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The Disease and its Epidemiology

HIV/AIDS is not the first global epidemic, and it certainly won’t be the last: it is a disease that is changing human history. HIV/AIDS shows up global inequalities. Its presence and impacts are felt most profoundly in poor countries and communities. Here we look at its origins, how it is transmitted and the particular characteristics which make consideration of its social and economic roots and impacts necessary. Because of its scale and the international and local concern it evokes, we are confronted by quantities of information that may threaten to overwhelm us. Thus, in the last part of the chapter we look at data: what we know about AIDS and HIV, and how we know it, and how those data are used to construct particular accounts of the epidemic process.

Communicable diseases have been responsible for past epidemics and pandemics. They played an important role in human history and we had few defences against them. Bubonic plague, which spread from the Mediterranean ports of southern Europe in 1347, changed the course of European, and thus of world, history.

Most historians now accept the plague’s role in destroying feudal barriers to economic growth, and creating an instant demand for labour which had to be satisfied from a drastically reduced work force. In effect, the fourteenth century bubonic plague intensified the action of powerful structural forces which were turning Europe toward modernity. (McGrew, 1985, p. 40)

During the first outbreak of plague in Europe from 1347 to 1351, mortality varied at between one-eighth and two-thirds of the population. Overall, three out of ten Europeans may have died, some 24 million
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people (Watts, 1999 in Cook, 1999). Some historians have argued that consequent labour scarcity led to technical, social and religious innovation, and ultimately to capitalism.

**Box 2.1 Definitions**

An **epidemic** is a rate of disease that reaches unexpectedly high levels, affecting a large number of people in a relatively short time. Epidemic is a relative concept: a small absolute number of cases of a disease is considered an epidemic if the disease incidence is usually very low. In contrast, a disease (such as malaria) is considered **endemic** if it is continuously present in a population but at low or moderate levels, while a **pandemic** describes epidemics of worldwide proportions, such as influenza in 1918 or HIV/AIDS today (Barfield, 1997, p. 150).

While Europe was affected by epidemics, they devastated other regions of the world. From the middle of the last millennium contact between Europe, the Americas, Australasia and parts of Africa proved disastrous for immunologically naive indigenous populations. Lacking defences against common European diseases such as smallpox, typhus, measles and influenza, these populations fell ill faster and diseases were more virulent. Diseases spread easily and mortality rates were very high. The result was massive depopulation: whole peoples disappeared; others were so seriously depleted as to have been written out of history.

Documentation of this process begins with Columbus's landfall on the Caribbean island of Hispaniola. In 1492 at the time of his arrival, there were at least a million Taino people. A disease akin to smallpox appeared in 1519 and by 1550 the Taino were extinct (Watts 1997, p. 88). This pattern of devastation was repeated throughout the Caribbean islands. The Aztec and Inca kingdoms of mainland South and Central America were next. The troops of the Spanish conquistador Hernán Cortés brought smallpox. It is estimated that the population of Mexico fell from 25.2 million in 1518 to 1.1 million in 1605. Similarly affected were the Inca to the south and Native American populations to the north. There, Spanish explorers had encountered a vibrant culture with towns and temples in the Mississippi valley. By the early 1700s this had vanished along with most of the people.