On learning from history – Truths and eternal truths
A commentary

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Can we learn from history? This question has been asked innumerable times, and is often answered in the negative – at least in theory. In reality, we learn from history all the time, in different ways. In my lecture, I will therefore avoid using history to point out different historical events that teach us something. Instead, I want to focus on the fact that we learn from history all the time, and ask how we learn from history and how history is made relevant in various contexts.27

Historia magistra vitae and history as a process

In 1817, the doctor Frederik Holst was the very first person to defend a thesis at the newly established Kongelige Frederiks Universitet, now the University of Oslo. He later became a professor at the university, and was active in various spheres of society. In his doctoral thesis, which focused on the now-forgotten rade disease, he referred quite naturally to antiquity’s Hippocrates, Avicenna of the Middle Ages and the Renaissance’s Sydenham, in addition to his own contemporaries (Holst, 1817). Holst lived at the end of an era in which history was viewed almost as a library containing everything written and thought about a subject, without any clear distinction between old and new. History was a collection of examples that could be used to interpret

27 My thanks to Norges Bank Deputy Governor Jan Fredrik Qvigstad, who invited me to give this speech. I would also like to thank Helge Jordheim, Kristin Asdal and Anne-Lise Middelthon for their support, help and useful comments. I have shamelessly stolen the idea of the paradox between the historia magistra vitae concept and modern philosophy of history from Helge Jordheim’s article on the debate about the Falstad Centre (Jordheim, 2009).
current events, or even to predict what would happen in future – a collection of examples to be followed. This view of history – the idea of *historia magistra vitae*, that “history is life’s teacher” – had been developed by the Roman statesman and philosopher Cicero.

Doctors no longer learn from history in the way Holst did. In the medical field, almost all knowledge older than 10 years is a historical curiosity. The German historian Reinhart Koselleck has described how the idea of *historia magistra vitae* was dissolving precisely at the time that Holst wrote his thesis. More specifically, the connection between what Koselleck calls the “space of experience” and the “horizon of expectation” was severed (Koselleck, 1979).

Koselleck’s point is that we are all pulled in opposite directions by experience and expectation. Experience is the *past* that exists in the present – our actual experiences that we carry with us, consciously or unconsciously. Expectation, on the other hand, is the *future* that exists in the present – the dreams and hopes we have for what is yet to happen. In earlier times, Koselleck argued, most people did not expect the future to hold anything more than they had already experienced. This is what allowed Frederik Holst to refer to colleagues from antiquity and the Middle Ages. However, the connection between the space of experience and the horizon of expectation was broken in Frederik Holst’s time. The future, that which lay ahead, was now considered qualitatively different from the past, that which had already occurred.

This expresses the modern concept of progress, the idea that the world is moving forward, in one direction, towards something better. The idea is based on a new view of history, namely as a process. This view implies that the past can no longer teach us about the future. If the future will be radically different, the past cannot help us.
History today

In the historical field, this insight from the philosophy of history continues to dominate. At the same time, we are living in an age in which history is being used in many places for many different purposes. Cicero’s idea that history is life’s teacher remains very much alive. We see examples – both examples worth following and examples to avoid – all the time, in museums, in Official Norwegian Reports, in school history textbooks and in the public debate. History is frequently invoked in connection with crises. Economists have probably never referred to history as often as during the current financial crisis.

Two concepts thus exist side by side: the idea that history is a sequence of unique events that are never repeated under any circumstances and the idea that history provides examples to be followed. This is a paradox, but nevertheless a reality (Jordheim, 2009).

The aim of all historians should be to present the people and events of the past in a manner that enables us to learn from them. We can learn in many different ways. Historical accounts can expand our basis for making complicated decisions. Historical events can help us to see connections or contrasts with our present circumstances. They can increase our range of perspectives, and provide arguments for and against difficult decisions. They can help to denaturalise current circumstances by showing that the situation was not always like this, and that it can therefore be different in future. They can also help us to understand why we make the decisions we make.

However, it may be even more important to focus on how history is constantly being used for political, economic and other purposes. History is often invoked as a source of learning, but the selected aspects of history and the potential
lessons to be learned vary; not randomly, but based on the purpose history serves in the specific situation. I would now like to discuss two examples of how history was used in two of Norway’s most dramatic post-war medical crises: the AIDS epidemic of the 1980s and the 2009 swine flu outbreak.

**AIDS**

AIDS came to Norway in 1983, having already featured in tabloid headlines for some time. This mysterious new illness was infectious and killed slowly and mercilessly, leaving modern medicine, with all of its technology, a powerless spectator. Confidence in the power of medicine was almost unlimited just before AIDS came. When the disease struck, optimism for the future gave way to apocalyptic visions of the potential extermination of mankind.

History was incorporated into the response to the epidemic early on, both in Norway and abroad. As early as 1985, the annual international AIDS conference introduced a dedicated history session, not exactly a common feature of large medical conferences. History was used in many ways, and in many places, during this period. One way of using history was to draw analogies to earlier epidemics to improve understanding of this new, frightening and unknown disease. An example of this is the series of articles on AIDS published by the Norwegian daily newspaper *Dagbladet* in 1985, which was entitled “the new plague”, clearly referring to the Black Death. Others, most often politicians and bureaucrats, turned to history in their search for other examples: how had the interests of personal freedom been balanced with the need to protect the population in the past? The history of sexually transmitted diseases was covered with particular interest. Examples of how
prostitutes were stigmatised in the fight against syphilis were often quoted to warn against the risk inherent in focusing one-sidedly on at-risk groups. The Norwegian Directorate of Health consulted persons who had worked on anti-tuberculosis efforts earlier in the 1900s. They looked to history for arguments in support of the “voluntary approach” (Godager, 1986; Manum, 2011), as a key question at the time was whether preventive efforts should be based on force or voluntariness. History showed that public education and improved living conditions had secured victory over tuberculosis, not the forcible measures and threats of isolation permitted by the Tuberculosis Act of 1900 (Mellbye, 1986; Stafne, 1986; Stein A. Evensen, 2010). In other words, historical examples were used to argue that it was both most humane and most effective to focus on voluntariness, information and education in anti-AIDS efforts. For example, HIV testing was only to be conducted with the informed consent of the test subjects.28

However, history was also invoked in support of entirely different, opposing arguments by those who believed that it would be too risky to trust people to engage in voluntary testing and treatment. One group of doctors and researchers argued that the Directorate of Health was giving too much protection to at-risk groups, thus exposing the rest of the population to unnecessary risk. For example, the chief physician at Ullevål hospital’s blood bank stated that it was vital to learn from earlier “effective epidemic management” in addressing the major threat posed by AIDS (Fagerhol, 1987). No specifics were given of the epidemic management measures he had in mind, but he was presumably referring to earlier quarantine practices under

28 Anne Lise Middelthon, former adviser to Director General of Health Torbjørn Mork, personal communication, August 2009. See also an interview with Svein-Erik Eikeid, then-head of the Aids unit at the Directorate of Health.
which ships or people were kept quarantined to deal with infectious diseases like cholera, smallpox and typhoid fever. Isolation of infectious persons had been used for illnesses like typhoid fever and smallpox, but less for tuberculosis. One professor of biology pointed out that mandatory testing and forced isolation had been employed successfully during earlier epidemics (Stenseth, 1987). Both men criticised the Director General of Health for having given too much consideration to at-risk groups and too little consideration to the “ordinary population”. Both men also argued that it was time to apply more restrictive measures based on earlier efforts to combat epidemics. As a modern, more “rational”, form of isolation, the biology professor proposed tattooing a blue heart in the groin of HIV-positive persons. The rationale was that internment was impractical for modern people.

These examples from the HIV epidemic show that history is not an innocent, neutral variable from which we can learn. Both sides turned to history to learn from it. Both sides used history to argue for the decisions they believed should be made in the present. However, based on their current political aims, the two sides chose to focus on different aspects of history, and ended up with diametrically opposed points of view. Both sides used the past similarly, presuming that the epidemic management measures of the past were comparable to the challenge they faced in connection with HIV. They also implied that history is an irrefutable fact, rather than a series of different interpretations specific to historical events. Both sides argued as though history were a higher form of truth that could in some way judge how we should act now. In reality, however, history is no more than a series of events and actions whose consequences we know, or at least believe ourselves to know. Redefining these events and actions as principles, as examples to follow
or avoid, always involves a complicated process of selection and interpretation. This process is vulnerable at all stages to manipulation, ideologisation and simple falsification.

**Swine flu**

Let us consider a slightly more recent example of how history has been used as an argument in addressing medical crises. The global swine flu epidemic that struck in 2009 set all alarm bells ringing. Dramatic headlines again featured on the front pages of newspapers. During the swine flu epidemic, history again became an important reference framework, albeit in a very different way than when AIDS came to Norway. Now, the historical arguments were supplied by the experience gained during the Spanish influenza epidemic of 1918 and 1919, which claimed more than 20 million lives worldwide – more people than died during World War I. Some 12,000 people died in little Norway alone. These were the historical connections that were made when the first case was reported in Mexico.

While the Director General of Health during the initial phase of the AIDS epidemic, Torbjørn Mork, turned to history to assess whether it was sensible to implement mass testing, isolation and forced infection tracing, in 2009 Bjørn Inge Larsen turned to history to generate forecasts for the future. Having recalculated data to reflect “current population figures and other altered demographic circumstances”, the leaders of the Directorate of Health concluded that if the epidemic proceeded like the Spanish influenza epidemic, 1.2 million people could become ill with influenza within six months, while 13,000 people would die (Helsedirektoratet, 2006, 2010). Although these figures were taken from the 2006 pandemic plan (Helsedirektoratet, 2006), at
the press conference in 2009, the forecasts in the plan were used directly as worst-case scenarios for the situation in 2009. Analogies were also drawn to the Asian flu outbreak of 1956–1957 and the Hong Kong flu outbreak of 1968–1970, which were far milder epidemics (Helsedirektoratet, 2006, 2010). The Spanish influenza epidemic was not only used to create forecasts, however. Parallels were drawn to Spanish influenza as part of the practical management of the epidemic. When the epidemic proved to be milder than expected, the health authorities used the Spanish influenza epidemic to give health personnel and the population a “reality check” in the spring and summer of 2009. The argument was that people should not be fooled by the apparently mild development of the outbreak at this early stage. Experience from the Spanish influenza epidemic indicated that a mild start of this kind would be followed by a much more dramatic wave later on.

There are several interesting factors in how the Directorate dealt with the historical Spanish influenza epidemic. First, history was made directly relevant. The idea was that history might repeat itself in the precisely the same manner. The reason was that the virus was similar. The context was almost entirely lost – it was the ability of the virus to cause illness that counted, not which bodies, which society, the virus hit. Even though the pandemic plan had established that mortality at the level seen during the Spanish influenza epidemic was extremely unlikely because the context was so different, this was not included in the discussions in 2009. The relevance of the comparison with the past was not discussed. Second, and related to this point, only a small part of the story was kept alive and made relevant: the number of the sick and dead. Like his predecessor Mork, Larsen could have turned to history to learn how the risk of panic among the population had been managed previously.
(something the pandemic plan also fails to cover). Moreover, he and his staff could have investigated factors that make the population vulnerable to this type of virus. However, the “communication plan” of 2009 was about convincing the population that they should be vaccinated, not to prevent panic among the population. In the pandemic plan, the story is reduced to an account of a virus and its proliferation.

**History as a process and collection of examples**

The use of history thus concerns not only how we can learn from history, but also how history is made useful in many different ways and in many places. As the examples have shown, the relevant historical perspectives are themselves the subject of debate. We are responsible for the story we tell – what prejudices we include in it, what we forget and what we omit, and what meaning we attach to the meaningless. The existence of many interpretations is the best defence against the use of history for propaganda purposes.

Nevertheless, the examples I have referred to demonstrate perhaps the most important lesson of all. When we use history, we must try to keep the paradox I mentioned initially in mind – that history is both a process comprising unique events that cannot be repeated AND a treasury of examples to be followed or avoided. Even though history provides innumerable examples that can help us to make better decisions, we must remember that our time is unique, and that previous experiences cannot be directly transferred to the present. That is why historical examples must be used with care. History is no less important and

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29 The three objectives of the communication plan were to limit pre-vaccination infection as much as possible, to help ensure that a high proportion of at-risk groups were in fact vaccinated, and to help ensure that as much of the population as possible was aware of the authorities’ recommendation to be vaccinated and how to obtain the vaccine.
real to us than to Frederik Holst, but its importance and reality take different forms, and perhaps have greater consequences for life and health.

**Literature**


Lerche, direktør for helsedirektoratets avdeling for miljørettet helsevern.
