

The Washington Post

Democracy Dies in Darkness

In our new age of disasters, centralized responses are needed

The magnitude and frequency of extreme events outstrips the ability of states and localities to respond



Perspective by Cindy Ermus

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July 25, 2023 at 8:00 a.m. EDT

Public health threats. Widespread wildfires. Devastating floods. Deadly tornadoes. Record-breaking heat waves. The barrage of multiplying disasters seems unrelenting. Catalyzed by climate change, extreme events like these are certain to increase in both frequency and intensity. It may be terrifying to think about, but this is probably the coolest summer you'll experience for the rest of your life.

In the face of accumulating natural hazards, it's increasingly apparent that individual households, neighborhoods, cities and even states are poorly equipped to prevent or mitigate their disastrous effects. Instead, events like these, which are affecting ever greater portions of the global population, require coordination at the national and international levels, with collective energies and resources brought to bear.

Yet for much of history, crisis management took place primarily at the municipal or local level, with few, if any, expectations on the part of the people for the government in a far-flung capital to step in and offer relief.

This began to change over the 17th to 18th centuries, particularly in efforts to prevent the introduction of diseases in the port cities and border towns of Europe. It was in this moment that what I call “disaster centralism” emerged, with an increasing centralization of disaster management. Now, the monarchs of Western Europe’s emerging nation states — including France, Britain, Spain and others — all ruling from a recognized capital, began to intervene in times of crisis, at once replacing or overseeing the authority of local officials.

This shift laid the groundwork for the kind of centralized disaster response needed to address the scale of disasters today.

In this context, the 1720 Plague of Provence, also known as the Marseille Plague, stands out. This crisis represented the first, most prominent opportunity to advance the power of the state in the name of public health.

At least since the plague pandemic known as the Black Death in the 1300s, the handling of crises consisted mostly of the localized implementation of sanitary, preventive and relief mechanisms, with little or no central supervision or guidance. But by the early 1700s, state power was becoming increasingly concentrated.

In the first years of the 18th century, France saw increases in population, production and urbanization as more and more people left their villages for bigger towns seeking work, higher wages and other opportunities. At the same time, people came to expect the government to expand its role in such areas as policing, poor relief, education, sanitation and public works, and the state created an increasingly intrusive bureaucracy.

When a virulent epidemic hit Marseille, the growing state apparatus responded.

The bubonic plague emerged in summer 1720, and over the next two years, it took well over 100,000 lives in the southeast of France. Many died within days with the telltale “marks of contagion” — the buboes, or swollen lymph nodes at the armpits and/or groins, ulcers on the surface of the skin or gangrene in one’s extremities (the symptom that inspired the name “Black Death”). Some who did not present with these exterior marks died faster (possibly indicating cases of pneumonic or septicemic plague). The effects of the epidemic on the economy of France, and especially on that of Marseille and surrounding ports, were swift and severe.

In contrast to earlier outbreaks when local authorities were left to respond on their own, the central state used the emergency as an opportunity to showcase the integrity and value of the state by extending its reach.

From the capital, the royal government placed its men on the ground, deploying military commanders to infected areas and bestowing them with unlimited authority to manage the crisis. It intensified surveillance and police presence in infected areas. It issued curfews and quarantines with directions for carrying them out in all infected towns. The government regulated all movement and began to require certificates of health (certifying that someone was plague-free) for travel. Managing mobility was central to the disaster response. The royal government prohibited movement in and out of Provence with massive military cordons (guarded sanitary lines) to limit the spread of the plague.

Authorities in the capital also issued trade embargoes, distributed food and aid from the royal treasury and ordered towns and wealthy individuals to send funds or supplies to Provence. It issued decrees, including a comprehensive one that restricted all travel to and from affected areas. And, perhaps most notably, it created a new *Conseil de la santé*, or health council, in Paris, as well as new health bureaus in Provence, where authorities demanded to be kept informed of any and all developments throughout the plague years.

The crown was more heavily involved in the management of the 1720 outbreak than ever before, signifying a growing concentration of state oversight that would continue throughout the 18th century and survive the French Revolution.

Concentration and expansion of state power was not limited to France.

Neighboring states enacted similar measures from their capitals, even without the plague entering their realms. In fact, by the 18th century, centralized boards of health in parts of Europe, most notably the *Conseil de la santé* in Paris and the *Junta de Sanidad* in Madrid — both created in response to the Plague of Provence in 1720 — had become part and parcel of the centralizing state.

Far from a mere repackaging of earlier plague prevention policies, the French plague epidemic of 1720-1722 marked a move toward disaster centralism.

This is not to say that the process of centralization has unfolded in a linear progression. There have been fits and starts, and community responses have remained, as they are today, important. Local individuals and organizations not only are first on the scene but also possess an understanding of local communities and dynamics that are indispensable in times of crisis. Yet the centralization of disaster, public health and risk management has come to represent an essential, and even distinguishing, characteristic of the nation state.

More recently, the coronavirus pandemic brought the question of disaster centralism back to the fore. Scholars, politicians, journalists, think tanks, scientists and even celebrities produced countless editorials and opinion pieces about the need for, or effectiveness of, big government in times of crisis across the globe — especially during the first months of the pandemic. In the United States, the question largely fell along party lines, with more liberal commentators arguing *for* the role of big government in crisis management, and conservative commentators arguing that such responses were unnecessary, ineffective and/or harmful to the economy.

Against the onslaught of extreme events, largely driven by human-caused climate change, the most effective and equitable way to manage and respond to disasters is by pooling collective resources widely through a central government. Especially today, the task of preventing, containing and managing disasters will not be left to individuals, neighborhoods, cities or even states. This is one of the lessons that came out of the Plague of Provence of 1720 — a key moment both in the history of disaster management and in the history of state-building.