

Social Disease

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Abstract:

As much as humanity likes to believe that it has complete control over the environment, humans are still very much at risk from something so small we can't even see it. Viruses and infections can spread so quickly and wipe out huge amounts of the human population before scientists can even begin to understand how the disease works or how to stop it. The fear of infection and the anxiety over losing control over our surroundings has been examined in many forms of fiction. This essay focuses on *Dracula* by Bram Stoker, *World War Z* by Max Brooks, *Who Goes There* by John Campbell, and *Contagion* directed by Steven Soderbergh to look at how societies handle epidemics and the dehumanization of infected persons.

The recent outbreak of ebola is a recent example of how quickly a terrible disease can spread. A new disease can move quickly and far, leaving behind countless victims. Discovering the pathology and a cure for new diseases is incredibly difficult, and controlling its spread can seem impossible. Keeping track of the expansion of a new disease is almost impossible. Cases do not always get reported, those who are infected can be in denial or may fear quarantine, and the systems in place to treat diseases often cannot cope with a large epidemic. Such a strong, microscopic force contaminates entire populations with fear. This fear has found its way into fiction, taking the form of vampires, zombies, or even in staying its original form. Fiction surrounding infection emphasizes the importance of fear, and how it shapes the public reaction to those who are infected and the official course of action when dealing with an epidemic. Disease breeds fear, and that causes those who are infected to become separated from those who are healthy in an often futile attempt to contain the disease.

Because diseases are so hard to trace, everyone is seen as a threat until proven otherwise. Finding this proof can be rather difficult, so when an outbreak begins there is no way to fully deem anyone safe. This essentially prevents anyone who is showing symptoms but is not actually infected from being saved. In *World War Z* by Max Brooks, people become so afraid of the zombie outbreak that they start showing psychosomatic symptoms of being infected. These people are known as "quislings." The character Joe Muhammad describes them as "a type of person who just can't deal with a fight-or-die situation. They're always

drawn to what they're afraid of. Instead of resisting it, they want to please it, join it, try to be like it" (Brooks 156). Because the outbreak is so new and so large, those dealing with a threat cannot separate those showing symptoms from those who are actually infected. In this case, that means they are killed, but in real scenarios, uninfected people can be quarantined or hospitalized—exposing them to the actual illness—and using up resources that actual patients need. Alternatively, people often carry diseases without even knowing it, which can cause an outbreak to spread quicker. When news of an epidemic begins to emerge, how is one supposed to know that a simple cough or cold is not something more dangerous? This question is explicitly brought up in John W. Campbell's novella *Who Goes There*. A group of scientists in Antarctica discover an alien (referred to as "The Thing") that, upon awakening, can assume the shape and can possess the thoughts and memories of any living thing. The Thing imitates a body so perfectly that none of the men at the camp know who has been infected; they only know that The Thing can spread. Van Wall says, "I wonder how many of us are monsters? All the dogs were. We thought we were safe... It may have gotten every one of you" (Campbell 65). No one can trust anybody other than his own self. These two texts make it clear that separating those who are infected is a crucial first step to controlling an outbreak of a disease. This does not only entail a physical separation, but it also includes ostracizing the infected group.

Part of removing a group of people from a social group is to other them. As the infected individuals are beginning to be picked out, their loss of identity is gradual and increases as the danger of the epidemic increases. A prime example of this is in *Dracula* by Bram Stoker. Lucy Westenra is the first to be infected by Dracula, but her symptoms do not initially identify her. Seward is called upon to examine Lucy at the start of her illness, but writes that he "did not have full opportunity of examination as I should wish; our very friendship makes a little difficulty which not even medical science or custom can bridge over" (Stoker 123). Seward is unable to do a thorough examination of Lucy because she is not very ill yet and he therefore cannot cut off all of his emotional ties to her and behave as a professional. As the vampirism progresses and becomes more of a threat, these factors begin to fade and he and Van Helsing are able to give her more thorough treatment because they think of her in terms of her infection. This is epitomized when Lucy is stabbed through the heart by the men who love her once she emerges as a vampire. When Arthur stabs Lucy's body, Seward describes seeing that "The Thing in the coffin writhed, and a hideous, blood-curdling scream came from the opened red lips" (Stoker 231). Though Lucy's body is still animate, she is no longer considered to be "Lucy." She has transformed into a "Thing," nothing more than the symptoms of her infection. Preventative measures were only taken when Lucy still considered a human, but once she becomes consumed by the infection, she loses her identity and is killed in order to stop the vampirism from spreading.

The termination of the disease proves to be more pertinent than the preservation of Lucy's life. Becoming sick has made Lucy a threat, and she cannot be saved or reincorporated back into society without getting rid of the disease. The same holds true when Mina begins to be infected, and she makes the men promise to kill her if the infection goes too far (Stoker 328). Vampirism spreads like a disease, starting with nonspecific symptoms and eventually

taking over the entire body. As it progresses in both Lucy and Mina, they become more of a threat because they can pass it on to others. By using vampirism as a metaphor for disease (specifically, tuberculosis), “the consumptive ceases to be a passive recipient of the disease ... and becomes a willing embracer of it, and one who will infect others in turn in order to survive” (Byrne 8). The idea that those who become sick are chosen makes it easier to remove those who are infected from society. Their disease is a distinguisher, like the mark of Cain. So despite the fact that Mina is a fairly passive woman who will do anything for her husband and proves to be quite necessary in tracking down Dracula, the sicker she gets the more she is viewed as an active threat. In this way, infected individuals during an outbreak are vilified and ostracized unless they are cured.

While infected people are still intermingled in society without being cured or killed, the disease will continue to spread. As more and more people become infected, a paranoid fear of catching the illness grows among the public. The fear is geared toward the disease, an invisible foe. People act in almost an obsessive-compulsive manner, questioning every step they have made since the outbreak began. For example, in *Contagion*, Dr. Mears tries to trace the disease, which entails finding out who Beth Emhoff came in contact with. Her coworkers become overly concerned, and one of them even fears the possibility of contracting the disease because Beth may have touched his coffee cup a week before she went to Hong Kong, where she was exposed to the disease (*Contagion*). When an outbreak first becomes an epidemic, the sickness seems to be an invisible presence lurking everywhere. Beth Emhoff’s coworkers know that they have been around a person who has interacted with the virus, but they cannot see where it began and where it went. Fear of contamination becomes irrational because it takes a while to discover the pathology of a disease, and in the meantime false information can be spread. Whenever the disease does manifest itself in some visible way, fear increases and people stampede to get away from it.

In *World War Z*, a man from the West Indies describes the beginning of the zombie outbreak in his town. Though his neighborhood is not a good one, when the zombies start reanimating things become much worse: “This was lasting much too long to be an ordinary gang row. Now there were screams, shouts. I began to smell smoke... Dozens of people, most of them in their nightclothes, all shouting ‘Run! Get out of here! They’re coming!’” (Brooks 29). The people in this neighborhood run from the infected corpses to protect themselves, ignoring the fact that they are putting themselves in immediate danger by stampeding. When a disease is not visible, it is only scary in theory. When it manifests itself in a physical way it becomes a monster, and it becomes much more terrifying. This causes people to act instinctually and chaotically. When the initial terror wears off, it becomes important to find some reasoning within all the madness. Author Susan Sontag suggests that when tuberculosis was still mysterious and something to be largely afraid of, it was considered “a ‘disease of individuals’, an infection which singles out its victims,” (Byrne 2). Realistically, viruses just do what is necessary to survive. However, because disease is the enemy, this does not seem to be a graspable concept. For example, scientist Paul Ehrlich wanted to design a “magic bullet” to kill viruses, as if they were the enemies in war. Paul De Kruif describes these enemies as “Terrible beasts... sly, [and] tough” (Kruif 337). To the

public, these are not simple organisms, but vicious beasts. People personify viruses through metaphors like vampires and zombies to vilify them and make it appear as if they infect people with an offensive, malicious intent as opposed to the virus just being passive and trying to survive.

Turning a virus or disease into something evil that is consuming its host makes it easier to ostracize those who are infected. It is as if those who are sick are possessed by some sort of demon. During an outbreak, healthy people do not want to associate with anyone who may have been in contact with the disease because infection is undetectable initially. They are working with an invisible threat, so they act with extra precaution. One example of this is appears in *Contagion* when Mitch Emhoff is in a grocery store with his daughter and explicitly keeps his distance from a coughing woman begging for help, and immediately leaves the store once he sees her. He is so sure to keep a large distance between her and them; it is as if even breathing the same air ensures their death. She is not a human being in his eyes—instead she is treated like a ticking time bomb. This fear manifests itself in larger ways. Even the government treats those with even a chance of being sick as outsiders. In the next scene, both Mitch and his daughter are denied entrance into Wisconsin because any outsiders could have been exposed to the disease (*Contagion*). People are immediately perceived as dangerous without any sort of distinguisher. Every stranger is seen as a potential threat, and that fear causes people to faction themselves off. Anyone who has ever come in contact with the illness is shunned. This is a counterproductive strategy; by ostracizing everyone without proof of illness, healthy people are put at risk by being unable to leave infected areas. The reaction to the fear of becoming infected causes people and entities to act irrationally. *World War Z* demonstrates a rational and reasonable attempt at protecting healthy people. In the book, Israel takes healthy people in and quarantines them. They screen immigrants for infection, and practice no social or political prejudices. Healthy Palestinians are allowed into the country without any problems but an infected Jewish Canadian or American cannot. Those who are not allowed into the country are taken away in mysterious black vans to an undisclosed location (Brooks 41). Israel's response in the book shows that fear of disease, especially when faced rationally, outweighs any other fear. The act of quarantining physically separates the ill and creates a stigma around them. Because of all the fear, not much attention is paid to how the sick people are taken care of as long as they are no longer a threat.

This disregard for the treatment of the sick creates a psychological boundary between those who are healthy and those who are not. In Paul de Kruif's *Microbe Hunters*, the scientist Paul Ehrlich is described as “a gay man” who “smoked twenty-five cigars a day; he was fond of drinking a seidel of beer...” and he was “a modern man,” (Kruif 326). Ehrlich is constantly described in terms of his religion, nationality, and sexuality, which is a stark contrast to the description of the people with the disease he was trying to cure. Ehrlich's “magic bullet” was saving them “from the ostracism worse than death that came to those sufferers whose bodies the pale spirochete gnawed until they were things for loathing” (Kruif 348). The people being described become nothing more than their symptoms. This is a stark contrast to the healthy doctor, who is described by his sociopolitical identifiers. He

is relatable and more human instead of a symbol or a figure. The sick patients, however, are personified illness. They cannot integrate into society unless they are healthy. In *Contagion*, victims of the illness are dehumanized even after death. Mitch Emhoff is unable to bury his wife and stepson, who are instead buried in a mass grave alongside other victims of the epidemic (*Contagion*). Families cannot pay their respects to loved ones. While a disease is still mostly untreatable, people need to make peace with losing their loved ones before they actually pass. It is as if by contracting the disease, a person loses all humanity and dies with a diagnosis. The disease takes them over like getting turned into a vampire or sustaining a bite from a zombie.

While the fear of infection ostracizes everyone who is sick, the main villain is known as “patient zero.” This patient is the one who brought this disease upon the whole community—a face for the disease. The idea of an original carrier of the disease or an index case provides a scapegoat for those affected by the epidemic. By finding an index patient, there is a new basis on which to acquire fear. Knowing where a disease started gives a clearer idea of who may have been in contact with the disease and who is more at risk. But it is also about placing blame. There is a mindset that bad things cannot happen for no reason, so somebody has to be the reason. In *Contagion*, when people are restless for answers, Dr. Cheever calms the public by saying that they are looking for patient zero. They eventually decide that Beth Emhoff is the index patient, but in a global epidemic that is impossible to determine. While looking at footage of Beth’s interaction with other people who ended up being infected, it was unclear who was spreading the disease to whom. Also, the closing sequence makes it clear that Beth was infected by a chef who was infected by a pig who was infected by a bat (*Contagion*). It is impossible to know who else the pig or bat or even the chef came in contact with, so there could be countless index cases. Despite the obvious impossibility of finding a real patient zero, this is common practice. During a large outbreak of SARS in Singapore in March 2003, an index patient was found. However, the case study says that “a physician from southern China who stayed on the same floor of the hotel during this period is believed to have been the source of infection for this index patient and the index patients of outbreaks in Vietnam and Canada” (Li-Yang). This proves that while an index patient can be found for specific, localized outbreaks, an overall patient zero is impossible to determine. However, scientists continue to search for the closest thing possible. If a real patient zero were to be found during an outbreak, this would give the public a visible enemy. There would be a name and a face to attribute all of the suffering to. Instead of being a victim of the disease, any index patients found become be the perpetrator.

While it is mostly those who are infected who are lose their identities, the general public in risk of contracting the disease lose their individuality. In *World War Z*, people being brought into quarantine in Israel were penned up in a camp described by Saladin as “the tents, the overcrowding, the guards, the barbed wire, and the seething, baking Negev Desert sun.” And although the people in the camps were eventually given papers and subsidized housing, they had no choice in where they went (Brooks 42). People in need of treatment are treated like cattle. Happiness or quality of life isn’t as important as simply

staying alive and healthy. Even if a vaccine is created, there is no strategic way of dispersing them. At some point, the risk cannot be contained. Fear becomes as widespread as it can be, and everyone becomes the “other.” There is no more community, because everyone is afraid of everyone else. In *Contagion*, quarantining is not as easy. Sick patients are still quarantined, but healthy people have no way of escaping the looming threat of contraction. The disease is more widespread, so the focus is on creating a vaccine. Once a vaccine is made, the vaccinations are given based on a lottery system. It is not a strategic way of giving out vaccines to stop the infection more quickly, nor is it based on need or even a first-come-first-serve basis. In both ways of helping the public as demonstrated by the novel and the film, there is the fear that luck will not be in one’s favor. The public has to remain on edge in the hopes that their number will be called.

An outbreak of an untreatable disease is also an outbreak of fear, and mass panic always has negative repercussions. However, this fear is necessary. If the public empathizes with sick people, they will try to help which will involve contact. If people who are sick are turned into monsters, the public will try to keep a safe distance. Nevertheless, too much fear is a bad thing and can lead to mobs and riots. This is why the idea of a “patient zero” or an index patient is necessary. By knowing where a disease came from and where it most likely spread, people who were not in those areas or in contact with those people have less to fear. The public needs to be afraid enough to look to the government for help, but not so afraid as to not trust how the government handles the situation. This seems manipulative. After all, the people should control the government and not the other way around. But this controlled fear is necessary. The government has a limited supply of resources and it must be rationed out as best as possible. While bias is inevitable, revolting and looting is not. Citizens must feel like they need their government to protect them. By keeping the power dynamic of the government in tact, there is some sort of semblance of order amidst all of the chaos. After all, the necessary supplies cannot be rationed out if rioters steal or destroy them.

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