



Plagues and Epidemics

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Plagues and Epidemics

Infected Spaces Past and Present

Edited by

D. ANN HERRING AND ALAN C. SWEDLUND



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exceeded the usual bounds of grammar and language. Any errors that remain are ours and ours alone.

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Ann Herring and Alan Swedlund

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Plagues and Epidemics in Anthropological Perspective

D. Ann Herring and Alan C. Swedlund

We live in a time obsessed with killer germs (Tomes 2000). People worldwide feel a growing sense of vulnerability and uncertainty with respect to infectious diseases as an expanding list of pathogens—referred to as “emerging infections”—becomes visible to investigators in conjunction with an increasingly lower technoscientific threshold for detection that reveals more diseases and their agents than ever imagined (Kilbourne 2006). As knowledge about pathogens is produced in laboratories and disseminated through various media to enter public consciousness (Briggs 2005), anxiety is rekindled about mortality on the scale of historic plagues such as the fourteenth-century Black Death in Europe. The anxiety spurs ever more research into conditions favoring the eruption of plagues today (Morse 1993).

In concert with a new language about emerging infections, an epidemiological story line has come to dominate discussions of the threat of infectious disease. Set against the certainty that “a tsunami is coming” (*Nature* 2009: 9), it describes scientists’ discovery of a threatening infection, its travel through global networks, and medical projects that culminate in its control (Wald 2008). Whiffs of plague emanate from the story in the form of affliction, contagion, external threat, and dangerous relations; the crisis is resolved through appropriate moral behavior, expressed as medical intervention and effected through changes in cultural practices. In the wake of the story, the people among whom the disease has been made visible are often pathologized and tainted by that association through medical profiling (Briggs 2005; Briggs with Mantini-Briggs 2003). The emotive qualities of plague persist through

memory, individual experience, and the social, economic, and political processes through which the story itself becomes a complex object that is mapped out, communicated, and perpetuated. The global reaction to the identification in 2009 of a new swine-flu-related H1N1 strain of influenza exemplifies the extent to which the story has become highly contagious and come to infect the world.

In September 2007 a group of anthropologists and scholars from allied fields met in Tucson, Arizona, to discuss the much publicized problem of infectious disease in the twenty-first century. Our symposium, generously funded by the Wenner-Gren Foundation for Anthropological Research, brought scholars engaged in the science of modeling and quantifying epidemics together with scholars engaged from historical, interpretive, critical, and metaphorical standpoints. Anthropologists are relative latecomers to the study of epidemics (Lindenbaum 2001: 378). Our aim was to encourage a conversation and exchange of ideas among researchers who, because of the Balkanization of academic thought and divisions in anthropology departments today, might not otherwise be aware of the richness of each other's work or of what each could contribute to and learn from the others. We wanted to breach the persistent gulf between the branches of anthropology to bring to bear the full power of our discipline's broad vision of humanity to address the issue of infected spaces, epidemics, and plagues.

We therefore chose not to organize the meeting around geographical regions or to ensure that particular infectious diseases were discussed. Rather, we were interested in convoking an unusual mix of scholars who brought qualitative and quantitative approaches in historical and contemporary settings to the same disease (such as HIV/AIDS) or issue (such as colonial medicine) and who represented a spectrum of research experience, from recently graduated PhDs to professors emeriti. Some readers of this collection may be disappointed by the omission of major historical plagues, such as the Black Death and syphilis, and of case studies from geographical areas such as the African continent. This is not because anthropologists are not offering new insights into these classic epidemics and infected spaces. The composition of scholars at our Wenner-Gren conference was determined not by their new findings about particular diseases but by the interesting and novel ways in which they were thinking about epidemics and plagues as *ideas* (see Ranger and Slack 1992) and about the political, cultural, and biological configurations they take.

Past and Present

Our project for the Tucson meeting and this volume was not only to explore anthropological thinking about epidemics but also to slice the discipline in order to lay bare the ways in which historical research speaks to contemporary ethnographic research, and vice versa. Current thinking about epidemics is rooted in past experience, and past experience, in turn, is reinterpreted through the imagination of the present.

Studies of the classic symbol of plague, bubonic plague (*Yersinia pestis*), illustrate the complex reticulations between past and present interpretations of disease. When bubonic plague erupted in India in the late nineteenth century, a concentrated international research effort was undertaken to determine its etiology. A group known as the Indian Plague Commission was formed because of mounting dread that the medieval levels of mortality associated with the Black Death would return (Cohn 2002: 13) and because of “anxiety that this was Armageddon” (Chandavarkar 1992: 239). The commission discovered much of what is known about the epidemiology of bubonic plague (Chandavarkar 1992: 204), and its findings in turn informed interpretations of the Black Death. The medieval historian Samuel Cohn Jr. contends, however, that this knowledge was misapplied to the Black Death, which he claims could not possibly have been caused by rat-based bubonic plague (Cohn 2002: 1). “Historians and scientists have taken the epidemiology of the modern plague and imposed it on the past, ignoring, denying and even changing contemporary testimony, both narrative and quantitative, when it conflicts with notions of how modern bubonic plague should behave” (Cohn 2002: 2). Whether or not Cohn is correct, the debate over which pathogens actually caused the Black Death underlines the involuted process by which interpretations of epidemics in the past and present become entangled and mutually sustaining.

A thorough understanding of contemporary epidemics, moreover, requires attention to the short- and long-term circumstances that have converged to provide the soil in which the seed of an epidemic can thrive. In the absence of a historical framework, it is impossible to grasp, for example, the processes through which HIV/AIDS spread to Haiti, HIV-related disorders came to dominate its disease profile, and the disease itself became integrated into ways of understanding illness (Farmer 1992). Even avian influenza, a relatively recent disease problem, can be viewed through epidemiological transition theory as part of ancient recursive processes that have shaped human disease