UC Santa Barbara
Volume 3 (2022)

Title
Social Inequalities: A Past and Present Understanding of Mitigating Pandemics

Permalink
https://escholarship.org/uc/item/7444w2j3

Authors
Canchola, Stacy
Deryawish, Georgina
Setola, Giulia

Publication Date
2023-04-01

eScholarship.org Powered by the California Digital Library
University of California

Social Inequalities

A Past and Present Understanding of Mitigating Pandemics

Stacy Canchola

Political Science, University of California, Santa Barbara

Georgina Deryawish

Communication, University of California, Santa Barbara

Giulia Setola

Economics and Global Studies, University of California, Santa Barbara

Abstract

The COVID-19 pandemic shed light on many of the inequalities people face because of their socioeconomic status. Some of these disparities include accessible health care, medicine, consistent income, and the everyday risk of exposure. However, this division between the upper and lower socioeconomic classes is not new. This can be seen time and time again throughout history, especially in the cases of past pandemics in early modern Europe. Diseases such as the Black Plague, leprosy, and cholera infiltrated and affected communities throughout Europe and Italy, the latter being the focus of this article. In it, we compare the ways in which past pandemics affected people in cities like Rome and Venice, moreover we discuss who was affected most and why. Did the same disparities between socioeconomic classes exist as they do today with the current COVID-19 pandemic? Have we progressed much as a society? It is important to explore how these socioeconomic differences emphasize the inequalities within society when it comes to basic human needs and rights, like safety and public health, and how they track from centuries ago to the present day.

Introduction

On March 15th, 2020, the United States began to institute a lockdown across the country owing to what we now know to be COVID-19. Our whole world was completely changed. The COVID-19 virus instilled fear not only in Americans, but in millions of people across the globe as it created a worldwide pandemic. When the U.S. decided to institute a lockdown, 16.9 million Americans became rapidly unemployed, roughly 57% let go due to their employer being financially obligated to close.[1] The COVID-19 pandemic had a starkly different impact on upper and lower socioeconomic classes. Personally, we observed people losing their jobs. If they had not lost their jobs, many of those considered to be "lower income" were forced to work throughout the pandemic in order to support themselves and their families, putting themselves at high risk of infection and transmission. One of this study's authors, Georgina Deryawish, and her parents could attest to this risk as they had to work minimum wage jobs throughout the pandemic in order to continue to make ends meet. Although they did not put themselves at risk willingly, they had to do what was needed in order to obtain basic necessities. On the other hand, we saw many Americans who were able to switch to a remote work environment where they were able to earn their regular wages (if not more) and have the ability to quarantine from the outside world to avoid infection and transmission. In this brief comparison, we observed the ways in which COVID-19 drastically impacted lower socioeconomic classes differently than upper classes. In other words, when COVID-19 spread throughout the world, it reinforced a major divide in terms of privilege between the socio-economic classes—a phenomenon that we will show has also appeared in other historical pandemics.

Another one of the study's authors, Stacy Canchola, researched the socioeconomic status of lower classes in England and Italy during plagues from the past. This topic sparked her interest given her experience of living and quarantining during the present pandemic. Returning home from college, she was allowed to quarantine at home with her family, but she had to wear masks in public. During this time, she observed that the ways certain communities had to quarantine often depended on their socioeconomic status. For instance, there was one side of Stacy's Catholic Church community that understood that mass and other church services had to be remote. Those who understood the requirement of quarantine, like Stacy's family, accepted it without issue, for they could not risk getting sick because they could not afford medical care. However, another side of the church community was furious that they could not worship in person. This side thought that masks should not be required, by reason of their belief that a higher power would protect them from COVID-19. The role of the church in the COVID-19 pandemic contrasts with what we discovered in our research on historical pandemics in Italy and Europe. In Stacy's experience, the followers of the Catholic Church expressed differences on ways of quarantining depending on their socioeconomic class, whereas according to our historical research, the Church played a major role in mitigating diseases amongst the lower classes with the aim

---

[1] U.S. Bureau of Labor Statistics, "Supplemental Data Measuring the Effects of the Coronavirus (COVID-19) Pandemic on the Labor Market," (May 12, 2022), https://www.bls.gov/cps/effects-of-the-coronavirus-covid-19-pandemic.htm (accessed June 7, 2022).

that they become followers of Catholicism. In addition to the role of the Catholic Church, leper houses known as *lazzaretti* were an important tool to mitigate disease amongst the lower classes.

The study's third author, Giulia Setola, explored how early modern Italy's upper classes and elites handled the various pandemics, what treatments they used, and what methods of mitigation they had in place to stop the spread of disease. Was there a difference between how higher income communities were affected by, and mitigated, the pandemics they were faced with? Did they have an inherent advantage? It is important to make these connections and comparisons between the past and present so we can better assess how far we have progressed in managing pandemics, or if we have even progressed at all.

Giulia's experience of the COVID-19 pandemic was one of the more comfortable ones. Her classes quickly switched to virtual learning, as did her parents' work. During the government-mandated lockdown, she seldom had to leave home or risk unnecessary exposure, having groceries delivered and being able to work from home. Recognizing her privilege inspired Giulia to research the effects of historic socioeconomic disparities in past pandemics.

Past Pandemics and Lower Classes

Mitigation and containment of diseases among the lower socioeconomic classes was limited when compared to the strategies available to the higher socioeconomic classes in Italy and Europe. During the fourteenth century, the neighborhood of Trastevere at a site known as the *isola tiburina* (Tiber Island) became a spot where the plague was highly contained in Rome. In order to mitigate the spread of diseases, leper houses, or *lazzaretti*, were used to isolate the sick from those who were healthy. However, the leper houses were forced onto the poor as they were, in the words of Joseph Byrne, "widely feared as prison-like houses of death."[2] According to Bryne, the *lazzaretti,* like the *isola tiburina,* were seen as worse than the actual diseases. The *lazzaretti* were places of isolation where the sick were prone to increased suffering and death. Most were overcrowded and lacked sanitary conditions, facing excess waste and pollution. Based on this, most of the poor were scared to admit if they were sick and would go to the extent of hiding from the municipal government of Rome. For instance, there was a merchant who did not want to report his illness because he was afraid of losing his job, and to a greater extent, his trade[3]. This fear of getting sick and losing work was a common sentiment amongst the lower socioeconomic classes during historical pandemics in Italy.

Similar to Rome, England mitigated the plague amongst the lower socioeconomic classes using leper houses. According to Charles Mercier, the public feared that they would be isolated in a leper house

---

[2] Byrne, Joseph. "Leper Houses," *Encyclopedia of the Black Death.* (Santa Barbara, California: ABC-CLIO, 2012). P.. 52-53

[3] ibid.

after being completely forbidden to be near their healthy loved ones[4]. In addition, Mercier writes that leper houses did not look like modern hospitals, butlike prisons.[5] Therefore, these quarantine spaces became more deadly than the Black Death itself since death was seemingly inevitable to those who entered them in the early modern era. People would rarely recover in the *lazzaretti.* This unfortunately did not vary across different regions of Europe.

In addition to the *lazzaretti*, another source of containment for disease amongst the poor were churches. In Italy, religious cures were used as a tool to treat the poor and convert them to Catholicism. In Venice, for example, the Church had control over the health regulations emplaced in order to heal the poor. William Eaton notes that the poor would turn to the Church, which would potentially offer misinformation that would worsen their illness.[6] Similar to Venice, the Church in Rome played a major role in healing people, and unlike the *lazzaretti*, the Church had significant success with those who got healed. There was a strong emphasis on the "Christian tradition of institutional assistance," where the church took matters into their own hands in order to help the sick[7]. The Church, in contrast to *lazzaretti*, would give medical care and proper isolation to a diverse group of sick people, including orphans and the poor. In addition, the Church gave them peace of mind by assuring eternal salvation and a proper, religious burial if they passed. Patients received so much care from the Church that they grew closer to the faith (some even became celibate) and some converted to Catholicism.[8] This phenomenon of pandemic-related conversion shows how the Church played a bigger role in helping the sick isolate and heal compared to that of the municipal authorities during this time.

Past Pandemics and Upper Classes

The dichotomy between how the lower and upper echelons of European society viewed, dealt with, and treated pandemics was stark. The upper classes, in many cases, were not as concerned with contracting diseases like the Black Plague, cholera, and today COVID-19, because they had the financial means that permitted them to access medical treatment like doctors' opinions and pharmaceutical "treatments." What, for the majority of people in European society, meant uncertainty, agony, and death, did not have the same meaning for the landed gentry.

---

[4] Mercier , Charles A. " Leper Houses and Medieval Hospitals," *The Lancet* 185, no. 4766 (1915): 33-36.

[5] ibid.

[6] Gentilcore, David. *Haealers and Healing in Early Modern Italy*. (Manchester, UK: Manchester University Press, 1998).

[7] Risse, Guenter B. *Mending Bodies, Saving Souls: A History of Hospitals.* (Oxford, UK: Oxford University Press, 1999). P. 218

[8] ibid.

In early modern Europe, disease mitigation in the upper echelon of society was a much less strenuous and distressing process compared to what lower-income communities had to handle. First and foremost, it is important to define who comprised the upper strata of European society at the time, as this will highlight the struggles, or lack thereof, they faced during pandemics. High-born elites, nobles, and aristocrats were primarily at the top of the early modern European social pyramid. These were people who inherited their name, power, and wealth either through their lineage or through a bestowal of land by a royal or higher-born noble. Their positions granted them political influence, or even generational wealth in the form of property to get by. There was also no need for them to leave their residences as they often employed workers, owned slaves or serfs, who did their bidding. With no need to leave their homes for work or for other matters, society's elites had the privilege of minimizing their risk of contracting diseases. However, those in their employ continued to carry on with their lives and work, subjecting themselves to possible exposure and infection. Although it was harder for the more privileged classes to contract diseases, it was not impossible because the viruses or, for that matter, bacteria that caused the Black Plague, cholera, and leprosy were extremely contagious.[9] In the event that they did get sick, however, it was much less of a concern because of their access to treatments. Those belonging to the upper classes had the financial means to be visited by doctors or to buy galenic treatments at pharmacies. Surprisingly, according to Catherine Jenkins, in northern Italy the most effective pharmaceutical treatment for the Black Plague was considered to be a pulverized snake powder; however, because this was expensive to cultivate and extract, it was only readily available to those who could afford it.[10] The rest of the population was forced to turn to less reliable means, like medical advice from priests (which often culminated in prayers) or witchcraft.[11]

In addition to these medical privileges, those belonging to upper classes also had more options when they contracted diseases. Lower income individuals who became sick were forced to quarantine in jam-packed, filthy, and mismanaged *lazzaretti*; based on testimonies, at least five to six people were staying in the same bed due to lack of space. Gentry in Italy, on the other hand, could opt to quarantine in their own homes.[12] Jean-Jacques Rousseau, an affluent French Enlightenment philosopher, wrote of his

---

[9] Carmichael, A.G. "Plague Legislation in the Italian Renaissance." *Bulletin of the History of Medicine* 57, no.4 (1983): 508-525.

[10] Jenkins, Catherine. "Curing Venice's Plague: Pharmacology and Witchcraft." *Postmedieval: A Journal of Medieval Cultural Studies* 8, no. 2 (2017): 202-208.

[11] Ibid., p. #.456-500

[12] Malagnini, Francesca. "Le scritture parietali cinque-secentesche del Lazzaretto Nuovo di Venezia." *Cuadernos de filología italiana* 24 (2017): 11; Cipolla, Carlo M. *Fighting the Plague in the 17th Century.* (Madison, WI: University of Wisconsin Press, 1981).

experience quarantining upon his arrival to Venice in the mid-18th century.[13] He was given the option to either quarantine on his boat or to spend the 40 days in the *lazzaretto*.[14] The biblical book of Leviticus was the first to mention this practice of isolating for 40 days, which would eventually be adopted by the Venetian Republic. This opportunity was not offered to all travelers. It was available to Rousseau because he was a wealthy, published writer from one of the most prosperous countries in the world.

Given the inherent disadvantage lower classes had compared to the more affluent classes when it came to the risk of contracting and mitigating contagious diseases, it comes as no surprise that they were alienated and vilified as a result. The Black Plague, for example, was known as "the poor man's disease" because it was thought that the majority of victims were of lower classes. Contracting the plague had become a norm for the rich, as they had no issue accessing treatment. On the contrary, the poor who contracted the plague were alienated and viewed as "dirty." Even if they miraculously survived the disease, their troubles would not stop there. For example, the Venetian State Health Office took little responsibility for those who returned to society after making it out of isolation in the *lazzaretti*. Jane Crawshaw notes that people would leave quarantine without clothes on their backs, returning to empty households in which all their belongings had been burned or ruined from the process of disinfection.[15] This never happened to the more privileged, who could quarantine and be treated in the comfort of their own homes.

It is important to mention the role that the elite classes took in the cause of treating these diseases. From the start of the thirteenth century until the early 1500s in Venice, hospitals, research, and medical boards were funded and run by nobles. Charity was given to those who lost their families and property as a result of these diseases. However, this altruism was not the norm. The Venetian government quickly assumed control of the installation, regulation, and jurisdiction over hospitals, and enacted a series of changes to health and medical policy.[16]

Comparing Socioeconomic Differences from Past Pandemics to COVID-19

The differences in quarantines, treatments, and social consequences presented between those who came from lower socioeconomic classes during the fourteenth century in Italy and those from higher

---

[13] Malabou, Catherine. "To Quarantine from Quarantine: Rousseau, Robinson Crusoe, and '"I.'." *Critical Inquiry* 47, no. S2 (2021): S13-S16.

[14] Malabou, Catherine. "To Quarantine from Quarantine: Rousseau, Robinson Crusoe, and 'I'." *Critical Inquiry* 47, no. S2 (2021): S13-S16.

[15] Crawshaw, Jane L. *Plague Hospitals: Public Health for the City in Early Modern Venice* (London: Routledge, 2016), 205-232.

[16] Ell, Stephen R. "Governmental Regulation of Medicine in Late Medieval Venice." Stuttgart: Hans-Dieter-Heinz, January 1979

socioeconomic classes offers a glimpse into how the pandemics of the early modern era changed the lives of many. Reflecting on these challenges from centuries ago demonstrates how long pandemic-generated inequalities have remained in place, and how insignificant change has been made as lower and upper classes continue to experience similar issues in the current COVID-19 pandemic. For example, the fear that many held—and still hold—when it came to losing jobs, such as the aforementioned merchant who hid his illness, highlights the inequalities of pandemics across time. During COVID-19, millions of individuals who are also classified as belonging to lower classes experienced a decrease in working hours throughout the pandemic or completely lost their jobs altogether. Out of the 16.9 million Americans unemployed sometime during the pandemic, 57% of them were unable to work due to their workplace going out of business.[17] Job and income loss during the pandemic also had a major impact on basic necessities such as house payments, food security, and medical expenses.[18] Compared to upper-middle class families, those in the lowest household income category in the U.S. were 100% more likely to experience a loss of income.[19] The similarities between lower-class individuals in fourteenth-century Italy and those needing steady employment today are very present as having a job, and thus economic means, depended on staying healthy during times of uncertainty.

Consider, too, the historical quarantine spaces of the *lazzaretti*. While these unsanitary and crowded places of quarantine were primarily filled with those of a lower class, in today's COVID-19 pandemic, we similarly observe that those belonging to lower class populations are concentrated into crowded, high-transmissible areas. With knowledge that black and brown individuals are significantly more likely to experience multidimensional poverty, people of color in the U.S. experienced mortality rates 45% higher compared to white individuals.[20] Comparing racial and socioeconomic patterns, we can further discern

---

[17] U.S. Bureau of Labor Statistics, "Supplemental Data Measuring the Effects of the Coronavirus (COVID-19) Pandemic on the Labor Market," (May 12, 2022), https://www.bls.gov/cps/effects-of-the-coronavirus-covid-19-pandemic.htm (accessed June 7, 2022).

[18] Mathiew Despard, Michal Grinstein-Weiss, Yung Chun, and Stephen Roll, "Covid-19 Job and Income Loss Leading to More Hunger and Financial Hardship," *Brookings*, (March 9, 2022), https://www.brookings.edu/blog/up-front/2020/07/13/covid-19-job-and-income-loss-leadi

ng-to-more-hunger-and-financial-hardship/. (accessed June 7, 2022).

[19] Jonathan T. Rothwell and Ember Smith, "Socio-Economic Status as a Risk Factor in Economic and Physical Harm from Covid-19: Evidence from the United States," *SSRN Electronic Journal*, 2021, https://doi.org/10.2139/ssrn.3828096, 3.

[20] Reeves, Richard, Kneebone, Elizabeth, and Edward Rodrigue, "Five Evils: Multidimensional Poverty and Race in America, (April 14, 2016). https://www.brookings.edu/interactives/five-evils-multidimensional-poverty-and-race-in-america/ (accessed June 6, 2022); Ribeiro, Karina Braga, Ana Freitas Ribeiro, Maria Amélia Veras, and Marcia Caldas de Castro, "Social Inequalities and Covid-19

how these inequalities disproportionately affected these groups in ways similar to lower classes in past pandemics. Household crowding is among a number of other social factors that has shown to increase COVID-19 mortality rates.[21] Although the *lazzaretti* of the fourteenth century could be considered significantly worse in comparison, the living conditions of those from lower socioeconomic classes today typically involve high-density housing, making it more difficult to isolate and quarantine. High-density housing would not be as big of an issue if it were not also for the fact that many in those households had to go to work outside the home, putting themselves at higher risk of infection and transmission.

In general, upper-class individuals had better outcomes when it came to present and past pandemic life, compared to those belonging to lower classes. Historically, one specific advantage of upper class individuals was their access to servants to run errands and do work that they themselves avoided to reduce their risk of infection. Today, upper classes have the same privilege of not needing to leave their homes for necessities. With online grocery and food services such as Instacart, Doordash, Postmates, etc., those who can afford to pay extra can employ someone else to deliver their goods while they stay at home, reducing their risk of exposure. Furthermore, Americans who were considered upper-middle class were able to work through the pandemic from the comfort of their own homes, compared to those from lower socioeconomic classes who needed to be physically present for their jobs. According to Kim Parker et al., about 61% of workers who reported that their jobs could be done from home chose not to work in their physical workplace in January 2022.[22] Millions of Americans working from home benefited from this arrangement as they were able to maintain a source of income while social distancing and avoiding transmission and infection. This in itself is a socioeconomic advantage similar to that of upper classes in early modern Italy, who were able to isolate themselves in the comfort of their own homes.

Another key similarity amongst the upper classes in both eras is their access to the best healthcare and medical resources. Similar to the Black Plague, cholera, and leprosy, people of higher economic status who contract COVID-19 have the economic and social means to access medicine, doctors, and treatments, like the aforementioned snake powder treatment for the plague in early modern Venice. The same is observable with COVID-19 insofar as healthcare access to treatments like monoclonal antibodies, antiviral medications like Veklury (remdesivir), and other medical options are readily

---

Mortality in the City of São Paulo, Brazil." *International Journal of Epidemiology* 50, no. 3 (2021): 732-742.

[21] Ribeiro et al 2021, p. 732.

[22] Kim Parker, Juliana Menasce Horowitz, and Rachel Minkin, "Covid-19 Pandemic Continues to Reshape Work in America," Pew Research Center's Social & Demographic Trends Project (Pew Research Center, March 23, 2022), https://www.pewresearch.org/social-trends/2022/02/16/covid-19-pandemic-continues-to-reshape-work-in-america/. (accessed June 7, 2022).

available to those from upper socioeconomic classes[23]. This can include but is not limited to hospital visitations, private doctors, prescription medications, and extensive treatments for before, during, or after contracting the virus.

In sum, comparing pandemics and the corresponding inequalities from centuries ago to our current COVID-19 pandemic highlights how, despite all the changes in medicine and society, more must be done to shed light on and remedy the deeper systemic issues that perpetuate inequality surrounding basic human needs and rights.

Notes/Bibliography

Byrne, Joseph. "Leper Houses," *Encyclopedia of the Black Death.* (Santa Barbara, California: ABC-CLIO, 2012). P.. 52-53

Carmichael, A.G. "Plague Legislation in the Italian Renaissance." United States: The Johns Hopkins University Press, 1983

Despard, Mathieu, Michal Grinstein-Weiss, Yung Chun, and Stephen Roll. "Covid-19 Job and Income Loss Leading to More Hunger and Financial Hardship."

Brookings. Brookings, March 9, 2022. https://www.brookings.edu/blog/up-front/2020/07/13/covid-19-job-and-income-loss-leading-to-more-hunger-and-financial-hardship/.

Ell, Stephen R. "Governmental Regulation of Medicine in Late Medieval Venice." Stuttgart: Hans-Dieter-Heinz, January 1979

European Medicines Agency. "Veklury." European Medicines Agency, March 28, 2022. Accessed June 7, 2022. https://www.ema.europa.eu/en/medicines/human/EPAR/veklury.

Gentilcore, David. *Healers and Healing in Early Modern Italy*. (Manchester, UK: Manchester University Press, 1998).

Jenkins, Catherine. "Curing Venice's Plague: Pharmacology and Witchcraft." London: Palgrave Macmillan UK, 2017.

Mercier , Charles A. " Leper Houses and Medieval Hospitals," *The Lancet* 185, no. 4766 (1915): 33-36.

[23] European Medicines Agency, "Veklury," European Medicines Agency, March 28, 2022, https://www.ema.europa.eu/en/medicines/human/EPAR/veklury. (accessed June 7, 2022).

Parker, Kim, Juliana Menasce Horowitz, and Rachel Minkin. "Covid-19 Pandemic Continues to Reshape Work in America." Pew Research Center's Social & Demographic Trends Project. Pew Research Center, March 23, 2022. Accessed June 7, 2022. https://www.pewresearch.org/social-trends/2022/02/16/covid-19-pandemic-continues-to-reshape- work-in-america/.

Reeves , Richard, Edward Rodrigue , and Elizabeth Kneebone. "Race, Poverty, and Immigration." *FIVE EVILS: MULTIDIMENSIONAL POVERTY AND RACE IN AMERICA*, 2016, 4. https://doi.org/10.4324/9781315291574-49.

Ribeiro, Karina Braga, Ana Freitas Ribeiro, Maria Amélia Veras, and Marcia Caldas de Castro. "Social Inequalities and Covid-19 Mortality in the City of São Paulo, Brazil." *International Journal of Epidemiology* 50, no. 3 (2021): 732–42. https://doi.org/10.1093/ije/dyab022.

Risse, Guenter B. *Mending Bodies, Saving Souls: A History of Hospitals.* (Oxford, UK: Oxford University Press, 1999). P. 218

Rothwell, Jonathan T., and Ember Smith. "Socio-Economic Status as a Risk Factor in Economic and Physical Harm from Covid-19: Evidence from the United States." *SSRN Electronic Journal*, 2021. https://doi.org/10.2139/ssrn.3828096.

U.S. Bureau of Labor Statistics. "Data Tables (XLSX)." U.S. Bureau of Labor Statistics. U.S. Bureau of Labor Statistics, May 12, 2022. Accessed June 7, 2022. https://www.bls.gov/cps/effects-of-the-coronavirus-covid-19-pandemic.htm.