

Editorial

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Epidemic events, as the great American historian of medicine Charles E. Rosenberg once observed in a programmatic statement, constitute an “extraordinary useful sampling device” for the social scientist (Rosenberg 1992, 279). [1] The sudden spread of an infectious disease across a territory, Rosenberg remarked, is at once a “found object” and a “natural experiment,” capable of illuminating “fundamental patterns of social value and institutional practice” (Rosenberg 1992, 279). Epidemics of plague and cholera, smallpox and yellow fever, AIDS and SARS enable scholars to see, at one particular moment in time, “the configuration of values and attitudes that [...] are so fragmented or so taken for granted that they are not easily visible” (Rosenberg 2008, 6). Due to their episodic nature and their public character, epidemics seem to constitute particularly generative objects of scientific research, allowing scholars to explore in detail how a society mobilizes itself in a time of crisis, acting out, as Rosenberg put it, “propitiatory rituals that incorporate and reaffirm fundamental social values and modes of understanding” (Rosenberg 1992, 279). According to this view, the unexpected emergence of an infectious disease thus constitutes a critical moment of truth, forcing societies to represent themselves to themselves, as Durkheim might have phrased it, in forms that are culturally specific and historically singular.

Today, of course, “society” is not necessarily figured anymore as the ultimate instance of the real in scholarly work. Following a suggestion proposed by French philosopher and historian Michel Foucault, a growing body of critical research has in fact questioned “the principle, unexamined and taken for granted, that the only reality to which history must attend, is society itself” (Foucault 2001, 834). In the past two decades, anthropologists and other affiliated scholars have put the presumably self-evident category under critical scrutiny, arguing that the concept of society is “theoretically

[1] See as well Rosenberg’s acclaimed history of cholera in the United States, originally published in 1962. (Rosenberg 1987)



obsolete” (Strathern 1996). With Rosenberg’s account of epidemic events in mind, a question begins to formulate itself: What kind of relations might such events illuminate today? What kind of work might epidemic events be able to accomplish beyond the elucidation of “society”? What is their contemporary analytic potential? A key aim of this special issue of *Behemoth* devoted to the timely theme of epidemic events is to re-function Rosenberg’s modernist sampling device for current circumstances.

Emerging Viruses

Over the past two decades, a powerful biomedical framework has appeared that has fundamentally reshaped the way epidemic events are approached by a growing number of actors. In the late 1980s and early 1990s, as historian of medicine Nicholas B. King pointed out, a group of influential American scientists and public health specialists argued that new infectious diseases are likely to surface in the near future. Coined by epidemiologist Stephen S. Morse, the seminal concept of “emerging viruses” was officially launched in early May of 1989 at a high-profile conference in Washington, D.C., sponsored by Rockefeller University, the National Institute of Allergy and Infectious Diseases, and the Fogarty International Center (Altman 1989). Morse and his colleague, Nobel Prize-winning virologist Joshua Lederberg, invited more than two hundred participants to the scientific meeting in order to discuss their concerns about the relentless evolution of viral agents that seemed to account for the growing number of infectious disease outbreaks around the world, including, most importantly, the spread of AIDS/HIV. These concerns, as it turned out, were shared by many a scientist, and over the next few years they were frequently repeated by journalists and politicians, solidifying into what King identified as an “emerging diseases worldview” (King 2002; see as well King 2004). This worldview eventually laid to rest “comfortable theories of an epidemiological transition” and necessitated the reconsideration of traditional strategies of infectious disease management, as anthropologists Veena Das and Abhijit Dasgupta remarked (Das/Dasgupta 2000, 636).

As King rightly underscored in his critical account, the tremendous success and popularity of the emerging diseases worldview was largely due to two American journalists, Laurie Garrett and Richard Preston. Garrett, a former National Public Radio and Newsday correspondent, conducted extensive research for a book project on the appearance of a set of known and unknown infectious diseases while she was a fellow at the Harvard School of Public Health in the early 1990s. Upon learning that her colleague Richard Preston was working on a similar publication, Garrett intensified work on her

rapidly growing manuscript in order to release it at the same time (King 2002). In 1994, Garrett's *The Coming Plague* and Preston's *The Hot Zone* were published almost simultaneously to great public acclaim (Garrett 1994; Preston 1994). Both publications instantly became bestsellers, effectively establishing the frightening imaginary of a vulnerable nation threatened by an obscure world of dangerous microbes lurking in the rain forests of far away countries. As King pointed out, the discourse of emerging infectious diseases has been so powerful in the past few years because it is "tremendously flexible, allowing a wide variety of actors to adopt it, moulding small parts or emphasizing particular elements and downplaying others to suit their own purposes" (King 2002). The discourse furnishes actors "with a consistent, self-contained ontology of epidemic disease: its causes and consequences, its patterns and prospects, the constellation of risks that it presents, and the most appropriate methods of preventing and managing those risks. It comes equipped with a moral economy and historical narrative, explaining how and why we find ourselves in the situation that we do now, identifying villains and heroes, ascribing blame for failures and credit for triumphs" (King 2002, 768). The discourse of emerging infectious diseases is not only and simply animated by a scientific understanding of the relentless evolution of microbial organisms, but also by a deeply moral perception of the harmful consequences of modernity.

Global Orders

A broad range of factors, as biomedical scientists, public health experts and journalists underscore, is responsible for the spread of known and unknown infectious agents across the world (Culliton 1990; Krause 1992; Krause 1998; Morse 1993; Satcher 1995). An influential report on *Microbial Threats to Health in the United States*, published by the Institute of Medicine in 1992, foregrounds changes in human demographics and behavior, technology and industry, economic development and land use, international travel and commerce as crucial elements that contribute to the emergence and re-emergence of infectious diseases (Lederberg/Shope/Oaks 1992). Unlike the much-celebrated germ theory of disease and its narrow etiological narrative of the normal and the pathological (though see Mendelsohn 1998), the discourse of emerging infectious diseases actively promotes a "holistic" or "ecological" or "biosocial" perspective. With its focus firmly on the unpredictable interactions of social, biological, political and economic factors, the textual productions around emerging infections formulates a critical account of modernity which deeply resonates with contemporary environmental con-

cerns as they are expressed by a number of actors, both governmental and non-governmental. The discourse of emerging infectious diseases thus articulates with a broad and diverse range of discourses, practices, and affects, providing existing and emerging concerns a powerful language that effectively contributes to the production of urgency and the apparent necessity of immediate intervention.

Clearly, as King suggests, the flexible discourse of emerging infectious diseases also deeply resonates with the world-historical narrative of “globalization” and the distinctive practices, meanings, and affects that are attached to it. Indeed, the troubling notion of a relentless traffic of microbial organisms falls on fertile ground in a world that increasingly finds itself in the grip of global flows and their unintended consequences for human health and well-being. As the above-mentioned report by the Institute of Medicine soberly notes, infectious diseases that “affect people in other parts of the world represent potential threats to the United States because of global interdependence, modern transportation, trade, and changing social and cultural patterns” (Lederberg et al. 1992). The discourse of emerging infectious diseases thus constitutes a version of what anthropologist Anna Tsing identified as “globalism,” the explicit endorsement “of the importance of the global” (Tsing 2000, 330). Here, in the realm of the pathological, the global comes to matter in very particular ways. The “global village,” and the processes that have led to its formation, are seen as a dangerous “breeding ground” for deadly diseases. Pathogenic agents circle around the planet in the shadow of a growing international traffic of people, things, and goods, and thus index “emerging biopolitical insecurities: unrecognizable aliens capable of disrupting existing immunities, penetrating once-secure boundaries at a time of deregulated exchange,” as Jean Comaroff recently phrased it (Comaroff 2007, 198). To bring the rapid diffusion of these dangerous germs under control, the report calls for the construction of a worldwide network of surveillance. In the context of “globalization,” infectious diseases thus take shape as an ambivalent symbolic figure articulating the hopes and fears associated with an intensifying global exchange of commercial goods. As experts underscore, the global proliferation of pathogenic matter calls for a global counter-proliferation of pathologic information. Emerging infections are thus both a sign and a vector of a new global order – and with it, “a new sense of the nature and possibilities of the political” (Comaroff 2007, 198). In the aftermath of the Cold War and its historically distinctive institutions of international order, the specter of emerging diseases has thus become a prominent site of thought, action, and passion where crucial meanings of health, safety, and security are articulated and negotiated. It is perhaps primarily these multiple kinds of ambivalent resonances that make the discourse and ideology of emerging infectious diseases so suggestive and thus so powerful and pervasive today.

Anthropologies of the Contemporary

The aim of this special issue of Behemoth is to explore critical issues arising within the new problem space of emerging infectious diseases. The contributions to this issue identify some of the domains in which fundamental shifts have occurred over the past few years and they examine the underlying logics animating these consequential shifts in public health, medical care, and scientific research. In her contribution to this issue, *Katherine A. Mason* traces the recent institutional impact of the “emerging diseases worldview” in China. Following the work of Lakoff and others (Lakoff 2008), she argues that a new model of public health, which is focused less on prevention and more on preparedness, has increasingly taken hold in China, especially in the aftermath of the sudden emergence of SARS. Her article examines in great ethnographic detail a series of infectious disease control strategies that were considered excessive, unscientific, and unsophisticated in other parts of the world. Mason thus poses an important question in her article. It is the question of how certain forms of representation and intervention eventually gain paramount rationality in a given historical context. This question is also at the heart of *Lyle Fearnley’s* contribution. His concern is especially with the development of surveillance systems for the detection of disease outbreaks in the United States. In his article, Fearnley shows how a specific set of techniques and infrastructures were assembled into a system of “epidemic intelligence,” which gradually transformed epidemic events as a scientific object. What epidemic events are and what they mean, Fearnley suggests, has fundamentally changed in the second half of the twentieth century. Significantly, this transformation of epidemic events in the context of epidemic intelligence has made surveillance a “dominant solution to emerging infectious disease problems,” Fearnley argues. Returning to the “swine flu” pandemic, *Theresa MacPhail* examines a more recent shift within U.S. public health discourse and practice. It is the gradual shift from the deployment of scientific “certainty” to the use of biological “uncertainty.” MacPhail’s article offers an important and interesting perspective on contemporary practices in the biopolitical management of populations. As the author suggests, scientific authority “persists not despite uncertainty, but because of it. Uncertainty is the fertile ground for further scientific research and funding. Sustaining this uncertainty, while managing it, maintains the current or reigning research paradigm.” The last contribution to this special issue addresses recent concerns with “global health,” which have taken the institutional form of departments, centers, and programs at a rapidly growing number of research universities in the United States and elsewhere. At the center of these concerns with “global health,” *Johanna Crane* argues, is an ethic of “partnership,” which distinguishes it “from older, more paternalistic traditions of international health and tropical

medicine.” The paradox of this ethic of partnership is that inequality is perceived as both a condition to be redressed and a professional opportunity to be exploited. Crane concludes that “despite the frequent invocation of the idea of ‘partnership’ in global health, the field has given little consideration to what partnership actually entails in practice or to the wide variety of relationships that currently exist between Northern and Southern entities.” Common to all articles in this special issue is a critical sense that the social, political, ethical, and scientific stakes involved in our evolving engagements with epidemic events have significantly changed and that it is essential to investigate the consequences of these changes for the worlds in which we live.

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