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“The word *contagion*” Priscilla Wald notes, “means literally ‘to touch together’, and one of its earliest usages in the fourteenth century referred to the circulation of ideas and attitudes” (12, emphasis original). This definition gives us the flavour of Wald’s analytic approach to the “outbreak narrative” (2), which is the infectious touching together of explanatory tropes. This narrative has (re)emerged in successive projects that have attempted to understand and control communicable disease. As an explanatory device, the idea of the narrative allows Wald to explore these projects by drawing together literatures that are commonly taken to be disparate.

Her meticulously researched book examines the juxtaposition of scientific, journalistic, and fictional accounts of emerging infectious diseases. It covers a great breadth of material, and considers how accounts of outbreak are infected by the historically established (albeit evolving) conventions of the outbreak narrative. The aim of this book, Wald writes, “is to understand the appeal and consequences of stories about disease outbreaks and disease emergence” (28). Wald achieves this aim, highlighting in the process several key elements of the outbreak narrative that circumscribe both the attempt to control communicable disease, and the attempt to understand the touching together of peoples and populations.

One key convention of the outbreak narrative is the language of warfare, which other scholars have documented (for example, on the human immune system, see Martin 1994). This language is totalizing. It pits humans in mortal combat against the microbial world, in spite of the fact that humans could not live without their microbes. Such totalizing discourse is evident in Cold War-era conceptualizations of viruses, which “became increasingly sinister and wily, sneaking into cells and assuming control of their mechanisms…” (159). Additionally, at the same time that viruses assumed the form of radically othered communist agents, communist agents “became viral, threatening to corrupt the dissemination of information as they infiltrated the nerve centre of the state” (159).

Another central convention of the outbreak narrative is the spectral figure of the “healthy carrier” (68). The healthy carrier is enrolled, in the outbreak narrative, by “disease-causing microbes […] the ‘great enemy of mankind’ [sic]” (83). In such accounts, the apparently outwardly healthy human is reduced to a vector of disease; his or her identification becomes a matter, not only of public health, but also of national security. Here, the outbreak narrative effects a transformation. An epidemiological identification is superimposed over a person’s identity, and Wald brilliantly demonstrates this process in her discussion of the way Mary Mallon became “Typhoid Mary”. Typhoid Mary has contemporary corollaries, manifest in “Patient Zero” of the US AIDS epidemic, and in the “SARS superspreader”, an airline stewardess who became the scapegoat for a nation “when Singapore’s minister of health announced at a press conference […] that she ‘infected the whole lot of us’” (4).
These and other conventions of the outbreak narrative “inflect – and yes, infect – every aspect of the scientific and epidemiological process from the collection and interpretation of data to the social and medical diagnosis of the problem” (262). Characters like Typhoid Mary, and conventions like the language of warfare, make the story of an outbreak appealing to readers. However, such characters and conventions “also influence the articulation of the global health problem” (266). They focus interventions on the problem of disease. They concentrate investment in technologies such as drug development and surveillance infrastructure. Simultaneously, they deflect attention away from broader determinants of health, and underlying issues like the global (non)distribution of wealth.

Scholars of surveillance will find this book useful for the way that it complicates classification processes, articulating their contingency in relation to the circulation of culturally specific tropes that “catch on” (252) and infect understandings of, and responses to, communicable disease. The outbreak narrative “subtly complements the more explicitly stigmatizing terms through which landscapes and people are portrayed as dangerous, dirty, and diseased” (261). Hence it overlays and buttresses systems that reinforce status-quo inequalities.

More than this, though, scholars of surveillance will find in Contagious a helpful discussion of the relationship between disease – constituted, in the outbreak narrative, as a threat to the nation-state – and the intensification of surveillance. This relationship is getting more attention in surveillance studies, as evidenced by this issue of Surveillance & Society on medical surveillance. While Wald deals less directly with the relationship between disease and surveillance, her book demonstrates that the outbreak narrative has, time and again, helped to legitimate the intensification of surveillance.

In 1989 when American scientists staged an imaginary global outbreak at a conference on emerging infectious disease, the exercise demonstrated, for some, “the obvious self-interest for U.S.-run disease-surveillance systems in other countries…” (51). Sentiments of this kind resonate with those expressed in more notorious interventionist discourses. As the health of the nation increasingly shades into issues of national security and economic stability, as states increasingly invest in surveillance to modulate movement, and to exclude people (Wiebe 2008), developments in disease surveillance (for example, WHO 2005) should be of increasing concern to surveillance scholars. Wald’s analysis of the outbreak narrative helps us imagine why this is so.

References