a famous modern scholar linked to cognitivist approaches, human and natural to 'see human faces in the clouds'. Only by peopling nature with human like beings can you try to protect yourself and remedy matters, only so can you communicate and negotiate with nature and try to make deals with nature. It provides you with a means for action as well as it 'makes sense'. It is a way of 'coping' with e.g. disaster and disease.

All this, of course, does not mean that the religious adherers of today and of the past do not and did not know about some of the natural causes for e.g. a disease, a death, a disaster etc. Modern day adherers may very well know about bacteria and viruses and the spread thereof. But this, then, the virus, the epidemic, the spread, is then maybe seen as an instrument of the god(s), and the god(s) can protect (or could have protected) people from the disease if he/she so will, save them from dying from it, etc. And why is it them and not I who die from it, why this and not that person who suffers?

This, in its own way, is equal to making sense of a disaster, be it Covid-19 or a tsunami or an earthquake, and ascribing a supernatural cause and/or human moral cause makes, as said, action possible: you can pray, you can atone ritually for your sin, you can give money to the temple, you can buy amulets, you can sacrifice.

You can also hope that the ('truly') faithful will be healed, will be spared,- or if not spared, will find some kind of good afterlife. Contrary to the crooks, maybe even those who survive, who will then be punished as deserved in the afterlife.

\*

For the study of religion, some of the big questions are: why do humans, as natural, social, and cultural beings create religion? What's the use of it? What's it good for, in terms of making sense of the world, in terms of well-being, in terms of evolution and survival, in terms of making culture and civilisation, in terms of social formation, and identity construction?

Have humans always 'made' religion, or does it start at a specific time in the history of what has come to be humankind, and if so then why at that time in history and not at another time? Does religion have something that 'non-religion' does not have in terms of social cohesion, identity-construction, social and individual 'coping' with world (the natural world included), social and life crises, individual and collective diseases and disorders, moral (social) and (asocial) immoral acts, meaninglessness, death, etc. ?

This study-of-religion approach to a certain extent is always fundamentally critical and reductionistic as regards religion. It is not, however, fundamentally critical in an ideological way, e.g. working to prove that religion is a man-made *mistake* that ought be done away with. It does not have the emancipatory aim of getting rid of religion seen as a (dangerous) illusion, a disease. It's a

critical and reductionistic approach, explaining religion and religious phenomena, including religious experiences, with reference to something human, natural, social, psychological and non-religious. It is primarily a theoretical and methodological stance, and scholars often name it 'methodological agnosticism' (often scared of even calling it 'methodological atheism' for fear of being accused of having a normative, non-neutral or ideologically atheist position and agenda).

A few scholars, however, openly admit that they do not think that a scientific approach can be separated from a 'belief' that the world of science is superior to the world of religion and that - in the world of science and in the world as seen by science – there simply is no room for supernatural, superhuman beings, monsters, flying blue elephants, effective healing and curing by way of prayer and laying on of hands, shamanistic rituals and healing by way of amulettes, etc. '

This does not mean, though, that a scholar of religion cannot try to study the degree to which praying may give hope, - and hope (and thus praying) may be of help in a healing process. Alone or in combination with medicine produced according to the recipe of medical science and prescribed by a doctor educated at a university, - in contrast to 'medicine' provided by the 'medicine-man' in line with certain religious ideas about the supernatural and healing power of some herbs or some parts of some animal.

Religion and religious practices and institutions can 'make sense' of things and happenings otherwise 'meaning-less', and meaning making may prove healthy.

Religious ways of living may also be more healthy than non-religious ways of living, but some may also have the opposite effect: fasting may be good and healthy for some but ruining for others in terms of bodily health.

Praying without also consulting a licensed doctor within the majority health system supported by the modern state may prove fatal. Trusting in God to help save you or trusting that you are invulnerable because you have smeared yourself with some blood or drunk cow-urine likewise may prove fatal.

Religious community creation and social gathering and identity construction may be morally and spiritually and politically 'healthy' (and intimately tied to the progress of humankind and civilisation) but it may also lead to mass infection.

A normal study-of-religion(s) approach can deal with and study such issues with no problems. It can very well have, as one of its topics, the study of religion, religious traditions, religious beliefs, religious rituals and other practices vis á vis health (and healing), including the very notion of health as seen from a religious perspective.

It deals with various kinds of religious notions also notions of the body, of diseases and illness, of death, of the end of the world, of natural disasters (earthquakes, tsunamis, epidemics), and it deals with religious ways of healing or curing (as well as caring), including efforts to cure or handle pain, bereavement etc. Rituals linked to giving birth, rituals linked to dying, including funeral rites, also loom large.

All this can be studied one way or the other also with regard to religious ideas of sin, divine punishment, divine trials, miracles, religious healers, religious supposedly healing diets and food

items, and it can thus also be studied in regard to medicine, the history of medicine, alternative medicine, folk medicine etc. - and all of this can be studied with an eye for not just conflict between science and medical science, on the one hand, and religion and religious medicine and notions of disease and healing practices on the other.

It can also be studied with a special interest in intersections of medicine and religion, of religious 'forerunners' for medical science, healing and care-taking (monasteries and hospitals, nuns and nurses, medicinemen and doctors). Today, likewise the interplay and cooperation of medical science and religion and religious ideas and practices is an obvious target for studies, also with special regard to Covid-19.

The study of religion thus may contribute in a way similar to anthropology to what has been called 'medical religion' understood as an interdisciplinary area as well as field, similar to the study of religion and medicine. It may well include studies of bioethics, and studies of care-taking within religious traditions including e.g. new age spiritualities.

But it is rarely if ever 'applied' or having practical aims of e.g. helping to cure the sick, helping the world to get cured from a disease or epidemic, helping the dying or even the healthy and luckily alive people coping with the uncertainty and anguish caused by the epidemic. It normally is non-normative, descriptive and explanatory.

\*

While I shall elaborate on some aspects of the draft above in the talk planned for the actual conference in Taipeh in June (or August) this year, the bullet-points ahead serve as a starting point for a more 'matter-of-factual' or 'sporadic' way of saying a few words about religion and Covid-19. It is but a first and fast overview of a few of the ways (typical and within the general patterns indicated above) in which religion has come into play during the Covid-19 (Corono-virus) pandemic as it seems to have spread from China to most of the world. At the end I indicate how the Covid-19 may lead to some changes within religions.

*The cause of the factual break out of Covid-19:*

Wild-animal markets supposed to be the point of departure: It *may* have had something to do with traditional-cultural and religious (supernatural, superstitious) beliefs and practices linked to ideas of specific animals/foodstuff supposed to have specific (healing), purifying, revitalizing effects in regard to e.g. health, potency, fertility etc.

*Causes for the disease Covid-19, the Corona virus epidemic as given by various religious people, communities and traditions:*

- *The Will of God/Caused by God/God-given (monotheistic traditions)*
- *Reasons why given by or caused by God, gods, ancestors, rule of heaven, cosmic law etc.*

- *Punishment for religious/moral transgressions*: homosexuality (e.g. ultraorthodox Jew with reference to gay prides), lack of faith, whatever

- *Punishment as a 'trial'*:

the god is trying the people/adherers. they have to prove they know he/she is superior, the one and only saviour, master of life and death. They have to accept the fate, the fate given by the god, they have to accept their inferiority etc.

This can lead to passivity and even going against health authorities but it can also be combined with more rational and science based ways of thinking and acting: You can pray *and* wash your hands, you can pray *while* you wash hands, you can tell your congregation that the best way of worshipping god for the time being is to not go to mass, to wash hands, - and that love of your neighbour is staying away from your neighbour.

- *Assemblies, community, religious gatherings: a core element in what constitute religion and key to religious life and transmission of the religion*:

Religion seen as worship and construction and consolidation of the common morals, of the community, the group, the 'we', the 'nation', is central to key theories of the rise and function of religion.

- *Consequently lots of examples of how various religious groups and traditions and leaders discuss whether to meet or not*:

- for Easter, the central Christian festival, the death and resurrection of their god, the death and resurrection of the community and the world

- for the Friday prayer

- Ramadan coming up

- Pilgrimages

Thus also many examples of leaders (e.g. Muslim and christian) refusing to honor the rules issued by health authorities, and other leaders urging their followers to heed the orders.

Thus also examples (e.g. in a South Korean Christian minority religious group called Shincheonji) of religious assemblies/gatherings/mass meetings where religious people come/come together (to pray, perform rituals) confirm and (re-establish) their collective identity. NB: Be aware here of prejudice, stereotypes, marginalization and scapegoat mechanism on the side of the majority (religion) and the state too. E.g. in South Korea.

- *Religious and theological notions, beliefs countering the scientifically based medical guidelines* on how to contain the contagious disease, the infection, the epidemic, but also the opposite: Muslims, e.g. in Iran and Pakistan, often in conflict with each other, in regard to the 'right' interpretation of e.g. the Quran or the ahadith.

Let me quote from a website referred to (

<https://theconversation.com/how-coronavirus-challenges-muslims-faith-and-changes-their-lives-133925> ) on the sociology of islam mailinglist recently because it so clearly shows what is at stake also in other religions, namely a conflict of interpretations:

"An early debate in Muslim circles around coronavirus has been a theological one. Muslims believe God created the universe and continues to actively govern its affairs. This would mean the emergence of the virus is an active creation of God.

So like some [other religious groups](#), some Muslims argue that coronavirus was created by God to [warn and punish humanity](#) for consumerism, destruction of the environment and personal excesses. This means fighting the pandemic is futile and people should rely (tawakkul) on God to [protect the righteous](#).

Such thinking may help in reducing the sense of fear and panic such a large-scale pandemic poses, but it can also make people unnecessarily complacent.

The vast majority of Muslims counter this fatalistic approach by arguing that while the emergence of the virus was not in human control, the spread of disease certainly is. They [remind us](#) that Prophet Muhammad advised a man who did not tie his camel because he trusted in God: "tie the camel first and then trust in God".

Prophet Muhammad sought medical treatment and encouraged his followers to seek medical treatment, saying "God has not made a disease without appointing a remedy for it, with the exception of one disease—old age".

- *Comforting the worried, troubles adherers*

- *Humanitarian aid*

Let us not forget that today as with the tsunami etc many religious groups react with providing humanitarian help. Sometime but not also mission is linked to it. But still.

- *How Covid-19 may help change religions:*

- today many more people also religious have been told about the non-religious causes of the disease and about the non-religious ways of avoiding the spread of it (and later medicine and vaccination): this will most likely make even more religious people think of disease in non-religious terms or at least in both religious and non-religious terms: pray while washing your hands! Or wash your hands and pray, alone.

- online religion and religion online, as well as drive in services in countries not used to it, e.g. Denmark.

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*Freedom of religion*

What does this mean to Human Rights on Freedom of Religion and Belief, the ideas and the practices, of religions and states ?

# History and literature in times of epidemic

Moderator:



Prof. Mu-chou Poo

Professor, Department of History,  
The Chinese University of Hong Kong

Speaker:



Prof. Jesús de la Villa

Professor of Ancient Greek Philology at the  
Universidad Autónoma de Madrid, Spain



## Curriculum Vitae

**Name:** Mu-chou POO  
**Birth date:** 1952. 5  
**Work Address:** Department of History, The Chinese University of Hong Kong,  
Hong Kong  
**Work Phone:** 852-3943-7114  
**Fax:** 852-2603-5685  
**E-mail:** muchoupoo@cuhk.edu.hk; muchoupoo@gmail.com  
**Education:** National Taiwan University, Taipei, Taiwan,  
1971-1975, B. A. (History)  
Graduate Institute, National Taiwan University  
1975-1976 (History)  
Brown University, Providence, Rhode Island, U.S.A.  
1976-1977 (Graduate study in Egyptology)  
The Johns Hopkins University, Baltimore, Maryland, U.S.A.  
1977-1978, M.A. (Near Eastern Studies)  
The Johns Hopkins University  
1978-1984, Ph.D. (Egyptology)

### Present Position:

Chair Professor of History, Department of History, The Chinese University  
of Hong Kong (2009 - )  
Director and Founder, Centre for the Comparative Study of Antiquity,  
Chinese University of Hong Kong (2010 - )  
Member, Humanities and Social Sciences Council, The University Grant  
Council of Hong Kong SAR (2013 - )  
Member, Assessment Panel for 2014/16 Competitive Research Funding  
Schemes for the Local Self-financing Degree Sector (APSF), Hong Kong  
SAR  
Executive Committee Member, Centre for the Study of Islamic Culture,  
Chinese University of Hong Kong (2015 - )  
Editorial Board Member: *Journal of Chinese History* (Cambridge)  
Member, Committee on Senior Secondary History, Education Bureau, Hong  
Kong SAR  
Adjunct Research Fellow, Institute of History and Philology, Academia  
Sinica (2009- )

**Jesús de la Villa Polo. Presidente de la Sociedad Española de Estudios Clásicos**

Professor of Ancient Greek Philology at the Universidad Autónoma de Madrid, Spain.

Member of the Conseil International de la Philosophie et des Sciences Humaines (CIPSH).

Vicepresident of Fédération Internationale des Études Classiques (FIEC).

President of the Spanish Society for Classical Studies

He has been teaching Ancient Greek Language and Literature for over 35 years at Universidad Autónoma de Madrid, Spain.

His research focus mainly on linguistics of Ancient Greek and Latin.

His last book is a critical edition, with translation into Spanish and commentary of Homer's *Iliad*.

Actually, he is preparing a book on sentence structure in Ancient Greek.

He has given seminars and conferences in different universities and countries, such as University of Amsterdam, Università degli Studi di Roma-La Sapienza, Univesità Roma Tre, Charles University in Prague, University of La Plata (Argentina), University of Mendoza (Argentina) and others.

## History and literature in times of epidemic

Illness is a time of individual change and, in the case of an epidemic, also of collective change. It always affects people, but it can also affect societies as a whole. The significance of the disease causes a social cut, the importance of which will vary depending on the number of people affected and the severity of the disease.

The precise description and understanding of the medical characteristics of the disease correspond to doctors, biologists, chemists. But the comprehensive understanding of the true significance of disease for human beings, individually and collectively, is properly studied, in my opinion, by the social sciences and also by the humanities.

In the description of the various aspects in which individuals and society are affected by the disease, sciences such as Psychology, Anthropology, Sociology and, naturally, Economics participate. History, for its part, one of the core subjects of the Humanities, provides the global analysis of phenomena, seeking their causes, their development and their consequences, both for individuals and for larger human groups and, potentially, for the entire humanity. And there are also philosophical, archaeological, and ethical approaches, in which the human sciences provide their own views on the effects of disease on different facets of life. Even language can be a way to understand some social aspects of the phenomenon, as proved by Susan Sontag's famous essay *Illness as metaphor* (1978).

My intervention will try to focus on another of the humanistic activities par excellence, which is not always present in the debates on the relations between the humanities and science, I refer to Literature, which is the perfect complement, in my opinion, of History.

There are numerous literary works that deal with disease as a fundamental element of the framework or plot of literary creations. There are masterpieces of literature dealing with individual illness, such as *The Magic Mountain* (1924), by the German writer Thomas Mann (1875-1955). But at the moment I am interested in those works that refer to collective diseases and epidemics.

The particularity of literary narration with respect to historical description or to more specialized analysis is twofold: on the one hand, literature is capable of transmitting images and sensations that can hardly be collected in academic treatises. It can account for aspects such as people's mood, personal attitudes, family relationships, hatred, acts of generosity, egoism etc. On the other hand, literature, free from the shackles of academic conventions, is able to focus on one aspect or another of historical phenomena, concentrating scattered events in a single moment or in a few characters and insisting on aspects that could remain out of the scope of scientific descriptions. And I think I can give an extraordinary example of this, which also was created in a moment of great collective upheaval, although not as a result of illness, but rather of war, but which I also find useful for present times. Can anyone think of a better description of what the confinement of individuals represents, the confinement of entire families, than the famous *Diary* of Anna Frank? There is no historical description capable of transmitting the horror, hope and survival capacity of human beings in such conditions as those few pages from a humble diary of a teenager. And this is the merit of literature; even more, I could think

of that as its supreme function: to be able to reflect aspects of the human being that are often not of interest to scientific analysis and which are difficult to account for even with a purely historical description.

To focus on the literary works in which the epidemics appear as the main theme or as a framework in which other events occur, I will comment only a few works, but written by great authors, from different countries, in diverse times and using different languages. All of them deal with some aspect of the epidemic and serve as a key to understanding the present moment, in which COVID-19 has brought us back to times and sensations that only our grandparents or even previous generations could know. And I will begin with the oldest of all the texts that we have in the Western World referring to a plague: the description of the great plague of Athens of the year 430 BCE as recorded by Thucydides.

Let's remember the background. Athens and Sparta, which had maintained a great rivalry for decades, began open hostilities, the war, in the year 431 BCE. It is the so-called Peloponnesian War, although it affected all of Greece. The Spartans invaded Attica, the region of which Athens was capital, in the summer of the year 430 BCE. The rural populations took refuge in mass in the city. Then, in the midst of human crowds, with poor nutritional and hygienic conditions and the summer heat, the plague breaks out. By the detailed description of Thucydides, we can identify it with the bubonic plague. The plague affected a large part of the population and will even kill the ruler of Athens, Pericles one year later. And Thucydides, who tries to narrate the Peloponnesian War in his work, dedicates just three pages (book II, paragraphs 47-54) to the description of the plague; but he does it with such precision and intelligence, combining objective data with impressions and sensations, that, for centuries, it became the model to narrate this type of situation in the Western literary tradition.

One could argue that Thucydides was more a historian than a writer and that his work is not properly a literary account. But it would be a mistake to think like this; in his time there was no clear distinction between historiography and literature. Thucydides' narration combines rigor with a high elaboration in linguistic and literary composition. It is pure literature. And in those few pages he transmits some of the features that will forever characterize any description of an epidemic.

It begins by establishing a framework, characterized by three main features, which are common in all epidemics: it can affect all citizens; doctors and people who care for the sick are the most exposed; the population goes through various states of mind that can lead to despair (paragraph 47). In other words, it introduces us to the physical part of disease, to the measures that can be taken against it and to the situation of the population. After this beginning, Thucydides develops these points, but he does not give the three equal importance.

It deals first of all with the origin of epidemic, which, he says, may have been in Egypt. There were also those who attributed it to the Spartans, who would have poisoned the wells (paragraph 48). But Thucydides has no evidence of these things; so he leaves open this aspect: "All speculation as to its origin and its causes, if causes can be found adequate to produce so great a disturbance, I leave to other writers, whether lay or professional; for myself, I shall simply set down its nature, and explain the symptoms by which perhaps it may be recognized by the student, if it should ever break out again." These few words refer us to another aspect typical of the great epidemics: the hoaxes, the supposedly true

news, but without any basis. It is one of the social aspects on which scientific, sociological, historical or epidemiological studies hardly insist, but which constitutes a fundamental element of the incidence of a great plague on a society and of the evolution of society itself during the period of its incidence and after. And, although very briefly, another typical aspect of social reactions is also mentioned: the search for personal, preferably foreign, culprits. Xenophobia is one of the most typical human reactions in times of great social catastrophe.

In the next paragraph (49) a detailed description of the symptoms is offered, one of the oldest we have in all literary records and extremely accurate for the only embryonic state of medical knowledge at that time. And Thucydides transmits a fact that we don't always know about: it also affected animals (paragraph 50).

In the following three chapters (50-53) the most interesting aspects of the epidemic are reported: how the population reacted. And here the author makes almost a whole catalog of attitudes: the egoism of some who locked themselves up at home and did not want to help anyone or even abandoned the corpses of the family; the generosity of those who, even at the risk of their lives, went to help their friends and family; the compassion of those who had already passed the disease and were immune; the misery of the less fortunate, the refugees, who died without any care. That is, a whole list of attitudes that could be recognized almost in any current situation. But among all this, there is a breathtaking phrase that is capable of transmitting on its own all the horror of an epidemic: "By far the most terrible feature in the malady was the dejection which ensued when anyone felt himself sickening" (51.4). With this short sentence Thucydides transmits to us something that has burdened all societies since Antiquity: the deep loneliness of the individual before his fate. It is the transition from the collective to the individual, which represents, in the end, the main origin of human fear: what will happen to me? It is the reflection of a perception of great psychological sharpness and, at the same time, of an enormous humanism.

Within this description of human reactions at the time of the epidemic, Thucydides describes in more detail two very significant phenomena that do not always occur, but that did characterize that moment: the fact that some people were wasted, searching of immediate pleasure, not knowing what fate was going to bring them; and the massive abandonment of religion when seeing that the prayers to the gods did not provide any relief.

It is remarkable, on the other hand, that he does not refer to official measures taken by the State, which undoubtedly existed, at least trying to preserve soldiers in a time of war. Actually, the only information is the mention of doctors dead in the exercise of their functions. And it is precisely this ability of literature to focus some aspects against others that I referred to earlier as one of the qualities of literature. Undoubtedly, in a current story we would have been interested, as a fundamental aspect, by the reaction of the public powers. But Thucydides focuses on human feelings and behaviors, painting them with extraordinary vivacity and thus transmitting a much more impressive and real image of what the plague represented for the citizens of Athens.

The story ends with rather erudite information about the possible predictions and oracles that would have announced the misfortune (paragraph 54).

This first record of an epidemic was composed in the 5th century BCE, and it will be the model, as I said, for many others who will come later, and, in particular, in Roman times. In this long period, two great plagues caused devastation, one in the 2nd CE, the so-called Antonine Plague, and the other in the 3rd CE. They will be described, respectively, by authors such as the great doctor Galenus (129-216 CE) and Ammianus Marcellinus (325-400 CE), the first, and by Cyprianus (200-264 CE) and Dionysius de Alexandria (according to the testimony of Eusebius of Cyrene, 263-339 CE), the second. It is possible that the epidemics were, in both cases, of smallpox. The model of these narratives, sometimes explicitly, was Thucydides. However, these records were not really interested on general aspects of the epidemics, but were technical, in the case of Galenus, and focused in the comparison between Christians and pagans in relationship to charity and help to the ill, in the case of Cyprianus and Dionysius. The description by Ammianus is lost except from some quotations. Probably, the most interesting information we can get from those texts is the great importance that population movements had in the spread of the epidemics. In the case of the Antonine Plague, the Roman legionaries, infected on the eastern border of the Roman Empire, in Seleucia, on the Tigris river, carried the infection to the Rhine border and from there it spread to Gaul and Germany. The second epidemic probably arose in Egypt and must have been transmitted through the trade routes that linked Alexandria with Rome and the western part of the Roman Empire.

We have also testimonies of the great medieval plagues, mainly from historical sources and contemporary documents. The two worst epidemics were the Justinian's Plague (541-542 CE) and, over all, the Black Death (1347-1351), which killed between one third and one half of the European population. Of the second one we have an indirect, but very interesting, literary testimony, in the *Decameron*, by Giovanni Boccaccio (1313-1375). The work does not properly describe the plague, but it does use it as an excuse to introduce the delightful stories told by a group of people fled from Firenze escaping from the epidemic. And it can serve as a reflection on two other universal characteristics of epidemics. The first is the disparate way in which the most humble and the most powerful are affected, as the latter can seek refuge far from the focus of the disease. The second, the need for human beings to look for spaces of normality to escape from the horrors of the disease.

But we have to wait until the great plagues of the 17th century to find literary works comparable to the brief but very rich record of Thucydides. Probably, the most interesting piece is the *Diary of the Year of the Plague*, written by Daniel Defoe (1660-1731), the author of the famous story of Robinson Crusoe. Defoe published his work in 1722, but referred to events that had happened almost sixty years earlier, when he was a child. The book refers to the great plague that ravaged London in the years 1665 and 1666 and that, probably, killed a quarter of the population of the city. It is a work of fiction, with a protagonist who goes through various situations. Nevertheless, the argument is rather superficial, since the book is mainly designed to record the lived horrors and, above all, the human reactions in such a situation. In the *Diary of the Year of the Plague* there are references to the origin of the disease, which probably arrived by boat from the Netherlands, forcing the authorities to take measures to establish rigorous quarantines. We also find news of the decisions of the city officers, in this case very active, to try to alleviate the personal and commercial catastrophe. And the scenario is completed with descriptions of the action of the doctors, almost always heroic, of the damages suffered

by businesses and workshops, of the fundamental participation of the parishes, as a basic unit of social structuring in such large city, and, of course, of all kinds of human reactions such as those described twenty centuries earlier by Thucydides, from egoism to the most absolute altruism.

And again here literature is shown as a magnificent instrument to know the past, capable of transmitting with a brushstroke a set of sensations and attitudes that the enumeration of statistics of deceased or the economic data cannot tell. The possibility of choosing moments and situations through fictional characters, who move where the author wants, often manages to summarize in a paragraph what we would be unable to capture through scientific descriptions. It is something that many years later will reappear in a work of absolute fiction, the novel *Ensaio sobre a cegueira* (*Blindness*) (1995), by the great Portuguese writer José Saramago (1922-2010), Nobel Prize for Literature 1998. In this novel, free of all historical anchor, Saramago studies the human reaction in a dystopian world, where a universal plague blinds almost all human beings, except one. The author's interest is here in human relations and in the power structures that are built in the midst of the great social upheaval that an epidemic represents.

A vision not very different from that provided by Defoe and Saramago can be found in another of the great European novels, *I promessi sposi* (*Betrothed*) (1827), by the Italian writer Alessandro Manzoni (1785-1873). It is a true masterpiece that relates the terrible plague that between 1629 and 1631 affected all of northern Italy, in particular Lombardy and Veneto, and then spread, by the movement of merchants and soldiers, to all the possessions of the Spanish Empire in Europe. In this case, the plague is only the background, the setting in which a love story unfolds. However, for what interests us here, the most important thing is the extraordinary reconstruction, carried out on original documentation by Manzoni, of the scenes of collective panic, heroic dedication and miserable egoism that occurred during that terrible plague. It is also interesting to recover the stories about the possible guilt of foreign spies. In fact, this epidemic was known in Spain as “the Milan powders”, because it was supposed that either French spies or monks had disseminated the illness through some secret powder. In other words, we have again reference to two those two typical social phenomena in times of epidemic: the appearance of hoaxes and xenophobia.

The most interesting thing about this work, in my opinion, is that it is capable of recovering for us an aspect that is rarely recorded or even mentioned when describing epidemics, the way in which life continues. Indeed, in historical terms, we should not only be interested in the development of the epidemic and its consequences, but also in the other aspects of daily life that are necessarily maintained and must survive. Those aspects, partially reflected in the medical, psychological or economic reports, can be admirably reconstructed through fiction. In the case of the Manzoni it is the love of a young couple what survives. And love is also behind some other interesting literary works which refer to plagues. Among others, we could remember, first, *Der Tod in Venedig* (*The Death in Venice*) (1912), by the aforementioned Thomas Mann, Nobel Prize 1929, where the infatuation of an adult professor by a young man is narrated. *El amor en los tiempos del cólera* (*Love in the Time of Cholera*) (1985), by the Colombian writer Gabriel García Márquez (1927-2014), Nobel Prize in 1983, tells about the passion maintained throughout life, even in the worst circumstances. We can also mention *La quarantaine* (*The Quarantine*) (1995), by the French novelist Jean-Marie Gustave Le Clézio (1940), Nobel

Prize in 2008, who, besides a love story, describes the recovery of nature and the simplicity of life in times of great tension and confinement. In the same sense, *La lunga attesa dell'angelo* (*The long wait for the angel*) (2008), by the Italian writer Valeria G. Mazzuco (1966), is also interested in love, but in this case within family relationships in times of epidemic. All of those books bring us, through fiction or fictionalized history, to terrible moments of epidemics and plagues, but provide us with new insights into aspects of human life under those circumstances that might otherwise have been hidden under scientific data and descriptions.

And I will finish with the novel *Peste et choléra* (*Plague and Cholera*) (2012), by the French writer Patrick Deville (1957). This work reconstructs, under a literary cover, the biography of the Swiss doctor Alexander Yersin (1863-1943), discoverer, together with the Japanese Kitasato Shibasaburo, of the bacillus of the bubonic plague, named in his honor *Yersinia pestis*.. Deville's story reconstructs the extraordinary life of this researcher, always drawn to practical medicine and finding solutions to great human sufferings.

Throughout this quick review, I have tried to make clear how scientific and specialized studies and descriptions of the phenomenon of the epidemic can be complemented, to be fully understood, by a humanistic view, which can come from philosophy, from history and also from literature. Phenomena such as the relationship with religion, the emergence of hoaxes, xenophobia, feelings of hope and despair, the manifestation of the best and worst human qualities in times of pressure, and the maintenance of daily life during epidemics are reflected in an especially rich and complete way in literary texts. This tradition began in the Western World with the description of the plague of Athens by Thucydides in 5th CE and continues to this day.

Jesús de la Villa  
Prof. of Ancient Greek Philology  
Universidad Autónoma de Madrid, Spain



## COVID-19 and aesthetics

Moderator:



Associate Dean, College of Public Health  
(CEPH accredited), National Taiwan  
University

Prof. Hsiu-Hsi Chen

Speaker:



Chair of the Department of Fine Arts  
College of Fine Arts and Design,  
University of Sharjah, United Arab  
Emirates

Dr. Zoltán Somhegyi

# CURRICULUM VITAE

Hsiu-Hsi Chen  
Professor

## **Tony Hsiu-Hsi Chen, PhD**

- Associate Dean, College of Public Health (CEPH accredited), National Taiwan University
- Director, MPH Program, National Taiwan University
- Professor, Institute of Epidemiology and Preventive Medicine, National Taiwan University

A Room 533, No. 17 Xu-Zhou Rd, Taipei 100,  
Taiwan

T +886-2-33668033

E chenlin@ntu.edu.tw



## **現職 PRESENT POSITION**

教授 (臺灣大學流行病學與預防醫學研究所) Professor, Institute of Epidemiology and Preventive Medicine, College of Public Health, National Taiwan University, Taipei, Taiwan

副院長 (臺灣大學公共衛生學院) Associate Dean, CPH(CEPH accredited), National Taiwan University

主任 (臺灣大學公共衛生碩士學位學程) Director, MPH Program, National Taiwan University

## **學歷 EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS**

英國劍橋大學生物統計博士(Ph.D. in Biostatistics, Biostatistics Unit of Medical Research Council (MRC), Institute of Public Health, Cambridge University, UK1995)

英國劍橋大學生物統計碩士(M.Phil. in Biostatistics, Biostatistics Unit of Medical Research Council (MRC), Institute of Public Health, Cambridge University, UK1992)

陽明大學流行病學碩士 (M.Sc. in Epidemiology, College of Public Health, National Yang-Ming University, 1988)

台北醫學大學牙醫學士 (DDS in School of Dentistry, Taipei Medical University, 1986)

# CURRICULUM VITAE

Hsiu-Hsi Chen  
Professor

## **Biography**

Prof. Hsiu-Hsi Chen is an expert in evaluation of intervention program, with emphasis on population-based cancer screening and also universal vaccination program, by using a series of complex statistical modelling to deal with several thorny issues that cannot be solved by classical approaches. These include the development of different health economic decision models for cancer screening program and also vaccination program and prophylactic treatment. The recent statistical publications on the methodology of applying stochastic process to evaluation of cancer screening model published in JASA and Biometrics with Bayesian and non-Bayesian approach have facilitated the development of health economic decision models. A series of original articles cost-effectiveness (benefit) analysis based on these models have been published in international peer review articles.

Regarding international academic cooperation, Professor Chen has taken the presidency of the international Asian Cancer Screening Conference (Network) held annually since 2004. As far as collaborative research in Western countries is concerned, the long-lasting collaboration with Sweden (Falun Central Hospital), the USA (American Cancer Society), United Kingdom (Wolfson Institute of Preventive Medicine), and also Finland (School of Public Health, University of Tampere) where Professor Chen was awarded the Finland Distinguished Professor (FIDIPRO) issued by the Academy of Finland between 2007 and 2009.

## **PUBLICATIONS**

### **359 Articles**

#### **Peer-reviewed papers by year**

##### **[1992]**

1. Chou P, **Chen HH**, Hsiao KJ. Community-based epidemiological study on diabetes in Pu-Li, Taiwan. Diabetes Care. 1992;15:81-9. [SCI]
2. Chou P, Chen CH, **Chen HH**, Chang MS. Community-based epidemiological study on isolated systolic hypertension in PU-Li, Taiwan. International Journal of Cardiology. 1992;35:219-26. [SCI]

##### **[1995]**

## CURRICULUM VITAE



### EDUCATION:

#### **Ph.D. in Aesthetics**

Eötvös Loránd University, Budapest, Hungary, 2010

Areas of Study: History of Aesthetics and of Philosophy, History and Theory of Art History, Hermeneutics

Thesis: German Romantic Landscape Painting and Aesthetics (supervisor: Dr. Béla Bacsó)

#### **Terminal Degree in Arts in Art History (equivalent of BA & MA)**

Eötvös Loránd University, Budapest, Hungary, June, 2006

Areas of Study: History of Arts, Western and Hungarian Arts from Antiquity to the Present

Thesis: 18th Century Italian Painting (supervisor: Dr. György Széphelyi Frankl)

#### **Terminal Degree in Teaching Art History (equivalent of BA & MA)**

Eötvös Loránd University, Budapest, Hungary, June, 2006

Areas of Study: Pedagogy, Psychology, Methodology of Teaching of Art History

Thesis: Contemporary Challenges in Teaching Art History (supervisor: Dr. Edit Bodonyi)

#### **Programme Degree in Art Management**

Eötvös Loránd University, Budapest, Hungary, June, 2006

### SCHOLARSHIPS, RESEARCH AND TEACHING GRANTS:

#### **Seed Research Grant at the University of Sharjah, 2015-2016**

Research topic: Ruined fortresses in the UAE and Oman. Aesthetics and Heritage

**Erasmus LLP Teaching Mobility Grant**

Seville University, Spain, 2014

**Erasmus LLP Teaching Mobility Grant**

Bogazici University, Istanbul, Turkey, 2012

**DAAD-Scholarship**

Freie Universität, Berlin, Germany, Fall term 2009/2010

**Research Scholarship of the Italian Ministry of Foreign Affairs**

University of Bologna, Italy, Fall term 2005/2006

**Erasmus Scholarship**

Ca' Foscari University, Venice, Italy, Spring term 2003/2004

**AWARDS:**

“Köztársasági Ösztöndíj” – Grant of the Hungarian Ministry of Culture and Education, 2005/2006

First place in the Hungarian National Competition between High Schools (OKTV) in Art History, 2000

**LANGUAGES:**

Hungarian: native

English: fluent

Italian: fluent

German: fluent

French: good

**TEACHING, RESEARCH AND WORKING EXPERIENCE:**

Since September 2019: **Chair of the Department of Fine Arts**

College of Fine Arts and Design, University of Sharjah, United Arab Emirates

Since September 2014: **Assistant Professor of Art History and Cultural Studies**  
College of Fine Arts and Design of the University of Sharjah, United Arab Emirates

March 2013 – September 2014: **Assistant Professor of History of Art and Architecture**  
Department of Interior Architecture, Faculty of Architecture, Izmir University, Turkey

September 2011 – March 2013: **Assistant Professor of Aesthetics**  
Department of Philosophy, Faculty of Arts, University of Szeged, Hungary

September 2010 – June 2011: **Assistant Professor of History and Pedagogy of Art**  
Communication Institute, Faculty of Pedagogy, SZIE University in Szarvas, Hungary

September 2010 – March 2013: **International Relations Manager**, since March 2013: **Consultant**  
Art Market Budapest – International Contemporary Art Fair

September 2007 – June 2009: **Chargé de cours of Art History and Architecture History**  
Department of Sociology and Communication, University of Technology, Budapest, Hungary

September 2006 – June 2009: **Member of the Romanticism Research Group**  
University of Pécs, Hungary

September 2006 – June 2012: **Teacher of Art History**  
“Szimultán” Vocational School, Budapest, Hungary

## **BOOKS AND CATALOGUES:**

Author of books, catalogues and more than 200 articles, essays and critiques on classical and contemporary arts.

See the sections [Publications](#) and [Bibliography](#) for further details.

# **COVID-19 and aesthetics**

The impact of the pandemic on the infrastructure of arts

**Dr. Zoltán Somhegyi**

## **Abstract**

In my contribution I aim to briefly survey a particular feature of the on-going pandemic, namely its radical effect on the functioning of the art infrastructure. Naturally also in previous centuries issues of health, research in medicine and questions of anatomy have influenced artists – famous examples may include Leonardo, Rembrandt, Géricault or Munch. However, the recent global health crisis leads not merely to the emergence of new topics or approaches, but it has fundamentally changed the way artist (can) work, show their products or perform. In the beginning of the pandemic it mainly manifested in cancellations of events, exhibitions, art fairs, shows etc. due to the restrictions and social distancing. Very soon however, artists and professionals in the cultural and creative industries have come up with innovative solutions to how to nevertheless provide cultural content to those interested, many of whom are locked in home quarantine. We still not fully see all the aesthetic consequences of these new approaches to enjoying art and consuming cultural content, however, just as COVID-19 will change many aspects of our (near) future everyday life, it will definitely also have an impact on the art world, therefore, the curious and critical investigation of the current situation is definitely useful for understanding of the future of arts and even the arts of the future.



# COVID-19: Health and Humanities – Online International Conference

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