Politics of movement: exploring passage points in responses to Covid-19 and the plague in the fifteenth-century Netherlands

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▾ **KEYWORDS** Public health, flow, urban regulations, Second Plague Pandemic, COVID-19

▾ **ABSTRACT** Engaging the concepts of flow, circulation and blockage can help us to understand the trajectories of pandemics and the social responses to them. Central to the analysis is the concept of obligatory passage points through which networks must pass. Attempts by various actors to control the movement through them, be they government authorities, health experts and caregivers, economic producers or consumers, can create social tensions. Such tensions were duly recognised during the recurring outbreaks of the plague in the Second Plague Pandemic between the fourteenth and the seventeenth centuries. Analysing historical plague ordinances allows us to expose the power mechanisms impacting networks as they move through spaces, and to remain critical of how circulation is controlled and moralised. We argue that historians can contribute to reviewing these mechanisms behind the spread of epidemics and the responses to them from the perspective of movement and blockage.

Introduction

In a pandemic, cities need to reduce the transmission of disease by controlling the movement of people. Yet neither a fourteenth-century town nor a twenty-first-century metropolis will survive for long when life is brought to a complete standstill. Communities always need to maintain some degree of flow of people, goods and matter, in order to be able to provide the population with

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the basic necessities of food and healthcare and to sustain the city's economic health. Balancing quarantine measures, aimed to stop the further spread of disease by temporarily restricting the movement of people and goods, with economic and social interests inevitably generates risks and tensions. Such tensions, that often revolve around establishing which persons, animals, goods and matter retain the right to free movement, were duly recognised during the string of deadly outbreaks of the plague between the fourteenth and seventeenth centuries, known as the Second Plague Pandemic. Exploring the regulation of flow in historical research can help to identify sources of tension in the complex social, economic and environmental dynamics of the COVID-19 pandemic.

The central aim of this essay is to explore the relevance of the idea of 'passage points', drawn from actor-network theory (ANT), and flow in research of pandemics. An obligatory passage point is the point past which a network of relations, sometimes represented by a spokesperson, must pass (Callon, 1984; Latour, 1990). A network of relations can be human (such as merchants), non-human (such as a cluster of virus) or material (such as waste matter). Having control over the passage point means executing power. Focusing on these passage points gives insight into the mechanisms involved in the control of flow, the complex relationship between passage points and networks, and the hierarchy of interests between different networks. Below, we will sketch various types of passage points that emerged in historical research of the Second Plague Pandemic and the COVID-19 pandemic. The goal is not to be exhaustive, but foremost to encourage further reflection on the concept of and identification of relevant passage points in relation to epidemics. One key point are the discrepancies in the identification of significant passage points by various actors: whereas governments intensively supervise or regulate specific designated passage points, others are neglected for political, economic or cultural reasons. Furthermore, the emergence of surprising passage points, such as the meat processing plants in the COVID-19 pandemic, raises new questions of social, economic and environmental concerns that previously perhaps went unrecognized in health policies or public debates. Here, we will look specifically at policies and public debate in the Netherlands.

First, an example of two passage points in the latest pandemic will help to clarify how policies concerning the flow of people and goods past various specific passage points can obfuscate other, more pertinent bottlenecks. Indeed, the focus on specific passage points can be skewed; for instance, government authorities in the summer of 2020 allowed large groups to visit pubs and bars, as long as they complied with a few rules, while severely restricting the number of persons allowed to visit or accompany patients in hospitals. While trips to the pub surely had a social and economic function, the isolation of the sick and the elderly created severe emotional stress. Another major passage point are airports. The movement of human beings via air travel contributed to the rapid transmission of COVID-19 on a global level. After a brief period when flights were grounded, however, air travel was quickly resumed, pushed

by the lobby of airline companies and airports, and supported by scientific studies proving the limited risk of disease transmission during flights. This is all the more striking in view of the fact that C02 emissions from, among others, the airline industry are one of the major factors contributing to the degradation of the natural environment, which in turn substantially raises the risk of the rapid transmission of new, deadly viruses (Carrington, 2020; Levere, 2020). On the other hand, air traffic is expected to play a major role in the distribution of any future vaccine. At the same time, the hampered flow of supplies of personal protective equipment and testing facilities for health workers allowed COVID-19 to rapidly spread in retirement homes. Finally, largely unforeseen but emerging passage points in the Netherlands and elsewhere are the hazardous spaces in meat processing plants and mink breeding farms (Boon, 2020; Tuenter, 2020; Rueben, 2020). Thus, we see both the power *and* the limits to the power of institutions and government departments dealing with disease prevention in their focus on certain passage points, as they negotiate health concerns in a broader landscape of political, economic and social-cultural interests – amidst ongoing scientific uncertainty and the challenges of communication, regulation and enforcement.

Moving to the Second Plague Pandemic in the Netherlands, the actors and passage points were just as diverse. Networks touched by the transmission of *Yersinia pestis* included the sick and their families, city councilors, confraternal health workers (called *cellebroeders* and *cellezusters* or Alexians), priests, merchants and animals. Equally diverse were the means by which the passage points were controlled. Urban governments, neighbours, artisans, confraternities and other interest groups acted by issuing ordinances and petitions or staging protests. The flow of information could also be hampered, for instance when decisions were made behind closed doors *in secreta*. The spread of information, conversely, was encouraged by employing town criers, by placing signs in public spaces and by issuing health certificates. People were regulated and policed through sequestration and (the threat of) violence, as well as by tapping emotions of fear or the desire to uphold status and show religious devotion. Passage points generated during outbreaks might include walls, ditches, streets, gates, churches, markets, hospitals and ships. Man-made or natural, they were points where the movement of matter, goods, people, animals and services was controlled. Yet these passage points were also means to gain access to information, legal justice and labour markets. Having control over passage points was thus essential for actors exercising power, be they the government authorities, priests, consumers, workers, bacteria, roaming animals or the rush of water.

To further unpack the passage points in relation to flow, we have chosen two ordinances from Leuven and Ghent, dating respectively to 1473 and 1489.[1] Based on these regulations, drawn up by the urban magistrates, we have

1 Regulations in Ghent: City Archive of Ghent (CAG), Reeks 93, nr 26; in Leuven: Serrure, 1985.

identified, although certainly not exhaustively, several passage points through which urban authorities attempted to control the flow of people, animals and matter. It is important to note, however, that this is just one perspective, skewed by the bias of the sources, of the network of relations involved – a diagram from the perspective of non-human species, *Yersinia pestis*, or different social and economic groups would render a different picture.

Plague in Netherlandish Towns

Several blind spots still obscure our view of Netherlandish municipal attempts to control the plague. Socioeconomic historians like Daniel Curtis and Joris Roosen (Roosen and Curtis, 2019) have revised the traditional outlook that the plague's devastating course passed by the Netherlands leaving it relatively unscathed. Nonetheless, to date, many plague sources produced in the Netherlands have yet to be analysed. These include cities ordinances from the second half of the fourteenth century onwards recording the restrictions put in place by city magistrates in a bid to contain the spread of the disease. In addition, surviving city financial accounts, certificates and attestations, plague treatises and recipes, objects, skeletal remains, archaeological sites, architecture, art and literature should allow historians to carve out a more comprehensive view of how the plague struck this region and the responses to it.

Focusing here on the ordinances issued by city councils, the preliminary conclusion is that magistrates prioritized the control of the movement of goods and people in the city, employing a policy of containment (*Pest in de Nederlanden*, 1999; Henderson, 2019). Most often, they quarantined the sick and fellow inmates in their homes, where they were cared for by *cellebroeders*, family and neighbourhood friends. Cities also tried to prevent the sale of infected goods. Moreover, in keeping with the contemporary medical, Galenic theory that the plague was caused by foul particles circulating in the air (miasma), evaporating from dirty and stagnant waters, corrupt food and waste, cities took extensive measures to improve public hygiene, the quality of the air and water and the waste management. They also attempted to create special spaces for the sick, for instance in Maastricht, where health workers erected small straw huts to care for the plague patients (Weeda, 2021). However, it was, barring a few exceptions, not before the sixteenth century that Netherlandish towns established plague hospitals as health care institutions, presided over by designated plague doctors (Kerkhoff, 2020; Ladan 2012). Often, these were located along or outside the city walls. On aggregate, municipal *collegia medica* advising on public health policies did not appear in larger Netherlandish cities until the seventeenth century.

Both before and after 1500, the emergence of decentralized religious-urban networks, alongside 'private' medical care for the more affluent citizens, characterized responses to the plague. Urban magistrates took steps to finance and support confraternities of *cellebroeders* and *-zusters*, establishing a ready

workforce with exclusive access across the thresholds of households of the plague sick. Adopting the Rule of Augustine in the 1450s, by the 1520s these religious plague workers were present in more than 54 towns in the Netherlands, catering to both genders (Kauffman, 1976; Leupen 1998). The men and women lived partly sequestered lives, moving through the city at a distance from the population. City councils issued regulations restricting contact between them and the population, visibly indexing them by attaching markers onto their clothing. They were accordingly denied access to communal religious spaces and visited specially designated chapels instead, for city communities considered access to religious services crucial. As a consequence of their special status, the *cellebroeders* were both revered and shunned as vectors of transmissions because they handled the bodies of the dead, often at night-time. Fear among the population meant they were also attacked, for instance in Antwerp and Sint-Truiden. In addition, cities such as Leuven and Antwerp paid *schrobbers* and *schrobberessen* (scrubbers) to clean the houses and spaces where the sick dwelled. In sixteenth-century Antwerp the houses of the plague sick were locked for six weeks during several outbreaks.

City magistrates issued preventive measures tending to both physical and the spiritual matters, restricting the movement of people and goods and enhancing sanitary levels to combat the direct causes of disease, while encouraging, somewhat paradoxically, processions to appease God's wrath. The latter was, after all, considered the *prima causa* of the epidemic. The range of regulations, prescriptions and ensuing prophylactic practices in this regard targeted various social, gendered and religious strata differently and in diverse spaces. They also generated negotiation, apathy and conflict. It is to these micro-nodes that we shall now turn, exploring who had control over which kind of passage points.

Movement about Town

Officialdom's response to epidemic threats was characterised by combining two types of actions: demarcation and containment. The similarities in Netherlandish urban plague regulations from about the mid-fifteenth century onwards, issuing health certificates, ordering the quarantine of infected houses and assigning special spaces to the sick and plague carers for worship, leave little doubt that cities exchanged policies and adopted ideas from elsewhere. In order to regulate the flow of movement in the city, these policies created a set of signals and signifiers that the population could 'read' and understand, such as using straw bundles outside of houses and the compulsory white cane by people who had been in contact with the sick. In the ordinances, we see how the flow of people and goods was controlled for a measured period of time using new technologies. The regulations were not set in stone or handed down verbatim, but instead responded to local circumstances. Moreover, warnings were, rather typically, enforced

with the help of peer pressure by promising half of the draconic fines to the reporters of transgressions. The hefty fines sent a frightening message, which was probably a strategy in itself.

Defining the city's remit meant first and foremost controlling movement in and out of the city, past gates and walls, of goods and peoples: merchants, local traders, shipmen, army recruits, beggars and family members. The restriction of movement and in particular of trade would have impacted the economy as well as effecting social relations. As in many other cities, the inhabitants in Leuven, for example, were not allowed to visit sick relatives or friends outside the city, upon a penalty of six weeks' banishment from the city and its *vrijheid*, the area under the same jurisdiction outside the city walls. Often, the city ordinances forbade organizing large weddings as well. In addition, travelers from other cities might have to present themselves to the magistrates carrying health certificates and tavern owners took heed that the sick were not admitted to their rooms.

For the most part, however, Leuven's ordinance focuses on households rather than central markets or city gates as the obligatory passage points to be policed (Serrure, 1985). Under the penalty of seizure of goods, it was forbidden to sell second-hand clothes or household utensils from houses where people have died or from the hospitals of the *cellebroeders*, suggesting that a trade network dealing in second-hand goods existed beyond the marketplace. Illegal trade was punished with banishment from the city for a whole year (effectively raising the risk of transmission of the plague). In Ghent, it was prohibited to send dairy products or eggs to market from infected houses, to allay the risk that the plague spread from corrupt food. Many cities focus on the dangers of corrupt fruit as well (as a consequence possibly reducing the intake of valuable vitamins). Based on the foci in the ordinances, we can surmise that traders and producers of various foodstuffs must have encountered difficulties selling their products or moving them across regions. For example, in 1507, Amsterdam's magistrates banned the import of fruit from Utrecht because of 'certain contagious and spreading diseases (*contagiose ende voirspruytende siecten*), such as pestilence and otherwise' in that city. (Breen, 1902: 435) The traders suffered economically, either because of the general fear of disease dissemination via their goods or through municipal regulations.

Nonetheless, the Leuven authorities attempted to restrict economic damages, taking the trouble of issuing certificates to permit the sale of goods outside a house where no one was sick. Other cities also issued certificates to healthy persons allowing them to travel, such as in Antwerp (Van Schevensteen, 1931: 100-123), creating further inequalities between the sick and the healthy and between those traders who were able to mobilize their networks and obtain certificates and those who could not. Documents of practice that could reveal the economic impact of the plague await in depth study, making it difficult to currently assess which social groups, traders or artisans were hit most severely by measures curtailing the spread of disease.

Miasmas and Infrastructures

Inside the city, plague policies suggest that governing bodies identified multiple possible routes of infection. The measures taken imply that plague was considered to be miasmatical: caused by particles of corrupt matter spread mainly through the air. This meant that the infrastructure, the main roads and waterways, were considered key passage points in plague policies. Calls to clean the streets and waterways in times of plague adopted a discourse of danger and explicated the link between stench (bad air) and infection especially from dirty pools alongside roads. In this respect the plague tracts of Ghent and Leuven are explicit and detailed. In the latter, inhabitants are forbidden to throw liquids or waste matter produced by the sick into flowing water, streets or gutters, or to wash clothes in the river or water wells. Rather, waste matter should be buried on private plots of land such as in courtyards, away from urban spaces where the public gathered. In response to the plague, Ghent's magistrates also intensified the regularity of sanitary prescriptions. In non-plague years, it was expected of city dwellers that they organised their waste disposal themselves and maintained a heap or storage around their house or at a designated spot in the neighbourhood. The accumulated dirt was regularly transported out of the city, such as every (other) week. However, during the plague epidemic, all domestic and artisanal waste and dung heaps had to be removed on a daily basis. Moreover, streets gutters had to be clean at all times to prevent any kind of blockage or gathering of filth (CAG, 93/26, fol. 10v).

A special point of concern was the miasma evaporating from the blood of plague patients. Specific regulations on how to deal with this highly hazardous substance can be found in cities throughout the region. For instance, barbers in Leuven were not allowed to depose of the blood in the streets or elsewhere, but instead had to bury it or bring it to the so-called Vliet after closing hours, outside of one of the city's gates (Serrure, 1858). Special plague barbers were sometimes appointed to relieve plague patients of corrupt matter by letting blood.

Access to Religious Services

Local magistrates put a lot of effort into ensuring that people could safely attend church services, maintaining both the community's physical and spiritual health. The policy no doubt was informed by the belief that neglecting or abandoning religious rituals and duties might further increase divine anger and hence invite adversity in the form or epidemics or famine. Several ordinances comment that the population was afraid of going to church because of the risk of infection. Regulating people's movement around their local churches posed a difficult spatial and logistical challenge. Nonetheless, urban magistrates sought to protect the routine religious practices by prohibiting members of

plague-stricken households to visit their parish churches. They were also duly aware that such types of forced social and spiritual isolation were a source of great distress. In order to protect a city's spiritual and emotional wellbeing, church and secular authorities endeavoured to ensure that the pastoral care remained accessible. Many towns created alternative gathering spots for people who were in contact with the plague, including a designated church or convent to pray, confess, and receive the Holy Sacraments. Ghent's 1489 plague ordinance was exceptionally precise in its provisions concerning alternative chapels and hours of mass for each of the six parishes. In the chapels, special plague priests, appointed by each of the parish deans, took confession (CAG, 93/26, fol. 12v).

Besides taking precautions to preserve the safe access to spiritual care, local magistrates regarded alleged immoral behaviour and deviance as underlying causes of the plague. In their view, moral policing and the eradication of sin from the community could potentially help to avert outbreaks of disease or mitigate their impact. Spiritual anti-plague measures included the organization of regular processions and the flow of charity to the so-called deserving poor. Yet local urban authorities also sought to increase the policing of moral deviancy. Bans on prostitution and adultery, gambling and blasphemy, were more intensively observed to ensure that any divine retribution for the sinfulness of the population would be removed from the city, as Abigail Agresta has shown for late medieval Valencia (Agresta, 2020). These measures were not only closely related to general concerns about social order but likely also dovetailed with a growing suspicion of the foreign poor, who were framed as idly hanging around town, morally corrupting the local community.

Animals

Animals were a routine, valued presence and commodity in the streets of premodern cities. Both city dwellers and governing elites were careful to protect their investments in them. It was common knowledge that cattle also could be struck by outbreaks of disease, however. At the same time, the movement of two animals in particular, namely pigs and (stray) dogs, was restricted in order to combat the plague. The large number of regulations issued concerning pig-keeping suggests that the nuisance and physical danger these animals posed, who were considered unhygienic, formed a key point of socio-political negotiation between home-owners and policers of urban infrastructures. Therefore, it is no surprise to find in Leuven's plague ordinance a ban on the herding of pigs in the streets. This was a stricter version of the general and widespread ban on letting these animals roam the city streets unsupervised. Pigs in Ghent were allowed to be herded towards watering places, for sale and slaughter, except for early in the morning before sunrise. The designated time slot, that also prevented infection from other polluting activities such as emptying cesspits, thus ensured that the pigs' miasmatical

fumes did not physically interfere with other streams of people and goods. Furthermore, Ghent's aldermen added, pigs had to be locked in sties at all other times, at a distance of forty feet from the streets and from neighbours.

Besides pigs, and more than rats and other vermin, urban authorities focused on the movement of dogs as potential plague carriers. The perceived solution, according to many urban authorities, lay in eradicating their presence from the city altogether – with several class-based exceptions. Dogs were killed in large numbers during incipient outbreaks and as a preventative measure. The persons put in charge of executing them were the so-called dog slayers (*hondeslagers*) (Rawcliffe, 2018). Local authorities usually paid them per culled animal and issued ordinances warning inhabitants not to harm them or hinder them in their work, showing how unpopular and contested this aspect of plague policies was (Noordegraaf and Valk, 1988: 174).

Conclusion

Taking the urban responses to the Second Plague Pandemic in the fifteenth-century Netherlands as a case study, we argue that historians can contribute to critically reviewing reactions to pandemics by exposing the flow and blockage of networks passed passage points. Identifying and unpicking these passage points, or bottlenecks, helps us to lay bare the network of relations and choreography of flow that pandemics interfere with. It shows that blocking flow inevitably creates new challenges, inequalities and hierarchies. Examining micro conflicts thereby allows us not only to research long-term quantitative, demographic and socioeconomic outcomes of pandemics, but also to focus on short-term dynamic responses to structural inequalities. It is thereby important to try to take a helicopter view, looking at how space, movement, blockage, but also emotions, status and knowledge come into play, from the perspective of different actors, both human, non-human and material. By doing so, it is possible to gain insight in the complex negotiations that pandemics set in motion and ask which key passage points governments are perhaps neglecting and which new hierarchies and inequalities they at the same time are creating.

Bibliography

(1999) *De pest in de Nederlanden: medisch historische beschouwingen 650 jaar na de zwarte dood*, Brussel.

Agresta, A. (2020) 'From Purification to Protection: Plague Response in Late Medieval Valencia', *Speculum*, 95, pp. 371–395.

Boon, F. (2020) 'Ondanks alle maatregelen toch weer corona bij nertsen', *NRC Handelsblad*, 20 August 2020, https://www.nrc.nl/nieuws/2020/08/20/weer-corona-bij-nertsen-hoe-moet-het-nu-verder-a4009324.

Breen, J. C. (1902) *Rechtsbronnen der stad Amsterdam*, The Hague.
Callon, M. (1984) 'Some Elements of a Sociology of Translation: Domestication of the Scallops and the Fishermen of St Brieuc Bay', *The Sociological Review*, 32, 1, pp. 196–233.
Carrington, D. 'Is air pollution making the coronavirus even more deadly?', *The Guardian*, 4 May 2020, https://www.theguardian.com/world/2020/may/04/is-air-pollution-making-the-coronavirus-pandemic-even-more-deadly.
Curtis, D. R., and Roosen, J. (2019) 'The "Light Touch" of the Black Death in the Southern Netherlands: An Urban Trick?', *The Economic History Review*, 72, 1, pp. 32–56.
Henderson, J. (2019) *Florence Under Siege: Surviving Plague in an Early Modern City*, New Haven.
Kauffman, C. J. (1976) *Tamers of Death: The History of the Alexian Brothers from 1300 to 1789*, New York.
Kerkhoff, A. H. M. (2020) *Per imperatief plakkaat: overheid en pestbestrijding in de Republiek der Verenigde Nederlanden*, Hilversum.
Ladan, R. (2012) *Gezondheidszorg in Leiden in de late middeleeuwen*, Hilversum.
Latour, B. (1990) 'Technology Is Society Made Durable', *SORE The Sociological Review*, 38, pp. 103–131.
Leupen, S. M. C. (1998) 'De kloosters van de cellebroeders en -zusters in het graafschap Holland en Zeeland tot aan de Reformatie', *Historisch Tijdschrift Holland*, 30, 2, pp. 63–92.
Levere, J. L. (2020) 'Airlines Say It's Safe to Travel. But Is It?', *The New York Times*, 1 June 2020, https://www.nytimes.com/2020/06/01/business/coronavirus-airports-airlines.html.
Noordegraaf, L., and G. Valk (1988) *De gave Gods: de pest in Holland vanaf de late middeleeuwen*, Bergen.
Rawcliffe, C. (2018) 'Town Tykes and Butchers' Hounds: Urban Dogs at Work in the Later Middle Ages', *Medieval Prosopography*, 33, 1, pp. 45–62.
Reuben, A. (2020) 'Coronavirus: Why have there been so many outbreaks in meat processing plants?', *BBC NEWS*, https://www.bbc.com/news/53137613.
Serrure, C.P. (ed.) (1858) 'Reglement over de pest, afgekondigd door het stedelyk bestuer van Leuven, anno 1473', *Vaderlandsch museum voor Nederduitsche letterkunde, oudheid en Geschiedenis*, Gent, pp. 132–135.
Tuenter, G. (2020) 'Vleessector onder de loep om corona', *NRC Handelsblad*, 28 May 2020, https://www.nrc.nl/nieuws/2020/05/28/vleessector-onder-de-loep-om-corona-a4001106.
Van Schevensteen, A. F. C. (ed.) (1931) *Documents pour servir a l'étude des maladies pestilentielles dans le marquisat d'Anvers jusqu'a la chute de l'ancien régime*, Brussels.
Weeda, C. (2021) 'Where Have All the Bodies Gone: Cellites and Plague Burials in Fifteenth-Century Netherlandish Towns', *The Urban Graveyard*, 4, forthcoming.

Unpublished Sources

City Archive of Ghent (CAG), Ancien Regime, Reeks 93, nr. 26, Voorgeboden, f° 1–12v.

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