
Negotiating Pandemic Risk: On the Scandalization and Transcultural Transformation of the Swine Flu

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1 On some methodological venture points

Epidemiology, it would seem, lends itself to an interdisciplinary dialogue between medicine and the humanities in particular ways. More than any other medical discipline, perhaps, epidemiology has triggered responses by cultural theorists and cultural historians, and it has done so on two levels and on account of two, mutually interrelated reasons. First, epidemiology as a discourse and medical practice has been so seductive to cultural theorists because of the *metaphorical* potential inherent in what Priscilla Wald has termed the “outbreak narrative”. As Wald writes,

[Accounts of epidemics] put the vocabulary of disease outbreaks into circulation and introduced the concept of “emerging infections”. . . . Collectively, they drew out what was implicit in all of these accounts: a fascination not just with the novelty and danger of the microbes but also with the changing social formations of a shrinking world. . . . Disease emergence dramatizes the dilemma that inspires the most basic of human narratives: the necessity and danger of human contact.¹

Epidemiology and pandemic risk is inseparable, Wald succinctly argues, from the human bodies targeted as the carriers and “spreaders” of the epidemic. The drama of the epidemic play itself out through the “dramatis personae of an unfolding tragedy”.² As Wald goes on to note about the coverage of the SARS epidemic in the New York Times,

1 Priscilla Wald, *Contagious: Cultures, Carriers, and the Outbreak Narrative* (Durham: Duke UP, 2008), 2.

2 *Ibid.*, 3.

“A child in China is so infectious that he is nicknamed ‘the poison emperor.’ ... Their unwitting role in the spread of the new virus turned these unfortunate sufferers into stock characters of a familiar tale. The epidemiological precedent of an “index case” responsible for subsequent outbreaks quickly transformed these figures from victims to agents – and embodiments – of the spreading infection.”³

Moreover, it is at this very juncture that medical prediction converges with cultural presupposition. Precisely if the spread of contagion is tied to specific cultural practices, practices originating, presumably, in a particular ethnically or geographically defined group, this group, by necessity, is “frozen” in its cultural habits through the logic of epidemiology as the attempt to limit epidemic risk. In the newspaper article traced by Wald, it is hence no coincidence that the “poison emperor” should have been a Chinese child; this is an idea to which we will return as this article progresses.

At the same time, it may be essential to compare the discourse of 21st century epidemics and the cultural use of the “outbreak narrative”⁴ to earlier epidemics, such as the Bubonic plague or the outbreak of smallpox. What this historical comparison may yield is that particular cultural imaginaries are so ingrained in our mental repertoire of ethnic communities and disease outbreaks that they are “triggered” by every new instance of fear of a new epidemic. If, however, the outbreak narrative of the 21st century is one motivated by “the necessity and danger of human contact”,⁵ the frequency of such contact has of course been amplified by the logic of global capitalism. China, in the 21st century, is no regard as remote as it was in the nineteenth or early twentieth century.

It is in the tying of pandemic risk to the (presumed) cultural practices of “other” cultural groups, then, that the gauging of pandemic risk has historically been closely tied to the “scapegoating” of ethnic communities. In Europe, the outbreak of the plague was historically ascribed to Jewish populations as *Brunnenvergifter*⁶ in the US of the late nineteenth century, smallpox epidemics were ascribed to the “unsanitary practices” and housing conditions of US Chinatowns in the nineteenth centuries. According to historian Nayan Shah,

“Health authorities readily conflated the physical condition of Chinatown with the characteristics of Chinese people. They depicted Chinese people as a filthy and

3 Ibid.

4 Ibid., 2.

5 Ibid.

6 Dirk Jäckel, „Judenmord – Geißler – Pest: Das Beispiel Straßburg 1349,“ in *Pest. Die Geschichte eines Menschheitstraumas*, ed. Mischa Meier (Stuttgart: 2005), 162-178, hier 167.

diseased “race” who incubated such incurable afflictions as smallpox, syphilis, and bubonic plague and infected white Americans.”⁷

Crucially, such diction of the Chinese as a “diseased race” is clearly a notion which belongs to the nineteenth century and would today be frowned upon at best. Yet, what may be interesting to consider nonetheless is whether the idea of “Chinese cultural practices” as potentially unsanitary and hence conducive to the spreading of epidemics may not linger on in the cultural imaginaries we find in the coverage, for instance, of the swine flu. At the same time, it is here that the dichotomy which we have so far traced between medical discourse and cultural ascription may fall short in one crucial respect. For the missing link between the epidemiologist and the presumable “bearer” of contagion is the institution of public health. In late nineteenth century US Chinatowns, for instance, it is the health inspector, not the epidemiologist, who inspects Chinatown for occurrences of unsanitary behavior. As Shah notes,

“Public health served as one of the most agile and expansive regulatory mechanisms in nineteenth-century American cities. Next to the police and tax assessors, municipal public health administrators assumed the most sweeping authority to survey and monitor the city and its inhabitants. Although municipal public health institutions often had small budgets and staffs, their legal authority to regulate property and people’s conduct was considerable. [...] The idea of securing the “health” of the population linked the condition and conduct of individuals with the vitality, strength, and prosperity of society overall.”⁸

It is here that “health diagnosis”, in its institutional sense, is inseparable from cultural assumptions, even cultural prejudice. On his tour through Chinatown, the health inspector sees, in other words, what may already have been part of his set of cultural assumptions prior to his visit to Chinatown. His knowledge, as cultural theorist Edward Said has argued in another but related context, has been pre-scripted or predetermined by an imaginary and cultural repertoire specific to the health inspector’s own culture. As we will show later on, the role of WHO in the so-called swine-flu pandemic has much in common with the role of a global health inspector and a lot less in common with epidemiology and rational discourses on risk and control than it seems at first glance.

As we move from the nineteenth to the twenty-first century, then, the nature of health institutions, however, has changed profoundly. What is at stake today is the

7 Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco’s Chinatown* (Berkeley: University of California Press, 2001), 102.

8 *Ibid.*, 3-4.

surveying, and maintaining, of global health, or of public health on a global scale. Yet, the tracing of epidemics to potential sources of contagion may still depend on the targeting of specific local communities in the mode of health inspections rather than in the mode of enabling and empowering practices of risk analysis and control.

It is at this juncture, then, that the “global” discourse of pandemic risk may in turn trigger particular local responses to the discourse of “unsanitary” cultural practices. In its cultural imaginary, each (national) community may have its own *Brunnenvergifter*. As we will see, it is no coincidence that in the US, the swine flu, as the pandemic of the twenty-first century, should have been blamed on Mexico. The discourse of epidemic risk may hence be much more than a medical narrative: Rather, it may be a cultural narrative to the same extent that it is a medical one, with cultural assumptions and presuppositions being mapped onto the medical discourse of risk control. It is at this point that one of the merits of an interdisciplinary dialogue between medicine and the humanities may lie: For in historical accounts of “medical scapegoating” such as Shah’s as much as in discursive analyses of medical metaphors pervading our daily lives such as Wald’s, humanities scholars have striven to highlight the power which medical discourse has in shaping our cultural imaginaries, and the junctures in which medical discourse is itself shaped by cultural constructions. The “double bind” which Ian Haney Lopez has traced between culture and the law may thus also apply to the nexus of medicine and culture.⁹

At the same time, and this is an idea on which we will elaborate below, cultural analysis of medical discourse may remind medicine of its (epistemological) blind spots, but it has largely refrained from participating in amending these blind spots. If medicine is shaped by culture, a culture which it itself continues to shape, why do cultural theorists not strive to leave their own imprint on medical practice? And what would be potential avenues and measures for doing so? How, in other words, may life writing not only react to life science, but how may the practice of life science itself be affected, and perhaps even modified by life writing?

9 Ian Haney López, *White By Law: The Legal Construction of Race* (New York: New York UP, 1996), 14.

2 The swine flu pandemic as a global narrative of risk

Let us now look at the swine flu as a global narrative of risk in more detail. It was the 16th of September in 2010. On page 8 of the weekly newspaper, we read that the 2009 A/H1N1 swine flu pandemic is officially over according to a statement made the day before by Dr. Margaret Chan, Director General of the World Health Organization. As we read on, the story turns from the relatively mild course of the swine flu to speculations about its origins and the remainder of some endemic hot-spots, such as Florida and Mexico. The article also provides links to online resources and here we find out, that the Swine Flu was understood to be the great American flu, now hibernating to come back in winter. The responsibilities and the reliability of the public health services, the WHO the Centers of Disease Control and national agencies such as the Robert-Koch-Institute and the Institute Pasteur are discussed.

Furthermore, the danger of the rise of some mutant strands originating mostly in the middle-east and the far-east is stressed. Especially cultural practices of a close relation between humans and life-stock are held to be responsible for the viral criss-crossing of species boundaries leading to an increasing global threat caused by local habits generally regarded to be a problem of pre-industrialized, developing countries or areas. Especially American sources point out that these countries striving for a full integration into the global community and into the global markets bear a specific responsibility for the sanitation of their territories. This is a form of logic also traced by Patricia Wald's analysis of SARS as an outbreak narrative. She notes,

“The juxtapositions supply the connections, plotting the routes of the disease from the duck pen, which suggests a lack of cleanliness and propriety – human beings living in close proximity to their animals, as in preindustrial times – to the airports and cities of the global village.”¹⁰

As Wald goes on to cite a *Newsweek* article in its depiction of such, presumably preindustrial, living conditions, “Pigs, ducks, chickens and people live cheek-by-jowl on the district's primitive famers, exchanging flu and cold germs so rapidly that a single pig can easily incubate human and avian viruses simultaneously”.¹¹ What such a depiction implies, of course, is a particular form of marshalling a discourse of fear, and of cultural projection. Because of the presumed proximity of the “primitive” and the “modern”, “we” can highly prevent infection. What is at

10 Wald, *Contagious: Cultures, Carriers, and the Outbreak Narrative*, 5.

11 Wald, *Contagious: Cultures, Carriers, and the Outbreak Narrative*, 5.

stake here is an understanding of the global village as a simultaneity of two mutually exclusive time zones, one modern and one primitive. The threat of the epidemic, then, lies in the mixing of these very time zones. According to Wald,

“The “primitive farms” of Guangzhou [a province in China where SARS was said to have originated], like the “primordial” spaces of African rainforests, temporalize the threat of emerging infections, proclaiming the danger of putting the past in (geographical) proximity to the present”.¹²

As these considerations show, the news on the end of the pandemic blurs a variety of discourses: politics, and science, aspects of virology, public health, emergency plans, studies on vaccines, social and cultural practices, pride and prejudice. This is – as Bruno Latour put it in his book “We have never been modern” – a proliferation of hybrids.¹³ During our research for this paper, we were intrigued by the fact how difficult – if not impossible – it is to get the facts straight. We wanted to come up with some major leitmotiv, some characteristic processes of the transcultural negotiations of uncertainty and risk with regard to the swine flu. However, the proliferation of hybrids and a specific notion of crisis acted as a kind of undertow, softly but inevitably pulling us into another direction. Thus, in the following, we will – again following the thoughts of Bruno Latour – take a close look at the retying of a Gordian Knot.¹⁴

The arrival of epidemics or pandemics has always been much more a threat than a challenge to cultures striving to cope with the contingencies of human existence. In this regard, the mismanagement of a pandemic event in modern cultures is both, a scandal and a humiliating experience of the loss of control. Thus, negotiating the sources of pandemic risk becomes a necessary reaction of national and international organisations seemingly vested with the tools to control pandemic risk to protect their institutional integrity, to limit their burden of responsibility to realistic dimensions.

The following few thoughts are part of a much larger project dealing with life sciences and life writing, in short professional and personal narratives of life, health, disease and death. Forgive us, if we do not take you to the theoretical battleground of narrative approaches. Due to the limited space, we will also abstain from jumping into a deep pond of sources. What we will try, however, is to present a first contextualization of the negotiation of pandemic risk, using cultural dimensions as a venture point. We would like to invite you to explore this realm of Latourian hybrids

12 Ibid., 7.

13 Bruno Latour, *We Have Never Been Modern* [1st edition 1993] (Cambridge MA: Harvard UP, 1999), 1-3.

14 Ibid., 3-5.

with us in four steps. First, we will have a closer look at the historical and cultural grassroots of our fears of pandemics. Inevitably, we will have to deal with cultural difference, otherness and – yes – the plague. Secondly, we will see how far analytical approaches towards uncertainty and risk will carry us in a field, where manifold rationalities of the natural, social, political, ideological, cultural all together form the epistemological raw material of which general and particular understandings of epidemics, risk, and uncertainty are moulded. Thirdly, global narratives in the construction of threats – as illustrated above – of strategies of responses, responsibilities and last not least of normalization need to be briefly explored. Finally, the role of situated knowledge and local practices in contrast to a globalized biomedical world may help to explain what is meant by the retying of the Gordian knot.

3 Cultures, epidemics and fear

Negotiating pandemic risk is a more or less global and thus transcultural process. Hence, we need to understand how concepts of culture may impact on the ways – or if you will strategies – in or by which the negotiation process is fuelled. So let us first address some of the most pressing questions concerning the hinges on which the doors of our discussion may swing – or may not swing: The concepts of culture and identity. According to Amartya Sen,¹⁵ it is important to understand that influential as culture is, it is not uniquely pivotal in determining our lives and identities. Other factors such as education, class, gender, and politics also matter, sometimes quite powerfully.

Furthermore, culture is not a homogeneous attribute. There can be tremendous variations even within the same general cultural milieu and, as Sen points out that cultural determinists often underestimate the extent of heterogeneity within what is taken to be ‘one’ distinct culture.¹⁶ While we do not want to make this common mistake of deterministic thinking, we may have to acknowledge that discordant voices are constitutive for the heterogeneity of cultures, are “internal” and arise from particular components of culture not easily accessible from the outside.

The view from the outside is particularly difficult because culture does not sit still. Any presumption of stationarity can be disastrously deceptive, be it as a deterministic misreading from the outside or a coercive, traditionalist misreading from

15 Amartya Sen, “How Does Culture Matter?,” in *Culture and Public Action*, ed. Vijayendra Rao und Michael Walton (Stanford: Stanford UP, 2004), 37-58.

16 *Ibid.*, 46 ff.

the inside. Again, let me quote Amartya Sen. “The temptation toward using cultural determinism often takes the hopeless form of trying to fix the cultural anchor on a rapidly moving boat.”¹⁷ Let us add: The temptation to stabilize a culture through the conservation of cultural beliefs and practices from an internal position is like a confusion of the boat with solid grounds.

Last not least, cultures are not solitary, they interact with each other, exchange and create new readings of the world and fuse. So this is why not only people but cultural practices quite swiftly migrate both, locally and globally and become mosaic stones of identities.

Of course, Amartya Sen had the political dimension of cultures in mind. If we understand culture – in a more integrative view appreciating rival sources of influence – to be instantiated only by individual and local practices determined by a number of concomitant factors, if we understand culture to be non-homogeneous, non-static, and interactive, it can be a very positive and constructive part in our understanding of human behaviour. If we do not use it that way, it may just be a playground or a battlefield for the interest-driven discourse of power-relations, fuelled by bigotry and alienation.¹⁸

4 Cultural uncertainty and (pandemic) risk

To put this rather bold thesis to a test, we need to look at two different ways of negotiating cultural traits. Especially anthropologically inspired studies differentiate between cultural ascriptions cultural inscriptions. From an even more philosophically inspired perspective, we need to differentiate between an ascriptive view of culture and an inscriptive view to at least define a venture point for our analysis. In the first case, culture is ascribed to someone. The normativity of the ascription of culture can be quite powerful – and quite misleading – because it tends to neglect the heterogeneity of cultures and the fact that they are constantly in flux. By contrast, the inscription of culture is an internal view and a personal instantiation of cultural practices and as such characterized by heterogeneity not of the cultural repertoire, but by the different modes of its usage.

To cut a long story short: Culture as a concept is quite blurred, fuzzy and at best described as a mixture of the real, the imaginary and the symbolic with all the ambiguity that comes with them. This is why in negotiating pandemic risk it

17 *Ibid.*, 43.

18 *Ibid.*, 44 f.

is so easy to get away with the confusion of ones views and beliefs regarding risky cultural behavior on one hand and the actual behavior and their impact on the pandemic on the other.

The only comfort is that we may observe – as Levi-Strauss¹⁹ did – that despite the vast cultural diversity the ways in which humans approach the world are quite similar on a very fundamental level. That is that the deeply rooted fear of pandemic risk can be a powerful stimulus for concerted measures of control. For the sake of this analysis, is it therefore more fruitful to focus on cultural inscriptions of pandemic risk in order to identify deterministic infringements in the transcultural sphere whenever they occur. In other words: In order not to bother the reader with the relative explanatory power of concepts of culture – let us now address some commonly shared, yet locally altered, cultural inscriptions of pandemics.

5 Global narratives of pandemic risk and the construction of threats

At this point, however, we may well have arrived at an impasse – if a potentially productive one – between epidemiology and cultural studies. If the discourse of epidemiology as an attempt to control pandemic risk must implicitly “freeze” certain communities in their “unsanitary” practices in order to eradicate these practices and target these communities as potential sources of contagion, the cultural theorist will counter this attempt at medical control through cultural control by saying that there is nothing to be frozen in the first place. Wald notes,

From precedents and standardization a recognizable story begins to surface. Epidemiologists look for patterns. For Timmreck, the job of epidemiologists is to characterize “the distribution of health status, diseases, or other health problems in terms of age, sex, race, geography, religion, education, occupation, behaviors, time, place, person, etc.” (2). The scale of their investigation is the group, or population, rather than the individual, and they tell a story about that group in the language of disease and health. [...] In their investigations epidemiologists rely on and reproduce assumptions about what constitutes a group or population, about the definition of pathology and well-being, and about the connections between disease and “the lifestyle and behaviors of different groups” (21).²⁰

19 Claude Levi-Strauss, *Das Rohe und das Gekochte* [French original 1964] (Frankfurt a. M.: Suhrkamp, 2000).

20 Wald, *Contagious: Cultures, Carriers, and the Outbreak Narrative*, 19.

Yet, if culture is itself, as James Clifford²¹ reminds us, a “moving target”, the epidemiologist’s risk control will miss its mark. And yet, for all its “cultural shortcomings”, it would be equally absurd to dismiss epidemiology as a medical practice. In Europe, for instance, a major step in controlling tuberculosis was achieved through sanctioning the “practice” of public spitting: Once the (culturally accepted) practice of public spitting was stigmatized as “uncultured”, the risk of contagion was substantially reduced, a concept analysed in great detail earlier on by Alfons Labisch.²² It is here, then, that the idea cultural relativism may emerge: If historically, public spitting had been protected as the (legitimate) cultural expression of a particular local or ethnic group, what would have happened to the necessity of risk control? This is a logical impasse, which our paper addresses without quite being able to solve it. Yet, we would argue that in an interdisciplinary dialogue between medicine and the humanities, it is important to highlight the fact that beyond the foundational epistemological rationales inherent in each of our disciplines, the world as we observe it consists rather of subjective narratives competing in a hybrid forum of truth claims and power constellations than it is shaped by seemingly objective knowledge.

In the discussion of epidemics and epidemic risk, Orientalist as well as Occidental views have often loomed large. The so-called “manufactured” plagues are usually ascribed to the West, whereas the “unsanitary” plagues are usually ascribed to the East. The latter problem, it is assumed by (Orientalist) discourses, is caused by “unsanitary”, “primitive” or “indigenous” cultural practices, especially, in the case of the swine flu, by housing conditions in which humans and animals live closely together, as we have outlined above.

For the US, then, the swine flu originated in Mexico; in Europe, on the other hand, it was termed the “American flu”. It is at this point that risk control takes an ethnographic turn; each nation ascribes the threat of contagion to those spaces which it considers different, threatening or outlandish. For the US, the idea that Mexico is the “source” of illegal immigration and hence a threat to the civic body of the nation is turned into the idea of a medical contagion originating in Mexico. What role, then, does the WHO play in this context of the interrelatedness of ethnographic assumptions and risk control? Crucially, the US may constitute the tacit point of reference, a center of global intersections which is itself exculpated from being the source of contagion. It is hence not surprising that the US should quickly have disappeared from the map of the WHO. Why, however, did Mexico also disappear? It seems, that in our post-colonial time the colonization of risk is

21 James Clifford, “The Truth is a Moving Target,” *New York Times Review*, January 12, 1997.

22 Alfons Labisch, *Homo hygienicus. Gesundheit und Medizin in der Neuzeit* (Frankfurt a. M.: Campus, 1992).

no longer that easy. For Mexico is not only an alleged source of contagion but also – from a (highly problematic) US-American perspective, “America’s backyard”. Thus, it may have been counterproductive to assign the blame to Mexico; if the US disappeared from the map of the WHO, then, Mexico had to disappear with it. Hence, the colonization of risk contains a double bind in which local proximity always has to be weighed against global responsibility. So how do the narratives used to construct this reality read? Let us first consider the narrative of outbreak in detail:

“BY THE ASSOCIATED PRESS, DAILY NEWS STAFF WRITER.
Tuesday, April 28, 2009

MEXICO CITY – The swine flu epidemic crossed new borders Tuesday with the first cases confirmed in the Middle East and the Asia-Pacific region, as world health officials said they suspect American patients may have transmitted the virus to others in the U.S. Most people confirmed with the new swine flu were infected in Mexico, where the number of deaths blamed on the virus has surpassed 150. But confirmation that people have been infecting others in locations outside Mexico would indicate that the disease was spreading beyond travelers returning from Mexico, World Health Organization spokesman Gregory Hartl told reporters on Tuesday in Geneva. Hartl said the source of some infections in the United States, Canada and Britain was unclear. The swine flu has already spread to at least six countries besides Mexico, prompting WHO officials to raise its alert level on Monday. ‘At this time, containment is not a feasible option,’ said Keiji Fukuda, assistant director-general of the World Health Organization. New Zealand reported Tuesday that 11 people who recently returned from Mexico contracted the virus. Tests conducted at a WHO laboratory in Australia had confirmed three cases of swine flu among 11 members of the group who were showing symptoms, New Zealand Health Minister Tony Ryall said. Officials decided that was evidence enough to assume the whole group was infected, he said. Those infected had suffered only “mild illness” and were expected to recover, authorities said. There are 43 more suspected cases in the country, officials said. The Israeli Health Ministry on Tuesday confirmed the region’s first case of swine flu in the city of Netanya. The 26-year-old patient recently returned from Mexico and had contracted the same strain, Health Ministry spokeswoman Einav Shimron. Dr. Avinoam Skolnik, Laniado Hospital’s medical director, said the patient has fully recovered and is in “excellent condition” but will remain hospitalized until the Health Ministry approves his release. Another suspected case has been tested at another Israeli hospital but results are not in, the ministry said. Meanwhile, a second case was confirmed Tuesday in Spain, Health Minister Trinidad Jimenez said, a day after the country reported its first case. The 23-year-old student, one of 26 patients under observation, was not in serious condition, Jimenez said.”

What happens due to the fact that a cultural need for a clear definition of risk could not be met, was a bargaining process between responsibilities and deniability. Here, the flexibility of criteria for the handling of pandemics by the WHO has stimulated

quite some debate. By and large, WHO was blamed for raising a panic with regard to H1N1 and a number of voices stressed that this could have been an interest-driven construction of a threat providing the pharmaceutical industry with a blank check for the marketing of vaccines, which is just another cultural myth. However, the rapid spread of the virus together with the relatively mild course of the disease lead to a situation, in which the WHO, officially represented by Keiji Fukuda, assistant director-general for health security and environment at the WHO, stressed the importance of flexibility in deciding whether to move from the current pandemic alert level of phase 5 to phase 6.

“On the one hand, the H1N1 swine flu virus continued to spread. But on the other hand, most cases haven’t been severe, and Fukuda pointed out that the WHO is “trying to walk a very fine line between not raising panic not becoming complacent.” The main point of the pandemic alert phase system is to help countries prepare, and many countries have done that for swine flu, Fukuda noted. But “there is nothing like reality to tell you if something is working or not,” Fukuda told the media. “Rigidly adhering to something which is not proving to be useful would not be helpful to anybody. Fukuda said the basic idea will be to look for ‘signals’ that the virus is becoming more dangerous to people. Those cues might include greater severity of illness or changes in how the virus is behaving.”²³

More or less implicitly, WHO also addressed issues of cultural difference – such as the proximity of humans and life-stock in certain, culturally molded housing conditions. Thus, those who defined a global threat delegated the responsibility to deal with the threat to local practices and created that way a sphere of deniability. However, the transformation of notions of pandemics and the inter- and intracultural diversity of means by which risk and uncertainty were addressed, inevitably lead to a proliferation of hybrids, a tightening of the Gordian Knot.

6 Revisiting the Gordian Knot from the perspective of Life Writing

Let us now take a closer look at some of the major ropes tied together in the Gordian knot. As you all know, ropes consist of different, intertwined outer strands and a middle part called “the soul of the rope” by sailors. So it is not a surprise that the

23 WebMD, “WHO Rethinks Swine Flu Pandemic Criteria”, May 22, 2009, www.webmd.com/cold-and-flu/news/20090522/who-rethinks-swine-flu-pandemic-criteria (abgerufen am 12. Februar 2013).

major strands of the negotiation of risk and uncertainty with regard to epidemics are inseparably intertwining the rational and the cultural, the global and the local, explanations and applications. For the sake of the argument, however, let us assume the following: Risk is the probability of the advent of a well-defined, undesired event in relation to the severity of the impact. Uncertainty is the possibility of the advent of any known or unknown event where the impact cannot be gauged. With regard to epidemics, risk is considered to be the rational approach driven by biomedical science. It is used to classify epidemics and to implement strategies of risk control. Uncertainty is considered to be a consequence not only of the unknown, but of uncontrollable local practices (such as the proximity of humans and life-stock).

In the humanities, the concept of “life writing” has recently emerged as a potential bridge between literary and cultural studies on the one hand, and the social and natural sciences on the other. The concept of life writing is pivotal to our discussion here in pointing out that the lives of ethnic communities must be written, not only by medical science as the gauging of epidemic risk, but also by taking into account the self-representation of the community itself. Thus, the targeting of a given community’s cultural practices as “unsanitary” always ascribes to this community a degree of what may be termed “medical illiteracy”. Similarly, as Nayan Shah has discussed in his portrayal of US Chinatown in the nineteenth and twentieth century, the agency of sources of outbreak with regard to the swine flu depended on their ability to “highjack” the very rhetoric which saw their living practices as unsanitary. What is at stake here from our point of view, is to use the concept of life writing, in the attempt by suspected carriers of contagion, of writing their own lives, not to have their lives written by official agencies and the media. This rewriting of lives is crucial, for an understanding of the negotiation of pandemic risk as culturally constructed local practices

At the same time, and it would be disingenuous not to address a paradox: The global need for controlling epidemics and pandemics indeed “transforms” local cultural behavior in a way that public health discourse has declared “fit”. The nature of this transformation is twofold: Local subjects write their own lives describing their living conditions to the global community represented by multinational agencies and the media in a way that it becomes intelligible, and is hence no longer “primitive”. Secondly, local communities may transform their own lives in order to adopt Western hygienic standards. The question we need to ask at the end of this paper, however, is this: What is the connection between Westernization and medical reform?

This example may indicate an avenue for interdisciplinary dialogue between life sciences and life writing, between medicine and culture, which Wald’s study of contagion, despite her astute analysis of discursive patterns, has ultimately failed to address. For cultural studies as a discipline has tended to diagnose flaws in the logic

of the discourse (and practice) of epidemiology, but it has largely shied away from providing alternative to such discursive practice. It is at this juncture, we believe, that the epidemiologist and the cultural analyst will continue to live on different planets. The “case” of local communities appropriating the very discourse which saw them as health risks, on the other hand, seems to provide alternatives to such a disconnect between life science and life writing. For the goal of interdisciplinary research – and of a medical practice attuned to such research – must be to change or to affect that nature of the lives written by the life sciences, and in two specific ways. First, local communities set out to “correct” the image painted of their own cultural practices by global media; second, they proceeded to inspect their own lives for ways in which contagion could be reduced. The first instance of change, we would insist, does not render the second one superfluous. Even if, in other worlds, medical self-inspection is triggered by a discourse which is flawed (a discourse ascribing to local communities “unsanitary” practices of living), the (f)act of self-inspection may nonetheless be beneficial to the community itself.

With what conclusions does a discussion of the swine flu and the negotiation of pandemic risk leave us in the attempt to bridge potential gaps between medicine and the humanities, between life science and life writing? It may leave us with an insight, provided by the recent example of the swine flu, into the profound interconnectedness between “science” and “society”, between medical diagnosis and cultural assumptions. Secondly, through the swine flu as a case in point, we may want to reconsider the idea of biomedical science as a global phenomenon. The global scope of biomedical science, we have argued in this paper, must be carefully negotiated against the situated absorption and local transformation of biomedical knowledge. Finally, it must be noted that medicine, science and public health are cultures with their own rituals, and may hence converge much more than they differ with such practices to which we would grant such cultural constructedness much more easily. Both medicine and the humanities, in other words, construct their objects. Thus, as we have tried to suggest in this essay, it would ultimately be unproductive not to take into account the ways in which a specific object is constructed in the each specific discipline, even if this link may sometimes lead to uneasy confusions or (temporary) impasses in logic. It is to such an interdisciplinary understanding of medicine and the humanities, of the interwovenness between life sciences and life writing that we have sought to contribute in co-authoring this paper.