6

Political Compassions under Pandemic Spectacles

> Once again, nature has presented us with a daunting challenge: the possibility of an influenza pandemic. . . . Together we will confront this emerging threat and together, as Americans, we will be prepared to protect our families, our communities, this great nation, and our world.
>
> *President George W. Bush, November 2005*

World-order compassions that take place under pandemic threats provide an additional way to understand the various implications of the vorticity model. Similar to the increasing worry over global warming, (re)emerging pandemic threats lead to communal sentiments, which perceive in them a common enemy to the human polity as well as a hierarchical vision of that polity. Pandemics also directly bind individual bodies with the hegemonic body, thereby leading to what may be considered politico-somatic links. I will review here how the changing global hierarchy—the post-9/11 wars in Afghanistan and, more particularly, in Iraq—were reflected in the politico-somatics of the severe acute respiratory syndrome (SARS) and avian influenza. In order to realize the admittedly ambitious aims of this chapter, I will contextualize the present pandemic sentiments in a long history of encounters with lethal epidemic diseases. The main idea is that "dis-ease" at the level of the individual somatic body may be seen as a part of a larger movement in the global political hierarchy.

This chapter reviews different historically and culturally conditioned roles and positions available to actors in pandemic dramas. Although it concentrates on the contemporary pandemic scene, the aim is to examine also precursor epidemic scares such as bovine spongiform encephalopathy (BSE, or mad cow disease), tuberculosis and Spanish flu, going back all the way to the plague. The politics of pandemics can be better appreciated though the

M. Aaltola, *Western Spectacle of Governance and the Emergence of Humanitarian World Politics*
© Mika Aaltola 2009

concepts of legitimacy and pedagogy plays that have been developed in the last two chapters. International actors use pandemics to further their own visions of world order. This means that pandemics are turned into demonstrations, theaters of proof of the value of the hegemonic order. Lethal epidemic diseases occur all the time without pushing their way up into global awareness—for example, HIV/AIDS and malaria. At the same time, the alarm and panic over these short-term human and animal epidemics have often reached spectacular proportions even though the actual human health consequences have been less than dramatic. The aim is to review specific cases to determine what situations in international politics are predisposed to the politicization of diseases and what types of diseases are especially prone to this.

Contemporary Visions

In his *New York Times* book review published on November 27, 2005, Matt Steinglass examines Mike Davis's book, *The Monster at Our Door: The Global Threat of Avian Flu*. The debate that ensues highlights the discourse dynamics of recent epidemic scares. Mike Davis's argument is that humanity is going to face a catastrophic encounter with a pandemic influenza if it does not stop sleepwalking. His rhetoric or, more clearly, pedagogic strategy is to alarm though powerful descriptors given to the emerging viruses: These "monsters at our door" are "extraordinary shape-shifters" capable of "ultra-fast evolutionary adaptation." He explicates the "root" causes for the coming into being of such threats: the profit-focused pharmaceutical industry and the breakdown of the leadership in world health, together with social changes in the globalizing world (e.g., Third World urbanization). He sees that these twofold factors pose an extraordinary strain on "human solidarity." On the other hand, environmental changes, such as global warming, are going to cause an upheaval in the nature–humanity relationship. In his review, Steinglass considers these often-mentioned points valuable, but considers the main argument rhetorical. In other words, it is not the description it claims to be, but an advocacy piece meant to hype up the book and to foster a particular way of thinking about global health: "[People like Davis] are wielding apocalyptic anxiety as a tool toward a greater end: the construction of a global system of influenza surveillance and vaccine research and delivery to protect mankind wherever the next pandemic does, inevitably, break out." If the review is of value, what may be considered "pandemic-speak" is closely related to the earlier genre of health propaganda, which serves multiple purposes under the shadow of pandemic anxiety.

Davis argues for the importance of "human solidarity," or together-minded compassion for each other. This way of defining human polity

reminds one of the classical formulations of politics as a human space for deliberation over the conditions of just and happy life. Rhetoric, as part of political deliberation, is based on the existence and on the (re)discovery of the area of together-mindedness in order to allow for further communal persuasion. From this perspective, the politics of pandemic-speak tries to continuously rediscover the persuasive element that allows human polity to maintain its immunity from environmental hazards. The political pedagogy of pandemic-speak is there to advise and warn against intra-communal disorder—for example, greedy pharmaceutical companies—and to remind people of the continual threat posed by nature.

However, pandemic-speak is not value-neutral. It interacts with the other political worries of the time—with terrorism and globalization in the present era. It inevitably contains a particular vision of human solidarity, namely, of the particular shape of the political order. I will examine how historical cases have demonstrated the world-order–pandemic nexus as well as how the various actors of the present pandemic scares establish their visions of human solidarity. The avian flu scare is the focus of this chapter, although the approach is general. The role of the different stakeholders needs to be mapped out vis-à-vis each other in any comprehensive study of pandemic emergencies (Padmawati and Nichter 2008, 32). What types of political arguments are involved in their global health rhetoric? What are the roles available for the customary actors of international relations? What types of co-optive and collaborative patterns have materialized during the recent avian flu scare? How do the grand movements in world politics interact with pandemics?

Contemporary Pandemic Frame

Although the transmission of avian flu to humans takes place almost exclusively through domesticated species, much of the global attention is curiously fixated on the disease in wild birds (e.g., Jennings and Read 2006, 21). This highlights one of the most persistent themes or thresholds of recent pandemic scares—humanity's relationship with nature, or the nature/humanity boundary.

In his tellingly titled book, *Landscapes of Fear*, geographer Yi-Fu Tuan expresses a crucial aspect of lethal epidemic diseases when he states that "sickness forcefully directs a people's attention to the world's hostility." The association between sicknesses and hostilities is the key point. It can be interpreted in two ways. First, epidemics direct the attention to the hostility between nature and humanity. Many of the recent health scares translate into "crossing of the species barrier" dramas. The common theme is that a border that should not have been violated has been transgressed

with the result that nature has turned hostile to human ways. Recent examples of these "crossing of the species barrier" dramas include avian flu, BSE, and HIV/AIDS. The narratives of the origin of HIV/AIDS offer a case in point. It was reported early in the 1980s that the pandemic originated from Africa, where it jumped from chimpanzees to human beings (e.g., Fauci 1999). This story was revisited in Keele et al.'s (2006) study, which localized the epicenter of the transmission to southern Cameroon and to the decade of the 1930s. BSE provides another clear example of the anxieties associated with the species barrier (e.g., Mahy and Brown 2000, 33).

In these boundary dramas, societal human factors are also considered. Many diseases are connected with the pathologies of globalization. Although nature is seen as hostile, it changes at the societal level and allows lethal epidemic diseases to emerge. The spread of Ebola in 1996 in what was then Zaire was blamed on new infrastructure development in Africa and the anxiety it caused was explained by the possibility that the global hub-and-spoke system of air travel could spread the deadly Ebola virus all around the world in a matter of hours. Many (re)emerging diseases are also associated with environmental degradation and global warming. They are seen as signs of failures by the globalizing world community and of nature fighting back at "unnatural" human ways.

Second, the idea resonates with hostility within humanity—the multidimensional fractions that run across humanity become acute when epidemics receive their communal interpretation. The political boundaries of states and nationalities in particular provide ready-made signifiers. The existing patterns of political hostility offer a means of translating epidemic diseases into culturally understandable roles. The records of both BSE and SARS offer evidence of this. Before spring 1996, BSE was considered to be a managed disease. It was thought to be confined to animals and largely to the United Kingdom (UK). The crises of 1996 turned the disease into a "British disease," embodying the UK government's independent-minded Europe policy and rapid de-regularization during the Thatcher years. SARS was regarded as a novel disease threat and perceived as an especially dangerous and difficult to contain problem. However, its meaning was partly synchronized with the existing patterns in world politics. The patterns of blame reflected existing political animosities: in Canada and Taiwan, news reports blamed Hong Kong; Japan blamed Taiwan; Taiwan blamed China; the Chinese press blamed people from the Guangzhou province; and the Western press placed the blame on China. In many places, the disease was perceived to be associated with China or with people of ethnic Chinese origin. To a degree, the images of China as secretive, closed, incompetent, and corrupt contributed to this association. China is still an outsider in the international community and seen as a country with limited transparency, partial reform, and uneven development.

It may be argued that pandemics are produced through patterns of collaboration between a diversity of actors representing different relevant background themes. This interaction is part of wider world politics in a way that exposes pandemic-related international interaction to the world's political vorticity. The contained emotionality, or the more general background mood, varies with changing epochs. Consequently, pandemics, as embodiments of "dis-eases," are reflective of the underlying form and state of the prevailing political community and the motions in its power hierarchy. In this sense, the specific forms that diseases take are revealing of the underlying political dynamic. Figuratively speaking, they provide an X-ray of their embeddings (Herdt 1992, 8).

Thus, it may be argued that different political environments develop different politicized pandemics. For example, Ebola's emergence in the bipolar world of 1976 raised few concerns, whereas its post–cold war era reemergence in Zaire in 1996 led to worldwide attention and fear. The BSE crisis of 1996 stemmed from the underlying anxieties felt over the enlargement and deepening integration in Europe and the SARS of 2003 had a lot to do with the growing pains of the United States–led world order. It took shape in the anxious environment leading to war with Iraq. This war was based on the premise of Iraq's alleged weapons of mass destruction, which included biological disease agents. Susan Sontag's (2001) notion of epidemic diseases as always ideally comprehensible entities in their own time is illuminating. They fit their political power surroundings and their alarming nature takes shape in contrast with the prevailing sensibilities.

Diseases seem to exist, flourish, and die in bio-political environments, where they adapt to local memories, practices, and power hierarchies. In the case of pandemics, this environment is global. For example, the international community's responses to avian flu were commonly based on the practical logic developed based on existing stereotypes, media representations, government information campaigns, and popular rumors (Padmawati and Nichter 2008, 31). However, in most studies on lethal epidemic diseases, this political aspect is missing or only implicitly recognized.

It has often been suggested that communities have socially adaptive responses to familiar diseases—recurring diseases have led to the development of social practices with political implications. In other words, studies indicate an adaptive wisdom that stems from the local memories of past epidemics. This cultural resource is considered as a knowledge base which can be put into operation when an outbreak hits (Zhang and Pan 2008, 19). Studies attach much value to these communal coping mechanisms, although they are seen as very different from the responses of the modern international community. The communal responses are often deemed even to be rational. However, the qualitative difference does not change the

fact that even the responses of the international community are based on collective memories and practices.

However, what is often left unrecognized is that embedded in these practices are power hierarchies, which, consequently, are reproduced in any communal crisis such as a pandemic emergency. Recurrence, in a certain sense, supports existing hierarchies and governance practices. The case of newly emerging epidemics is different. Ungar (1998, 37) states that hot crises "are startling, as presumed in-vulnerabilities appear to be challenged." The air is thick with fear and the issues involved are on everybody's lips. These epidemics embody and encapsulate the fears of the moment and are reflections of changing power hierarchies. The key question then becomes: What are the relevant features of the contemporary epoch? What are its invulnerabilities caused by motions of political power? The power structure of world politics has been hegemonic, unipolar. As in most cases of hegemonic world order, the major focus is on deviance. The existing Western hegemonic mood detects motions from the margins in the form of "rogues" of different kinds—for example, terrorists, rogue states, illegal migrants, and mutable disease agents. The drama of world politics is often animated by different visions of possible decline and regression. The ways in which pandemic scares are enabled reflect these themes.

Contemporary Perceptions of Risk and Precursor Diseases

It is possible to treat the recent heath-related scares in terms of Beck's influential idea of a risk society. According to Beck (e.g., 1999), postmodern societies are increasingly risk aware. The failures in risk management and in economies of risks give rise to much societal anxiety. The fear of failure provides stimuli for vast governance measures with corresponding control and surveillance policies. However, this view can be contrasted with the hypothesis that epidemics have always been at the center of political communities' self-understanding in a rather stable way. Lindenbaum (2001, 377), who provides an overview of this debate, states that diseases can be used as indicators of underlying communal beliefs. A serious epidemic disease illuminates social patterns and political relations between and within various communities. Beck's categorical statements can be countered with the historical perspective that reveals the huge importance placed on diseases throughout human history. The failing governance technologies have remained much the same, although material technologies have developed and expanded to the scope of human control. The context-dependent manifestations of this important historical continuum can shed light on the postmodern fuzz made about mad cows and feverish birds. Rather than

being categorical, the difference is in degree. The emergence of an increasingly intensive global community is matched by the reemergence of the communal awareness of epidemic diseases and the collective rituals to deal with them. This awareness was missing during much of the twentieth century, when most epidemics seemed to have been eradicated or been in the process of being vanquished. Beck's notion of risk itself may be read as a contemporary cultural expression of what epidemics mean for the new globalized community and what its specific variety of collective self-understanding is. These expressions can be quite easily placed in the long cultural history of epidemic diseases and of the political effect they cause.

To better appreciate contemporary disease imagination, a review of some specific epidemics is useful. The influenza pandemic, perhaps more than any other, is seen as human influenced and technologically induced. In the case of the Spanish flu, the mass mobilization of armies, together with new transportation technologies, provided a breeding ground for the first influenza pandemic. In studies of general influenza, the disease is often connected with the coming into being of the global transportation infrastructure. For example, David Patterson (1986, 10) states that "not until the 1889-1890 pandemic, when railroads and steamships were available to transport man and virus, can we document a truly worldwide pandemic." Earlier influenza outbreaks were more localized and the global seasonal pattern harder to discern. Contemporary research connects influenza pandemics with technological changes: The threshold with nature is defined by expanding communal infrastructure and their interlinked nature.

The recent conceptual history of diseases reinforces the link between the various technologies of the global space and human diseases. The source of major health risks are increasingly seen as stemming from specific technologies: "In a primitive society, the major hazards are those posed by nature. In complex modern society, the acts of individuals or corporate bodies may also involve serious hazards to other members of society" (Phillips et al. 2000, 2). The sense of exposure to the global space leads to increasing vulnerability. The anxieties over the emergence of the global political body are met at the individual level: "anxiety about bird flu gets translated into anxiety about the Christmas turkey" (Corcoran and Peillon 2006, 140). This link is induced by the mechanization and "technologization" of everyday life (work-, domestic, and public places). People's dependence on technology—for example, industrial food production—leads to worst-case scenarios of dependence-related failures. This sentiment reinforces disease-related awareness and puts such phenomena as bioterrorism, drug resistance, and pandemics stemming from global warming to the forefront of popular imagination. Such themes connected with technology as cloning, industrial food production, medical trials, pollution, genetic engineering, and toxicity

elicit anxious sentiments. It is not surprising that this imagination often identifies the likely source of "the coming plague" as originating from hybrids between modernity (technology, industry) and nature.

The recent scare over avian flu was an event in a long sequence of pandemic spectacles. This sequence contains the relevant memories and modes of representation which render contemporary events meaningful in a particular way. Out of the recent pandemic scares, SARS, the reemerging tuberculosis and BSE appear the most relevant. They also provide three different aspects of the avian flu discourse: tuberculosis provides the background frame for flu-like pandemics, SARS provides for an exceptional sense of emergency, and the BSE discourse enables the hybrid connection between animals, food production, and politics.

Tuberculosis

In 1882, Robert Koch singled out the organism, *Mycobacterium tuberculosis*, which caused tuberculosis. The pattern of contagion though human contact was also described. The prevention plans included the separation of infected people, sometimes by force. These new measures blended with older ways—the old miasmatic idea, for example, suggested cures such as being exposed to fresh air. The disease also influenced social habits ranging from a frowned upon spitting to the romanticization of the disease (e.g., Sontag 1990, 143). The early twentieth century witnessed large-scale health programs against the disease that often took the form of a "war on consumption." By the late 1940s, antibiotics led to the belief that tuberculosis had been defeated. However, as attention decreased, the programs and drug development, which were highly dependent on continuing political commitment, suffered. The recent resurgence of tuberculosis in the United States and other industrialized countries has taken place among certain communities and "risk groups." In 1993, the World Health Organization (WHO) declared tuberculosis "a global health emergency."

Severe Acute Respiratory Syndrome

SARS was first discovered in February 2003. The ensuing pandemic lasted about 8 months. During the epidemic, there were about 8000 known cases of SARS, with around 800 deaths globally. The death rate of SARS was estimated at 15 percent (19 percent of the SARS cases occurred in healthcare workers). SARS is believed to be a strain of the Corona virus, which is linked to the common cold. Symptoms include a high temperature and a dry

cough. More severe respiratory symptoms follow within 10 days and many patients develop pneumonia. There is no vaccine, but antibiotics and antiviral drugs have helped some patients. The disease is difficult to transmit and is passed by close contact with an infected person. Transmission may result by being around when an infected person coughs. Hong Kong announced early on that 80 percent of the SARS cases could be tracked to a doctor in the Guangdong region of China. China reported the disease a full 4 months after discovering it—by that point, 305 had fallen ill and 5 had died.

In the pandemic discourse, the state is often seen as an obstacle in the way of effective public health action. States are seen as secretive, nontransparent, and deceptive (e.g., Slack 1991, 119). SARS challenged China in several ways (e.g., Freedman, 2004). The control of the outbreak in such a populous and rapidly urbanizing state posed significant dilemmas. For China, legitimacy management at the political front was a significant problem. The apparent secrecy and denial led to the widespread perception that China, with its "alien" political system, was the root cause of the epidemic. The Chinese government was perceived to be opaque in its handling of the disease and was accused of being "excessive" several times during the outbreak.

The government in China was seen as trying to cover up the severity of the epidemic. For example, on April 18, *Time* magazine reported that health officials in Beijing tried to cover up the scale of the city's SARS infections by driving around dozens of patients in ambulances and moving others to hotels during hospital inspection visits by WHO officials. The secrecy of any government is seen as having many detrimental effects. It allows for the further spread of the disease and delays the ability of the world to prepare and research possible vaccines for the illness. Secrecy can also encourage media-fed hysteria. Many felt that the disease was sudden and quick-spreading when, in fact, it had been spreading for a full 4 months. This perception furthered the sense of urgency and increased anxiety in the average citizen. It made it appear as though one could get the disease just walking down the street. The perceived Chinese secrecy during the SARS outbreak prompted a large political backlash, with many countries calling for political reforms in China. In some ways, SARS turned into a tool for transformational diplomacy.

A specific pattern of blame is, thus, one of the memories of SARS. It is still seen as an Asian, and specifically Chinese, disease. It is noteworthy how SARS created or reinforced several antagonist roles. China was blamed by governments and the WHO became the protagonist of the drama. SARS also reminded one of the dangers of globalization and interconnectedness. Chinese minorities all around the world were treated with suspicion. On the other hand, SARS quickly became stereotyped as a disease caused by globalization and international travel, and not one of

"immorality" like HIV/AIDS. It was a seen as a wake-up call to realize that international travel brings us closer to each other and this, in turn, allows for the introduction of "foreign" diseases in a manner unheard of earlier.

Bovine Spongiform Encephalopathy

The sick, jerking, stumbling cows of the UK came to define European politics during the spring of 1996. Before that, BSE was considered a contained disease. It was contained in specific animals and largely to the UK. The British Secretary of Health's announcement, on March 20, 1996, of the finding of a new Creutzfeldt–Jakob disease (CJD) variant that was able to cross the species boundary, initiated the sudden crisis. The announcement raised the strong possibility of a link between the new variant in humans and BSE-contaminated meat. Such meat had been eaten by millions and millions of British at home and through fast-food chains.

One way to approach the crisis and appreciate its legacy is to examine the novelty or the rogue nature of BSE. The origin of the sense of "madness" during the crisis is indicative of the complex nature of the health scare. First of all, the association of the disease with prions, which were a new type of disease agents, reinforced the mystery surrounding the disease (Yam 2001, 12). Shimkus (1998, 82) refers to the situation under the title, "Mad Cows, Strange Science." In this way, the "madness" of BSE was often associated with the uncertain science and with the unclear methods of testing for the disease. Second, the madness was also associated with the unrestrained and "deregulated" nature of the various actors involved. Two players receive particular attention in the literature: the food industry and the UK government. The food production industry, it was thought, wanted only to make money and to cut costs. Shaoul (1997, 182) concluded that the inner logic of the food industry, driven by financial interests, was a public health problem. Much blame was placed on industrial food-processing methods and intensive farming practices based on the maximizing of profit, instead of a respect for "natural" ways of doing things (Barker and Ridley 1996, 242; Hildebrandt et al. 2002, 77).

An additional aspect of the formative BSE experience was that the madness also signified the panic and hysteria caused by the disease. The theme of the health scare offered an additional element for the understanding of mad cows. The health scare was seen as a fundamentally irrational process that could, under certain circumstances, overwhelm rational behavior. Jasanoff (1997, 221) studied the cultural antecedents of the BSE scare. He points out the tendency of European culture to overreact or to act irrationally in panic. The different quarantines and bans put in place by the

European Commission and its various member states were seen as driven by panic and fear, rather than rational decision making. Finucane (2002, 31) emphasizes the role of cultural perceptions of risk in connection with food-related illnesses. The situation in Europe was one of advancing integration and enlargement of the communal boundaries. At this political level, the context of BSE was very fluid and unstable, which may have promoted the notion of mad cow disease "madness" (Aaltola 1999, 127). The culturally charged meanings led to nationalistic reactions and stereotypes, which were further fed by the sensationalistic press (Giesecke 2000, 588).

When BSE became identified with the UK and its previous policies, the European Union was able to look legitimate and decisive. Partly, this "success" stemmed from the historically conditioned perception that states are secretive when it comes to their public-heath problems. It can be argued that, for the EC, the substance of valorous decisions centered on making the disease geographically and conceptually analogous with the UK and its past "rogue" policies. In other words, the policies aimed at controlling BSE consisted almost exclusively of measures imposed on and required of the UK. The containment of the BSE crisis consisted of checking the UK as the source of the outbreak. Two factors were usually emphasized here: the majority of the BSE cases occurred in the UK and the information concerning the link between BSE and CJD was made public there, too. Thus, the BSE problem was localized into a British problem. The control of the disease and its effects required clear concessions from the UK, regardless of whether these measures would have any real effect on the causative agents. The dynamics of the BSE situation profiled national authorities as corrupt and, therefore, incapable of taking care of their own people. The general message told a story of the supranational power of the European Union's institutions as the last guarantor of people's physical security and explicated national authorities as the problem.

An important legacy of BSE was that it reinforced one perceived illegitimate form of pandemic collaboration. Too close marriage-like relations between the government and industry are seen as deducting from the focus of common interest. During the BSE crisis, the previous deregulation of the food industry was deemed irresponsible. Deregulation, a lax administrative culture, and the excessively close interests of government and industry were held directly responsible for the dangerous situation (Kleinert 1998, 584).

Different Pandemic Dramas

To better appreciate these relatively contemporary epidemic-related crises, the historical mythology dealing with such crises needs to be probed. As the mythology and history of plagues become manifest when the physical

diseases agents are given cultural interpretations, some common patterns emerge. They are often treated as omens, puzzles, warnings, retributions, and teachings. Throughout history, they have inevitably turned into signifiers of moral transgressions, with a political message about the necessity of restoring legitimate communal boundaries and hierarchy. In the sense of the global community, they translate into reestablishing structure and firmness in the face of fluidity.

More often than not, plague dramas have highlighted the existence of horizontal boundaries such as political borders between nations. These boundaries can be reestablished though the drama of potential or real quarantines, cordons sanitaires, and embargoes. The vertical boundaries of a hierarchical political order are more perceptual. Plague dramas usually caused upheavals in these hierarchies. Or, they led to drastic measures on such boundaries. Different sorts of "foreigners" and other disempowered groups were treated harshly. This meant, for example, the persecution of minorities—for example, during the European outbreaks, Jews were routinely subjected to genocides. The plague epidemics in the Middle Ages commonly reinforced the gender and moral boundaries by leading to the burning of young women as witches. They reinforced the existing politico-religious order by activities such as almsgiving and church building. In the contemporary, increasingly delocalized global community, the re-acknowledgment of the hierarchical world order is where the emphasis is in the pandemic plays. Many Asian countries and minorities are treated with suspicion when it comes to flu-like epidemics and Africa has been stigmatized for its heavy HIV/AIDS prevalence rates. The diseases influencing the marginal areas are easily translated into the most threatening ones. The hierarchy threatened by the rising Chinese political clout and Asian economies is reestablished in the SARS and avian flu plays. The threat stemming from "below" is ultimately managed by Western institutions, states, and expertise.

Global health plays are dramatic. They restage the "real" drama of human struggles and point to the fragility of human existence. The drama associated with an acute pandemic shows itself in communal reactions. From a historical perspective, this drama usually involves fits of what may be called civil religious righteousness. People look for security in their perceived communal strength and traditional perceptions of communality. What come about are outbursts of customs, family values, nationalism, and ethnicity. The essential elements connected with one's sense of belonging to a group are highlighted and strongly expressed.

The other side of these outbursts, which bring out the essential elements, is that they repulse the unessential as harmful and suspect. People are marginalized and stigmatized. As stated, in plague-ridden Europe, the normal

communal responses to plague included the building of churches, giving of alms, pilgrimages, burning of witches (mainly young women), and the killing of Jews and other "foreign" groups. Large segments of the population were forced into the roles of "plague spreaders" or "well poisoners." The act of fleeing has always been a vital part of the communal reactions to epidemics. Interpreted as a metaphor, "fleeing" sums up the common communal reaction to epidemics—people flee away from diseased sites or isolate or quarantine themselves from the people associated with the disease. This background illuminates a central role in the pandemic plays—that of the antagonisms inside the human political order.

In the plague dramas, the deviant figure has a history that needs to be taken into account. This gives further substance to the "rogue" that has been defined in the earlier chapters. At the mythic level of the community, the slaying of the disease-spreading "monsters" was often performed by saintly figures—for example, saints, communal or ancestral spirits, and personifications of piety in general. It would appear that diseases as physical maladies were inseparable from their moral and political implications. The transgressions behind outbreaks of epidemics were first and foremost moral in nature. Because moral transgressions translated easily into the language of violated borders, epidemic diseases have had powerful political consequences between different communities and polities of people.

As compared to the rogue figure, the protagonists of the "plague plays" are commonly conceived of as problem solvers. Mythology often connected plagues with problem-solving and border-restoring activities. This meant that disease as a physical, yet also always moral, question was so framed as to require the exercise of judgment in discovering its meaning and in devising an appropriate response to it. The coming of the Christian Middle Ages manifested a marked change in the way diseases were portrayed. The deviant figure embodying the disease turned into a dragon. The monster that lurked at the edge of the polity, ready to kill its inhabitants, was often embodied by a hybrid half-reptile, half-bird creature. This dragon emitted foul yet fiery breath. The deadliness of dragon breath was related to the then common notion that diseases were caused by bad air, "mal-air," or miasma. The dragon as the embodied transgression burned the community down and polluted its atmosphere. The struggle with the dragon—for example, the famous hagiography of Saint George slaying the dragon—led to it being either slain or driven back to where it came from, usually caves. In the caves, there was always damp and stagnant air. The driving of the beastly disease away (i.e., purifying the communal atmosphere) required physical acts of courage and sacrifice. The disease emergency called for fearless dragon slayers. But more than anything else, the elimination of the disease was connected with critical moral judgment.

Different plagues were taken to be manifestations of communal immorality and evil. The sense of broken, transgressed boundaries is still very much present in the iconography of contemporary epidemic emergencies. SARS and avian flu have often been treated as fevers caused by a globalizing world, which contains dangerous transgressions, porous boundaries, and hybridity. In the case of avian flu, much of the anxiety stems from long-distance routes of bird migration and from the fact that industrial food production connects the Western consumption of poultry with distant poultry farms. The morality play of avian flu is animated by a sense of rapid global spread, somatic connections to distant lands through food, nature turning into a threat, and localities exposed without the ability to protect themselves. It is in relation to these anxieties that the avian flu legitimacy plays are actualized.

Legitimacy Plays

Epidemic-related legitimacy plays contain a strong moralist note. They are used to reaffirm or reinvent a sense of civil religion and ideology (Lindenbaum 2001, 264; Rosenberg 1992, 279) and as signifiers of communal values and beliefs (e.g., Turner 1957, 107). Legitimacy plays involve a fight by the protagonist—often presuming the guise of all humanity—against bad elements of a perceived hostile nature. These elements are seldom the viruses, bacteria, or other agents of disease. Rather, the disease and disease-causing agents become easily associated with some minority community or other perceived to be a hostile political entity. These two extreme types define a continuum along which there exists a whole variety of other types: for example, emigrants, tourists, drug addicts, air travelers, truck drivers, prostitutes, homosexuals, food production industries, greedy politicians, and so on. These types find their historical equivalents in the more aged, collective memories about polluters, untouchables, plague spreaders, and well poisoners. The protagonists of the morality plays include such stock figures as watchful doctors, alert health surveillance institutions, efficient national, international and transnational health agencies, and politicians "who did their job."

Legitimacy dramas pass a communal verdict: A judgment is passed about the moral status of those involved. These dramas put the limelight on actors' values and their ability to make the correct choices. The main question becomes how well actors choose in the course of the events. The vital question is how their choices reflect progressive or regressive moral health. In connection with lethal epidemic diseases, the underlying moral health may be interpreted in a retroactive or proactive context. Retroactive legitimacy plays set the stage for spectacles in which events are at a critical stage. From that moment onward, there is a strong sense that events can continue

either negatively/regressively or positively/progressively. In their contemporary form, these morality plays are set in "hot spots," where epidemics are being contained by people wearing masks and protective gear.

The proactive legitimacy plays manifest themselves in spectacular acts of being on guard, sounding alarm and surveillance. In these plays, the sense of legitimacy derives from the ability to maintain a certain sense of safety and the absence of outbreaks or hot spots. It can be argued that one major way of doing morally virtuous labor in contemporary times is through sweating over health-related concerns. The perspiration in connection with the feverish agitation of the globalizing world provides the setting for the staging of the epidemic-related morality plays. These morality plays contain a stern moral lesson about the disastrous consequences of laxness and lack of vigilance. In this respect, the morality plays are not so much focused on the teaching of correct behavior and the virtues and values of a well-functioning—healthy—global order and governance.

In the context of legitimacy plays, it is possible to examine pandemic scares as moral panics. There are various types of moral panic. A common dichotomy exists between elite-induced and spontaneous grassroots types of crises (Goode and Ben-Yehuda 1994, 97). These crises give different roles to different actors. For example, spontaneous crises can lead to the elite reassurance of the status quo and of a sense of invulnerability. The opposite may also occur when the general population is not engrossed by a sense of panic and ignores the alarm signals coming from different elite groups. This type of failure might indicate in-group problems within the elite. Thus, it seems that the situation is often a mixed one: different in-groups compete over the sense of crisis and reflect the opinions of their respective audiences at the grassroots level. In many ways, the emergence of an epidemic frame indicates who is who at the elite and grassroots level. Epidemics embody different strains and motions in these hierarchical orders.

There is the initial sense of alarm over a threat from within or without the community. However, the sense of surprise is crucial for the emergence of an engrossing disease frame. This unexpectedness may be due to the temporal or conceptual nature of the initial happening. The timing of the event may be surprising. For example, something that is already known reemerges. This was the case in the outbreak of the bubonic plague in Surat, in India, in 1994. Large-scale bubonic plague epidemics were thought to be things of the past. The outbreak or the leaking of information about it caused significant embarrassment to India and harmed India's external image. Conceptually unexpected happenings demand attention because of their novel or unconventional nature. For example, it may be suggested that HIV/AIDS reinvented the meaning of epidemic disease in the twentieth century or that BSE with its mysterious nature—for example, prions—was salient because of its originality. What

is temporally and conceptually unexpected is dependent on the specific community and relative to the community's self-identity. This means that the community's memory is more important than its history when one evaluates what is surprising in sense of timing and in the sense of nature.

When the perception of acute epidemic disease intertwines with the polity's production of security—whether it is local, national, regional, or global—the situation becomes tense, charged, and dramatic. The heightened sense of looming disaster thickens the air and sets the engrossing frame. The frame has to do with what is at stake, what is taking place, and what the past precedents are. Besides the frame, the performers become vital parts of the epidemic-related political dramas. The performers are those who are expected to do something, who do something, and whose actions are judged. The spectators are everyone whose health is perceived to be under threat and who is seen as evaluating the various performers. Often, the media comes to represent the spectators and their judgments.

History of Political Epidemic Plays

Plagues and borders are conceptually and historically intertwined closely. Because of this tight connection, international relations often provide the scene for plague plays. When one considers the potential collaborative forms that epidemics can take in politics, it is useful to first review the specific history of human reactions to epidemics that cross political boundaries (Aaltola 1999, 127). Although much of the interplay between lethal epidemics and the realm of states' interaction is contingent upon specific circumstances, some general, recurring, and conventional themes and shapes can be detected:

1. *Instability*. Disease can strike some individual statesperson, causing power vacuums, internal squabbling, periods of indecision, and increasing uncertainty.
2. *Imbalance*. The uneven distribution of the burden of disease among states can cause shifts in the prevailing balance of power.
3. *Signifier*. Epidemics are evidence of the bad shape of governance in some states, which can be read as a sign of weakness.
4. *Propaganda*. Lethal epidemic diseases can offer effective propaganda tools in eroding perceptions about the enemy.
5. *Co-option*. A state can use the outbreak of some lethal infectious disease as an excuse for politically motivated actions such as a military maneuver or economic sanctions.
6. *Scare*. Epidemics cause panic and drastic reactions, which can cause economic hardships (e.g., in the shape of market failures and loss of tourism).

From the perspective of this book, I will bypass the political plays that revolve around decision-makers' illnesses (e.g., Karlen 1984, 16; L'Etang 1970, 1; Park 1986, 12; Robins 1981, 154).

Imbalance or the Asymmetrical Effect of Lethal Epidemic Diseases

The capacity of diseases to afflict some states disproportionately constitutes an important way in which epidemics react with international relations (Robins 1981, 76). This aspect also ties directly into the vorticity model because it refers to upheavals in the world political hierarchy. In a general sense, asymmetries can be used to discern who is who in the world map of power. In more specific cases, asymmetry affects the outcomes of specific turns of events. The brutal fate of Napoleon's Grande Armée provides a case in point of the lopsided and decisive effects of lethal epidemics. In the moribund Russian expedition of 1812, the typhus epidemic destroyed most of Napoleon's half a million men. The Russians, largely untouched by the disease, only had to complete the annihilation (Marshall-Cornwall 1967, 1; Robins 1981, 77).

Similarly, the asymmetrical effects of epidemics manifested themselves in the tragic outcome of the contact between the Spaniards and the Native Americans: "The lopsided impact of infectious disease upon Amerindian populations therefore offered a key to understanding the ease of the Spanish conquest of America—not only militarily, but culturally as well" (McNeill 1977, 2).

The historian of the Peloponnesian War, Thucydides, who was himself afflicted by plague, gives a valuable and dramatic account of the consequences of asymmetry in the distribution of epidemic disease. Although plague was not the only factor which brought about the eventual demise of Athens, it did deprive Athens of much of its war-waging capability against its formidable enemy.

A more recent example is that of the very uneven HIV/AIDS burden. The developing countries, especially in southern Africa, face a relative disadvantage as compared to the developed north. Thus, sharp asymmetries in the distribution of disease can result in and have resulted in dramatic changes in the distribution of capabilities.

Moreover, the uneven distribution turns easily into disempowering stereotypes. As is evident from Thucydides's account, the uneven way in which the pestilence struck aroused the imagination of many and charged the epidemic with persuasive analogies to other relevant themes of the day. Many of these ancient and biblical conceptual connections carried through until the Middle Ages. During the Middle Ages and the early modern period, one of the most puzzling and mysterious features of the plague that cried out for an explanation was that it struck in some places and killed most of the

people living there, while other places were completely spared. The pattern of its spread attracted culturally meaningful explanations. It caused emotional storms that swept over much of the populations in both the affected and the spared places. In many stereotypical explanations, the irregular and asymmetrical pattern of the plague epidemic correlated with the relative righteousness of various nations, localities, and individuals.

As the medieval system was replaced by the state system around the time of Westphalia, the nature of epidemics as an international political phenomenon lost much of its religious charge and became instead part of the mythology and political religion surrounding the state itself. The "innate" tendency of states to derive legitimacy from a certain sense of physical and moral superiority with respect to other states led to the common belief that other states or groups of states were more prone to the horrors of epidemics. Every time an epidemic struck somewhere else, the state's legitimacy as a secure, privileged, inimitable, and exemplary entity, predestined and chosen for sovereignty, was reinforced.

For example, during the early 1830s, this sense of national self-confidence and pride was particularly conspicuous in the French attitudes toward the advancing cholera epidemic. Apparently inspired by a sense of national pride, one French citizen proclaimed that cholera could not conquer France because "in no other country of (the) globe have civilization, industry, and commerce achieved a higher degree of perfection and in no country but England are the rules of hygiene more faithfully observed" (Larrey 1831, 28). In the end, the high degree of "civilization" that the French and the English attributed to themselves did not spare them from the cholera epidemic. However, it did, for a moment, allow some French people to regard themselves as a first-class nation at least in comparison to such "corrupted" and "disorderly" countries as India or Turkey (Delaporte 1986, 16). As the religious explanations of pestilence were gradually complemented and supplemented by beliefs and attitudes that had to do with administrative and scientific actions, the underlying coupling between concepts such as decay or decline and disease-related notions such as death, suffering, and fear remained in place. The legitimacy and viability of a state became dependent on its ability to avoid outbreaks of lethal epidemics, with the result that the asymmetrical distribution of diseases—the ability to keep in check a disease that was rampant elsewhere—was considered to selectively reinforce the legitimacy of states.

Signifier of Decline

Public health is, thus, not only important in the eyes of one's own citizens, but it also provides an invaluable instrument in proving the political

community's worth as full and respected entities. The vital political power dimension of public health translates into attempts to prove one's ability to abide by the international standards of public health. In international proclamations concerning public health measures, states make use of practices associated with diligence, dutifulness, and readiness. Thomas Hobbes famously justified the existence of states in terms of them making people's lives less short, nasty, and brutish. The ability to provide external security is the most common reading of this. States provide for people's right to belong to a certain bordered territory. However, states have historically borne the pressure to provide for their citizens in other senses as well. Their legitimacy depends on their ability to provide economic well-being, property rights, rule of law, religion, and culture. However, it can be claimed that one of the foremost ways in which states can fulfill these constitutive functions is by contributing to the health of the population.

Starting from the quarantine regulations in fourteenth-century Italy, states have tried to stop the spread of epidemics. The pattern of spread gradually turned into a signifier of the worth of the inherent political rule. Securing borders against the plague tuned into one of the fundamental elements of state security before the eradication of major epidemic diseases in the late nineteenth century. One notable fact concurs with the border – epidemic – security nexus: the maturing of the European state system and the coming into being of state borders in the seventeenth and eighteenth centuries was also the time when plague disappeared. These two processes may be seen as having reinforced each other. Against this nexus and historical background, a rampant lethal epidemic disease is easily read as a state failure. Under such conditions, the imagery and anticipation turn into those of decline. An important constituent of a state or political community in general (e.g., empire) is the ever-present possibility that it may decline and even fall. The motions associated with epidemics lead into the political sentiment of decline. Diseases are among the most important triggers of the aged proscriptive stock narrative of decline in linking individual bodies directly to the state body.

In the declinist framing of epidemic diseases, the epidemic becomes only one symptom of a more acute and dangerous "political dis-ease" and the distortions in the underlying politico-religious order. In modern literature, the term "state failure" or "failing state" discourse can be associated with the inheritance of declinist thinking. When the state cannot fulfill its basic modern function of providing for the health of its citizens, the stigma of failure comes to be associated with it. This type of marginalization is in evidence when one reviews the way in which current news concerning sub-Saharan Africa is framed. The frame and the fact that the prevalence of HIV/AIDS is very high in these regions cannot be without consequences

when it comes to the flows of structural power. Much labor, human security, financial investments, and production capacity are lost because the life expectancy in some states of southern Africa has fallen below 40 years. In many cases, those people whose lives are "short, nasty, and brutish" are from certain areas and groups inside the state. The dynamics of the spread cannot be without consequences for the political hierarchy and for the maintenance of the limits of the order. From a perspective, the state-ness is not distributed evenly throughout the territory. When this condition cannot be kept at the margins, hidden from the view of the outside world and, in many cases, from national self-awareness, serious image and prestige problems may result.

To reiterate, in the absence of any objective measure of a state's relative capabilities, the persuasive analogies and connotations associated with a serious outbreak of an infectious disease can cause serious harm to a state's international standing. When bubonic plague hit Surat in 1994, concern over the international repercussions led initially to attempts to hide the problem and, once that had become impossible, to downplay the seriousness of the outbreak. The Indian government has tried persistently to rid itself of the image that Western countries often associate with postcolonial, developing countries—that they are uncivilized, weak, chaotic, and second-rate states inherently unable to take care of their own citizens. This Western view translates into India's lack of political and economic influence, which is unfitting to the world's most populous democracy. What made the outbreak of bubonic plague an even more embarrassing and conspicuous sign of incapability was the fact that the knowledge of how it spreads and how it can be cured and eradicated has been there for a full century. In political power games, an outbreak of this type was "a euphemism to embarrass a less developed country in the hopes of making the more developed look better and safer" (Lin 1995, 2913).

The fear that a disease can be seen as a symbol of a state that is in ruin, with the corresponding political and economic consequences, led the Gabonese government to try and hide an outbreak of Ebola in 1996 and to confiscate blood samples from international health workers (Troy 1996, 22). A further example of attempts to conceal an epidemic disease is provided by Thailand's efforts to conceal an outbreak of cholera in 1997 by calling it a case of "severe diarrhea." This tendency to hide diseases in an attempt to avoid international embarrassment, which could potentially harm the state's political and economic interests, can be witnessed all over the world. As the UK's failed attempts to hide the BSE demonstrated, states are rarely totally open about the outbreak of a potentially serious epidemic disease. They have too much to lose in terms of respect, legitimacy, and status.

Propaganda

As forcefully as they impose themselves on communities, diseases have always called for explanation. During the centuries of plague, the pestilence was a divine punishment for sin and moral corruption. Not surprisingly, for a short moment when the plague epidemic struck, the city-states and other localities became citadels of righteousness. However, as time passed by and as people grew more accustomed to plague and to the fact that it killed both the righteous and the corrupt in equal numbers, regardless of their moral merits, the divine origin of plague had to give way to more mundane explanations. The various ways in which the people of the time viewed plague outbreaks were closely interwoven with the existing political conditions. In other words, what was politically expedient also became a tool in controlling the societal effects of plague. As previously argued, plague spreaders and well poisoners became people's enemies, and people's enemies, whether domestic or foreign, were easily presented as plague spreaders and well poisoners. These foreign elements and states, which were already viewed in negative terms, were not hard to come by for purposes of apportioning blame.

As the state system became increasingly stabilized, the range of potential plague spreaders expanded accordingly to include the state's external enemies. The effects of the plague at the individual level were intertwined with broader societal and international considerations. The experiences at various levels were connected through parallel metaphorical dynamics that mingled plague with evil and enemies, instead of conceptually differentiating between them. The ontology of enmity offers an easy to understand template for disease causation and vice versa. Because the analogy between plague and sinful life brought shame upon the proud citizens of city-states, it was relatively easy to claim that plague originated from foreign and evil elements. This logic was reinforced by an uncomplicated deduction—that it was clearly in the interests of the enemy states to use the epidemic of plague to cause devastation and disorder to their rival. What the enemy states could not accomplish through honest economic and political competition, they now achieved through the vicious act of spreading plague. Thus, it was not difficult through governmental persuasion to convince patriotic citizens that the misfortune in the form of disease was not due to their own failures and practices of bad governance, but caused somehow by the enemy's immorality and trickery. In the same way, a serious epidemic outbreak in an enemy state was treated as further evidence of the enemy's politico-religious badness and the perversity of its constitutive element. Thus, it may be suggested that there exists a natural tendency to project emerging epidemic diseases onto existing patterns of

hostility. The way in which both SARS and avian flu have been associated with China provides some support for this hypothesis.

The stock narrative of an epidemic, thus, contains a well-established narrative dynamic that easily leads to the attribution of death and destruction to foreign sources and political adversaries. This tendency has been particularly pronounced during periods of heightened interstate conflict and world-order tensions. Not surprisingly, the spread of HIV/AIDS in the early 1980s was soon adopted for politically advantageous purposes. The Soviet authorities insisted that HIV was the outcome of a U.S. military experiment that had gone terribly wrong (Nelkin and Gilman 1991, 39). The purpose was to point out that the United States was a vicious and underhanded superpower that should not be trusted. Furthermore, for the Soviet Union, the HIV/AIDS epidemic offered an opportunity to point out that it was free from HIV/AIDS, that it had no "degenerated" and "corrupted" homosexual elements. However, HIV/AIDS never became a very potent propaganda weapon because it could be further attributed to undesirable internal elements such as homosexuals, prostitutes, and drug users. In other words, many people in the West connected the disease with the "unnatural" ways of the gay community, rather than with the general "corruptness" of Western societies. It was effectively used by the U.S. neoconservative movement in the beginning of the 1980s to promote its own message about family values and the need for religious revival in the United States. During the cold war, the HIV/AIDS epidemic did make some international relations appearances, not because of its deadliness, but because of the age-old political reactivity and charge contained in stock memories of lethal epidemics.

The propaganda and public diplomacy values of epidemic diseases were demonstrated in the case of the Spanish flu. The discourse about any pandemic influenza often refers to the 1918 Spanish flu as a benchmark outbreak. It came from the United States across the Atlantic Ocean before turning into a significant outbreak. Influenza started spreading among the British forces in Spain, thus the name. "Within a few cycles of infection, it was apparent that the disease had become more virulent, with a tenfold increase in the death rate amongst cases" (Nicholson et al. 2007, 102). This more virulent virus spread throughout the world. The death rate was about 10 times higher than in a generic influenza pandemic. The disease hit people in the 20–40 years' age group. This made it especially deadly among the soldiers and greatly complicated the war efforts. The co-option between the war and the pandemic became clear in the health propaganda of the time. For example, it was commonplace that the images used in poster campaigns linked fighting the disease with fighting the war.

Health propaganda that tried to tackle tuberculosis in the first half of the twentieth century offers another important precursor example.

Tuberculosis can be seen as providing much of the background for the contemporary influenza imagination. From this perspective, it is relevant that many of the health propaganda posters from the beginning of the twentieth century connected the national struggle with tuberculosis with national defense. The protective barriers of the national border and the human body were equated. The iconography was militaristic.

The strong tendency to equate fighting a disease with the language of war and military security is still evident in contemporary language. For example, the frantic struggle to contain SARS in 2003 was associated with wider national security prerogatives. The U.S. documents on SARS often highlight the close connection between naturally occurring and intentionally inflicted outbreaks of diseases. The foremost connection is that the measures against naturally occurring outbreaks are conceptualized also as important practice grounds for fighting bioterrorism. The combined dynamics is captured in the term "health security." The documents conceive of "new health threats" stemming from "(re)emerging diseases and biological warfare agents." From the U.S. perspective, the SARS-related outlook was part of a larger vision to the world: the presidential directive, *Biodefense for the 21st Century*, "provides a comprehensive framework for our nation's biodefense. [It] builds on past accomplishments, specifies roles and responsibilities, and integrates the programs and efforts of various communities—national security, medical, public health, intelligence, diplomatic, agricultural and law enforcement—into a sustained and focused national effort against biological weapons threats." The probable result of the integrated approach is that the occurrence of natural epidemic disease heightens the urgency of security concerns and recontextualizes the epidemic in question in quasi-security language.

Diseases as Pretense or Diversion

Diseases do not appear in the domestic and international realms as distinct entities void of any reactivity with already existing political conceptions. In other words, decision makers speak about diseases in a language that is laden with analogies and connotations, which are meaningful from the perspective of the state as an entity with a history, identity, and role. Diseases are linked up with the most common international relations concepts of strategy, deception, and secrecy and, on the other hand, with the idea of the enemy. By assigning the role of plague spreaders, well poisoners, and conspirators to some external enemy, such as Catholics, Protestants, or other states, or to conspicuous internal groups such as Jews, women (witches), and other "enemies of the state," a state could both divert people's anxiety

and frustrations away from its own actions and also justify its actions against these perceived enemies. It was not extraordinary then that, during the epidemic, the hospitals set up to accommodate the patients were full of political enemies; nor is it extraordinary in modern times for politically unwanted elements to find themselves in quarantine or isolation of one form or another for reasons of public hygiene. The manipulation and trickery have not been confined to the abuse of internal enemy images—they have been extended to the level of international interaction, too.

The management of epidemics can be an act put on deliberately to divert attention or to legitimize actions that would have been unjustifiable otherwise. States' declarations of intention are often deceptive and misleading. Throughout the history of states' interaction with epidemics, it has been very difficult to distinguish between their genuine efforts to minimize the health implications of epidemics and their opportunistic attempts to minimize or gain political benefits from an outbreak. States have been well placed to take advantage of the mystery surrounding such diseases as plague in the seventeenth century, cholera in the nineteenth century, and BSE, SARS, and avian flu in the twentieth century. Moreover, the character of this manipulation is entirely dependent on one's position in international interaction. The truth value of different points of view is notoriously difficult to ascertain. However, mere appearances and suspicions are enormously compelling reasons for taking conventionally appropriate actions in international relations, which means that propaganda and prestige are of immense importance and have to be taken into account in managing epidemics.

International relations have witnessed some attempts to use epidemics as a pretense for military or strategic gain. States have used regulations whose original purpose was to stop the spread of epidemics by containment in order to "reap political benefit" (Delaporte 1986, 142). For instance, the French restoration government used epidemics as an excuse to declare a cordon sanitaire against Spain, which was in the middle of a revolution at the time. The French monarchy feared that the revolution might spread to France and, therefore, an army was deployed along the border under the pretext of the cordon sanitaire (Bertier de Sauvigny 1966, 191). The U.S. government considered the term blockade to be too offensive during the 1962 Cuban missile crisis (White 1996, 142). So, instead, the Americans officially imposed a quarantine, which carried at least some sense of international legitimacy. The long co-evolution between states and epidemics has fixed and ritualized some compelling analogies, which carry with them a sense of legitimacy that cannot be totally dismissed even when abused.

Ever since the beginning of the modern state system, it was important for a state's viability that its vital economic interests be taken into account when

decisions were made concerning action against epidemics. In other words, various economic and political considerations emerged as strong arguments for and against the use of drastic quarantine and cordon sanitaire measures. It was not long after the introduction of quarantine measures that state authorities started to use these quarantines to advance the interests of their own trade and industry. There was a great temptation to make favorable exemptions from the quarantine regulations. The resulting political situation was highly complex and intricate, as the interests of the affected parties were often conflicting and irreconcilable. The disagreements over the most effective and reasonable policies extended beyond mere domestic considerations into international relations, which meant that miscalculations could have potentially serious repercussions. Thus, the internationally shared disease-related language provided ways of legitimizing otherwise politically impossible decisions, which were primarily motivated by economic and political self-interest, ruthless ambition, and power politics.

As the BSE–CJD crisis demonstrated, the imposition of disease-related restrictive regulations against a certain state will almost certainly lead to accusations that the real motives behind these actions are economic and political. The economic vitality of a state and, consequently, its relative capabilities depend very much on the level of economic and political content among the relevant domestic actors. Not surprisingly then, the well-being of most vital parts of the economy, such as agriculture, tourism, and foreign trade, is a very important determinant of a state's policies. In many respects, the German ban on U.S. pork products in 1880 offers an example of the relative ease with which real health concerns are intertwined with economic protectionism and political interests: "The German ban has proved the most interesting animal product ban of the era because it was clearly argued on sanitary grounds, but was consistently tinged with a very different motive, namely, the protection of domestic livestock producers in particular and economic nationalism in general" (Hoy and Nuget 1989, 199). The health scare was based on the discovery that meat infected with *Trichinella spiralis* could kill humans. Regardless of the "true" motives of the ban, it is clear that the dispute had much to do with protectionism, not only because the American side believed so, but also because the ban benefited Germany's own pork industry (Snyder 1961, 4). The ban was lifted in 1891 after the adoption of satisfactory meat inspection laws by the U.S. Congress. Although the ban on U.S. pork and the lifting of the ban were grounded in reasonable public health arguments, the episode as a whole clearly illustrates how legitimate health concerns are intimately connected with the concept of national interest. It also offers an often used precursor template. In contemporary world politics, there are numerous import bans of food products that are justified as health measures, although their ground is clearly political.

Scares and Panics

One the most common narrative paths of the recent epidemic-related reactions has been the predictable market reactions. For example, when a mad cow or sick chicken is found, the consumer reactions almost automatically lead to havoc in the related markets. The markets panic and the economy suffers when there are sharp changes in consumption patterns or the establishment of trade barriers between states. In the globalizing world, this reaction is one of the most common communal reactions to the anxiety provoked by diseases.

Food provides a major channel for the anxieties and related market problems caused by disease epidemics. Another important way of projecting pandemic fears is through the worry over air travel. One of the foremost aspects of global fevers such as SARS and avian flu has been the connectedness with the global infrastructure. SARS in particular was connected to the backbone of global culture, the hub-and-spoke structure of international air travel. There is a close relationship between air travel and microbial traffic (Ali and Keil 2006, 30; Naylor 2003, 10). SARS created problems for the aviation industry because the rapid spread of the condition was associated with intercontinental flight connections. The markets speculated that the industry most under pressure from SARS were airlines. The spread of the foot-and-mouth disease in the UK caused heavy additional costs for the airlines. The feverish pace of global interconnections is based mostly on the hub-and-spoke system initiated by the topology of international airports. It is perhaps not surprising that the industry most under pressure during pandemics is the aviation industry. While the aviation industry represents the crossing of political and continental boundaries, the food production industry brings with it the perception of crossing the nature versus humanity barrier. Whatever the underlying narratives, the fact remains that in today's international political economy, market reactions provide a key gauge for lethal epidemic diseases.

In the case of avian flu, the collaborative pattern that was significant for the different actors' perceived legitimacy was the one between institutions and industry. Among the most distinct role differentiation among the pandemic crisis actors is the one between pharmaceutical traders and public health protectors (e.g., Abbot 2005, 317). Big pharmaceutical companies' investment-related arguments have to fit into the general humanitarian frame. Their role highlights the common interest-related importance of having strong property rights protections: patents need to be protected and price controls resisted. These policies, so the argument goes, will benefit the poor as well because the industry can undertake expansive drug development. However, the public health advocates argue that the

common benefit has to allow room for governments to break patents so that the poor also will have access to life-saving innovations. Health is seen as a priority over the protection of intellectual property rights. Both stands have their lobbyists and supporters. Among the states, intellectual property rights are promoted by the U.S. and other Western governments, whereas the public health advocates find supporters among developing countries such as Brazil and South Africa.

It is important to point out that these viewpoints influence collaborative arrangements. For example, when industrial accidents are perceived to be more likely and devastating, the relationship that community groups have with industrial groups is influenced negatively. The situation leads to new patterns of conflict and coalition. Loyalties shift to reflect the underlying perceptions of liabilities and blame. This collaborative dynamic delegitimizes close cooperation between industry and state. Any perception of this can lead to assignment of blame for the disease, its hiding and failures to control it to these collaborative relationships. This type of blame dynamics took place during the initial 1996 BSE crisis. Blame was put on the industrial food production industry. Furthermore, the governmental regulators were deemed to have been too intimate with the industry. The crisis delegitimized such linkages and new policies were implemented to prevent similar ones happening in the future.

The perceived illegitimacy of collaboration with industrial interests emerged during the avian flu scare, too, in the form of two antiviral drugs called Tamiflu and Relenza, both of which enjoy patent protection. This means that the patent holders have the ability to limit the manufacture of their respective drugs to their own company or contractors. At the current pace of production, it would take Roche 10 years to meet the world demand for Tamiflu stockpiles. The United States currently has stockpiles for less than 1 percent of the American population, while the WHO recommends stockpiles for 40 percent of the population. The unequal distribution of vital medicine is clear. Only about 30 countries are purchasing large quantities of the two drugs. This means that most developing countries will have no access to vaccines and antiviral drugs. This perceived injustice led to the decision of the Indonesian government to stop providing WHO with samples from the country.

Pedagogic and Proof Plays

Another feature always present in the politics of lethal epidemic diseases is the idea of teaching, of political pedagogy. Health education is a pervasive characteristic of most, if not all, human societies. Didactic plays are rooted in this deep cultural resource. Didactic plays refer to spectacles that start by

dialectical definition, which is then amplified and dramatized by narrative and rhetoric in order to teach people global health issues and advise those with less experience. Pandemic-related didactic dramas come in two forms: introductory didactic plays and advanced didactic plays. The didactic aspect subordinates the unfolding spectacle to the exigencies of the pedagogic purpose of the political variant of a particular pandemic threat. This characteristic varies from direct "preaching" of the facts of by now politicized pandemics to refraining from explicit moralizing and trusting the reader to draw his own lessons from the outcome of the story. The work teaches the facts and figures, but also an advanced moral attitude (prudence). Information is directed to the less initiated and the more nuanced deeper story to those more deeply immersed. These two levels are subordinated in that the teaching of the facts and figures is based on a framework that also teaches right consciousness and attitudes toward the globalizing world.

The overall dynamic actualizes in pandemic spectacles. Latour's (1988) idea of "theater of proof" can offer a history of the medicine-related way of looking into these performances, in which the various actors take on their roles and form different types of collaborative relationships. These relationships may range from strict, authoritative ones to those based on flat network patterns. The key is to demonstrate legitimacy in meeting the challenges posed by the rogue elements of a pandemic.

It is fitting that the theater of proof draws from a famous medical demonstration—the famous 1882 experiment through which Pasteur revealed the effectiveness of vaccination. The experiment lasted for several days and was the focus of intensive attention by the French media. Twenty-five sheep were vaccinated against anthrax and another 25, which were not vaccinated, were painted with red marks. The success of the demonstration was vividly visible to the onlookers, who witnessed the death of all the animals who were not vaccinated, but were visibly marked. This experiment was widely talked about and gave medical research an air of certainty. It offered clear-cut revelatory knowledge about the power of the new health science. Pasteur managed to make the underlying, difficult-to-comprehend hidden reality visible and controllable. Such experiments were conducted around the world. At the level of popular imagination, these laboratory experiments, once transferred into the field, turned into modernity's testing grounds, into theaters of proof. At stake was the legitimacy of modern medicine and the state that had produced it. It also propelled into the foreground a new collaborative arrangement between the heath-science and political authorities. It helped to produce a legitimate system of governance.

What qualities are inherent in the pandemic theater of proof? Latour's idea is that the scientific theater of proof is powerful because of its seeming

objective clarity. In this sense, Latour's theater of proof refers to "a physical space where the objects of science are said to be freed from rhetorical distortions, faulty vision, and the inadequacies of the 'lesser' senses" (Crawford 1996, 67). In the same way, the universalizing ethos of the pandemic spectacle contains a tendency to see it not as a social setting only. The humanity vis-à-vis inhumanity confrontation turns into a direct test of modernity's power to govern the rogue qualities of nature.

In this type of setting, the representative of health is a figure that observes the external reality directly. This position is provided to it by the seemingly "true" and "authentic" foundations of Western civilization. These ultimately political foundations are at stake in the emergence of a pandemic. The staging of the theater of proof is meant to produce an acknowledgment that there is a technology of life which has a precise nature, definitions, and protocols. The field of a pandemic contains the visible signs of this technology. Medical personnel in white protective suits, masked doctors, helicopters hovering about, field hospitals, and military presence have been constant features of post–cold war epidemic performances. Another fairly constant and highly visible feature has been the culling and burning of animal carcasses. One of the most unforgettable scenes of BSE, SARS, and avian flu was the piles of killed animals. These visible demonstrations are needed because the pandemic scare is turned into a moment that renders transparent the underlying truths concerning who promotes heath and who does not. For example, the images of SARS in 2003 provided a drama that demonstrated the goodness of organizations such as WHO and held China as suspect when it came to its trustworthiness in an increasingly interconnected world. This demonstrative pattern revealed at a single glance to the average spectator the media representations of SARS spreading in Hong Kong, the presence of the threat, and what was done about it. The theater of proof conveys power and ideology in these seemingly nonpolitical acknowledgments. This pedagogic aspect makes it evident that what is done in the name of disease control and eradication is inherently beyond doubt. It recreates a particular way of defining humanity with an inherent underlying hierarchy. Pandemics are refined into governance exercises that are thought to be beyond politics. Those elements that are feared will hamper the demonstrations are turned into examples of negative politics or into direct enemies colluding with the rogue qualities and hostility of nature.

Modern health propaganda has highlighted the general human interest as its main motivating factor. Because of this apparent humanity, the political agenda of health policies often go unrecognized. However, even a cursory look into the avian flu debate reveals that different actors have their own at least partly incompatible goals. For example, on the surface, the

sharing of epidemiological data and samples with the WHO seems the self-evident, right thing to do. It is in accord with the common wisdom that such sharing benefits the whole of humanity and human polity. WHO has a 50-year-old system for sharing influenza virus samples. Countries donate samples to the WHO so that manufacturers relying on the data can maintain the effectiveness of the vaccines. This system had to be renegotiated in early 2007, when Indonesia refused to send samples to the WHO. Indonesia's concern was that it did not stand to gain from the system and that the real beneficiaries were the Western governments in terms of vaccine supplies and the pharmaceutical companies in terms of profits. The vaccines developed from the samples were too expensive for the developing countries, while the Western countries were emptying the markets. Another important reason for the Indonesian decision was its willingness to negotiate with specific drug companies. Indonesia wanted to give its samples directly to a specific pharmaceutical company, bypassing the WHO system. This arrangement would have guaranteed Indonesia more direct benefits in terms of supplies and shared profits. In the end, the crisis was resolved by granting Indonesia the "final say" when it came to the commercialization of drugs developed based on Indonesian data. The Indonesian government's actions offered a rare glimpse into the deeply political nature of the Western pandemic spectacles and into the underlying hierarchical definition of human polity.

The controversy over sharing data illuminates the politics of health: alternative visions, different agendas, co-optive purposes, and clashing interests. It differentiates among actors and defines the way in which they collaborate. Even the modern expert-driven functionalist health governance recognizes some legitimate forms for politics. "Heath-production politics" offer insights into the contemporary ways of defining politics and governance.

In health governance, a positive form of politics is often seen as providing for the functioning of effective apolitical public health. Such positive politics allocates adequate resources and institutions (Siddiqi 1995, 170). Public health involves a more mundane, yet equally necessary, role for politics: institutions and programs have to be established and allocated adequate resources. One has to choose the personnel to work in the functional field, provide funding for the building of offices and laboratories, finance large-scale inspection programs, and so on. As long as the justifications and reasons are based on common interest, this supportive role of politics is not seen as harmful even when it results in disagreements, as long as they do not result in the paralysis of expertise. Perceived harmless disagreement includes "competition" of states over the right to host health institutions, for example. There is also the politics of expert debates over

the most effective policies. Experts can argue over the best course of action in maintaining public health. Scientific debates, disagreements, and compromises in the field of expertise are not seen in themselves as political in any negative sense of the word.

When reading public health literature, it soon becomes apparent that the line between positive politics and negative politics is crossed when politics does not enable the functional field, but co-opts it for other purposes. General opinion seems to be that such co-option leads to less effective health policies and that it reflects badly on the perceived legitimacy of global health policies. However, it should be noted that careful co-option relies at least seemingly on effective and legitimate global health. This type of co-option leads to a horizontal, "partnership" kind of collaboration between those professing the modern global health perspective and those with other agendas. This partnership tends to reaffirm and reestablish the underlying rhetorical persuasiveness of the public health perspective while serving additional goals. Besides this, it is possible to conceptualize two other forms of collaboration between political and public health actors. Co-option may be based on a hierarchical situation, where global health is directly subordinated to other goals, such as a strong vision of national security. Health becomes defined as one front in the wider struggle toward a preferred goal. For example, the U.S. HIV/AIDS-related PEPFAR programs—part of "transformational diplomacy"—explicitly aim at preventing state failures and spread of terrorism through effective health programs. The third co-optive collaborative arrangement involves actors who purposefully resign from the modern public health paradigm. For example, the Indonesian refusal to share samples might be seen as a direct challenge to expert-based health governance. An alternative co-optive form of collaboration is the apparent lack of transparency of some of the actors. China was accused of this during the 2003 SARS and later avian flu scares. This type of co-option leads almost invariably to negative prestige and lowering of international status. This co-optive pattern is seen as directly hindering public health efforts, and, as such, it becomes directly associated with the causation of disease. It is handled as a deviant and rogue element.

An example of apparent supportive co-option is the recent regime development stemming from the avian flu—the formation of the International Partnership on Avian and Pandemic Influenza. According to the U.S. Department of State, the partnership aims to elevate the avian flu issue on national agendas, coordinate efforts among donor and affected nations, mobilize and leverage resources, increase transparency in disease reporting and the quality of surveillance, and build local capacity to identify, contain, and respond to an influenza pandemic. On the U.S. side, participation in

the partnership is coordinated by the Department of State, which established the Avian Influenza Action Group in March 2006. This group is worked in collaboration by the Departments of Health and Human Services, Agriculture, Homeland Security and Defense, and the U.S. Agency for International Development and other such agencies. The process led to an unbinding declaration ("global partnership initiative"). Among other things, this text states that "enhanced global cooperation on avian and pandemic influenza will provide a template for global cooperation to address other types of health emergencies." These other emergencies refer to biological warfare. The co-option between nation security and international public health is thus clear here. On the surface of it, this co-option is not perceived as negative. It is seen as beneficial to both parties.

The apoliticization of governance action in pandemic emergencies is among the most important places to look for the ways in which politics and power hierarchies matter in contemporary humanitarianism. All the actors talk on behalf of humanity. The failure and success in this process are relative. Some actors co-opt better than others. This circulation of legitimacy provides different opportunities for co-option. The actors close to the top of the Western hierarchy—that is, Western governments, international actors, and multinational businesses—have a long co-optive tradition. To answer these questions, it may be suggested that diseases manifest themselves in engaging and engrossing public plays of legitimacy and experimentation with various instruments of international legitimacy.

Further Elements of the Pandemic Theatre

The "coming plague" narratives provide an additional aspect of the imagined scene for pandemic performances. There exists a growing strand of literature that reinforces the idea that several historical turning points have come about when a serious epidemic disease has afflicted a population (e.g., Diamond 2004). The impact of lethal epidemic diseases is described in terms of a catastrophic blow against populations that exist in a confined geographical space—for example, the collapse of the Mayan culture or the ability of the Spaniards to conquer the Americas. Epidemics manifest themselves in geographical confines by affecting mortality, population density and distribution, and behavioral patterns. In this general line of research, it is fairly common to examine how often unrecognized human behavioral patterns—for example, the relationship between humans and domestic animals—affected the emergence, spread, and distribution of diseases.

The metaphor of "population" has, in recent pandemic research literature, been complemented by the concept of civilization. Especially in the research dealing with the first contact between the European and Amerindian civilizations, there is a tendency to treat the impact in terms of disease exchange between civilizations. The hypotheses about syphilis and smallpox as vital factors in civilizational contact are widely used and deemed probable. Often, these arguments are made in order to obtain some contemporary relevance. They contain the message of a possible coming plague that might threaten the Western populations. The theories about past inter-civilizational encounters are made to matter and cause alarm in the present context.

Much of this influential interdisciplinary discourse uses population-based ideas of human behavior. This discourse can be further illuminated by contrasting it with other notions of politics. For example, a wider look into political theory should reveal that human behavioral cohesion is not due only to geographical barriers, but mainly to the existence of multidimensional political boundaries. This basic realization is often bypassed by the slogan that "political borders are porous to diseases." In this respect, there seems to be a "human animal" metaphor inherent in the popular concept of a population. The apparent bypassing of the Aristotelian notion of humans as political animals living in polities, instead of populations, is in itself a political practice. It refers to the desire to treat epidemics as apolitical threats. The terms chosen are meant to achieve certain objectives. For instance, they make politics disappear. Politics is made to cease at the populational or civilizational level. The population metaphor contains a sense of geographically and naturally contained entities. Civilization is used to evoke a sense of the widest possible human polity, humanity, which lacks "politics" in the sense of there being conflict over the interests or purposes of human polity. The dual movement toward human population and humanity finds its most natural home in contemporary humanitarian thought.

At the level of metaphorical political bodies, the sufferer in the pandemic plays is imagined as an individual and humanity. The individual as the body in pain is the topos of modern humanitarian compassion. The individualization of the sufferer points to an important watershed in the history of the sufferer construction. The modern sufferer is often a contextless figure existing in the heavily temporalized situation of the health emergency. The figure represents all humanity through being human at the mercy of the outside elements of inhumanity—that is, birds spreading avian flu or cows turning into BSE-polluted hamburgers. This "zooming in" to the individual level allows for the construction of the epicenter of suffering, where the voiceless sufferer communicates only

through the visual language of hospital patients or health-care workers wearing protective gear. The complexity—for example, the historicity of various groups of people, their self-understanding, and the variance of the importance placed on collective suffering—recedes to the background and the patient as an expression of humanity's pain crops up. For example, a person dying of Ebola in Zaire starts to embody fear and danger. His individual qualities are lost if they are not regarded as vital for the cultural explanation of "what is happening." The distant sufferer in some faraway location, with distinct and shared memories, beliefs, and myths about what has happened, why, and for what end, is cleansed when the figure is refined into Westernized form, into a generic representation of what, how, and where things might go wrong (e.g., Malkki 1996, 380).

For a distant sufferer to become a member of the general human polity, it has to be denied membership of other seemingly narrower political communities. The only exception is when such sufferers are closely associated with the rogue. For example, the skin color of the Ebola sufferers might be used to evoke negative sentiments connected with Africa: people "there" are close to nature and might, therefore, allow a portal for "rogue" nature to hit the main trunk of humanity.

The theories of the origin of HIV/AIDS contain these sentiments. The largely mythological point of origin story argues that decades ago, somewhere in Africa, there was a close encounter between an infected monkey and a human being, which led to the crossing of the species barrier. The sexual orientation of people living with HIV/AIDS provides a vital icon for the popular depictions of the syndrome. It matters also in the visual production of the disease and in the embodiment of fear. The Ebola stories share the same "Africa, where infected monkeys come into close contact with men" sentiment. The avian flu stories treat Asians in the same way. A person from the "populous" continent is turned into a person whose fever is due to close contact with domestic and wild birds. The visual rhetoric of pandemics uses some individual qualities of the infected people to translate the pandemic into a culturally readable form.

The perceived apolitical conditions inherent in the humanitarian imagery of human polity are comparable to those produced by the related notion of developmentalism (Ferguson 1990, 16). The term "antipolitics machine" refers to the "development" industries' application of technical solutions to such political problems as conflict, poverty, suffering, and hunger. The machine—that is, the developmentalist discourse, repertoire of established "solutions," and the infrastructures/networks of actors involved—renders the politics of the distant others into a series of rational/technical problem-solving exercises. Although this production of subjects is itself a political act, it is political in a specific sense of the

word: it is politically privileged by its appearance of being apolitical. Ronald Barthes's (1984, 145) concept of "depoliticized speech" sheds further light on the humanitarian antipolitics machine. The practice of depoliticized speech is based on mythologizing political actions and turning them into something that is self-evident, required, and essential. The sufferer is produced as an ahistorical and universal humanitarian subject in the apolitical governance language of international agencies (Malkki 1996, 378). However, such speech only hides the deep political power significance of this manner of constructing the body in pain. The rendering of humanitarianism into a realm where ethics, not politics, matters enables specific types of humanitarian action and its co-option by actors in whose interest it is to turn the distant place into an apolitical object of Western intervention (e.g., Minh Ha 2004, 269).

Pandemic diseases become apoliticized in a particular way through the legitimacy, pedagogic, and proof plays. Firstly, the scare becomes localized. Diseases are identified with a particular area and, often, with particular people—"racialized", gendered, sexualized, and "ethnicized." In both the avian flu and SARS episodes, the people whose diseases were considered alarming were found in Asia. These people are in the foreground of Western media because of outsourcing and fast economic growth. Both print and TV used repetitive images such as Asian citizens in masks and animals in the southern Chinese "wet markets." Another important aspect of pandemics is their tendency to temporalize the situation. Time becomes increasingly salient. There is a rush to find a cure or solution, to track and isolate the carriers. The tempo of the globalizing world easily finds its correspondence in the disease imagery. It is often the case that conclusive scientific proof cannot be achieved without time-consuming research. This situation often leads to immediate actions based on worst-case scenarios. Often, the worst-case imagery blends with stereotypical and popular beliefs.

The avian flu episode encapsulated many of the aforementioned features. The scare made governments all over the world spend billions in planning for a potential influenza pandemic—buying medicines, running disaster drills, and developing strategies for tighter border controls. These actions are seemingly apolitical because they take place inside the humanitarian, pro-humanity frame. They are perceived as necessary and unavoidable. Many of the planned or implemented policies concentrated on different isolation procedures. Isolation is aimed at separating individuals with the infectious illness in their homes, in hospitals, or in designated facilities. Quarantines bring about separation and restriction of movement, that is, of a group of people, who, while not yet ill, have potentially been exposed to an infectious agent. The isolation plans often referred to different forms

of social distancing (e.g., within the workplace, social distancing measures could take the form of placing moratoriums on hand-shaking, substituting teleconferences for face-to-face meetings, staggering breaks, and posting infection control guidelines). Places of assembly, such as churches, schools, and theaters, were closed. At the level of the national and international borders, the plans included drastic modifications in movement patterns—restricting movements at the border, instituting reductions in the transportation sector, and applying cordon sanitaire procedures.

At the moment, the apolitical machine of avian flu works through two major programs. At the international level, avian flu has led to two cooperative initiatives: the United States–initiated International Partnership on Avian and Pandemic Influenza and the Global Preparedness Plan led by the WHO. The United States–initiated partnership is meant to improve international surveillance, transparency, timeliness, and response capabilities. President Bush, addressing the UN General Assembly in September 2005, said: "As we strengthen our commitment to fighting malaria and AIDS, we must also remain on the offensive against new threats to public health such as the avian influenza. If left unchallenged, this virus could become the first pandemic of the twenty-first century. We must not allow that to happen. Today I am announcing a new International Partnership on Avian and Pandemic Influenza. The Partnership requires countries that face an outbreak to immediately share information and provide samples to the World Health Organization. By requiring transparency, we can respond more rapidly to dangerous outbreaks and stop them in time" (available on http://italy.usembassy.gov/viewer/article.asp?article=/file2005_09/alia/a5091309.htm). The partnership's apparent emphasis is on transparency. Transparency means international access and wide collaboration with the international community. It requires countries facing an outbreak to immediately share information and provide samples to the WHO. The WHO plan assists WHO member states and those responsible for public health and medical and emergency preparedness to respond to pandemic influenza-related threats. It is meant to assess risks and come up with preparedness plans that can then be recommended to the member states.

The policies reinforce political boundaries. Most clearly, they reinforce the unequal distribution of influence in world affairs. U.S. dominance is clear as is its co-optive relationship with the private and public international health actors. Various isolation and transparency measures complement and reinforce the hierarchical distribution of power.

It can be argued that the global political space is in flux, constantly shifting and changing. The primary concern is over the consequences of earlier national, ethnic, and religious boundaries being rapidly transgressed. The conventional borders, which have been the foundation of the world view,

trust, and loyalty, are becoming porous and weak. New processes such as global warming and the war on terror are capturing the imagination. The declinist sentiments, anxieties, and concerns over the nature, purpose, and consequences of events provide much of the dynamics for the prevailing pandemic frame. It is in this frame that pandemics such as the avian flu actualize as a global concern that embodies much of the myriad background anxieties. Besides anxieties, the episodic pandemic dramas provide a staging ground for demonstrations of legitimacy, effectiveness, and power. The episodes turn into highly readable plays that transform and can be used to influence the background frame. These captivating plays are used as a momentary criterion or standard for the morality and legitimacy of the various political actors. Failures translate into a deficiency in fulfilling the perceived obligations that are essential for membership and the consequent rights of the increasingly global community.

The avian flu episode may be read as a reminder of the world's networked nature. The apparent necessity to secure the global network is judged to demand increased coordination and harmonization or preparedness, prevention, response, and containment activities. The pandemic was perceived as a global danger that manifested itself at the local level. This connection enables global "acts of responsibility" at the local level. In a way, the disease came with a message that demands further governance or integration between localities. It demanded reimagining political organization.

Pandemic actions have become an integral part of the humanitarian frame. Compassion is felt toward the human polity and, implicitly, for the order within. People feel for the fate of humanity through the pandemic plays. This feeling is political in that it regards the present civilization as worth feeling for. It also connects the imagery of human suffering with the fate of the civilization. The resulting politico-somatics is an important part of neoclassical vorticity. The deepening and enlarging spread of the grand movement has found its way to human bodies. The post-9/11 movement in the world order is arousing emotionality—anxiety, fear, and compassion. These sentiments are essential ingredients when the human polity faces threats in the form of pandemic diseases.