

Editorial

Mediating Disease Cultures

Disease festers in the shadows of health. In the same way that health is an unquestioned “good” (see Elliott, 2014), disease is often framed as an unquestioned “bad,” a problem to be solved, a state to be overcome or, even better, avoided altogether. As noise is to information or silence to free speech, disease is to health (see Sontag 1978). And yet, despite our pursuit of health as a personal, community, or social goal, despite the “dream of hygienic containment” (Bashford & Hooker, 2001, p. 1) that has animated the public health apparatus since the early twentieth century, humans have always lived with disease, at dis-ease. This special issue of the *Canadian Journal of Communication* (CJC), *Mediating Disease Cultures*, begins with disease rather than health and suggests there is much more to our contemporary relationship with disease than its abiding nature.

As I pen this introduction, communicable disease is in the air. An anti-vaccination group recently mounted a billboard campaign in Toronto, Ontario, suggesting that children should not need to be vaccinated in order to attend school. There has been a rash of occurrences of—and deaths from—measles in Canada. The World Health Organization has announced that measles rates are up 300 percent worldwide in the first quarter of 2019. Canadians are just coming out of their annual flu season and H1N1 was the dominant strain (again) in 2018–2019. News out of the U.K. celebrated the second apparent “cure” of HIV, yet almost 37 million people still live with the virus worldwide. In May 2018, the Smithsonian National Museum of Natural History in Washington, D.C., launched a high-profile exhibit entitled *Outbreak: Epidemics in a Connected World*. Set to run until 2021, it emphasizes the microbe, both agentially and aesthetically, and offers a zoonotic explanation for the pandemic spread of disease. It posits that we live in an infected global village—the “connected world”—in which disease is continually mediated by global travel and trade. The risk of outbreak is ever-present.

The authors of this special issue would agree that disease *means* differently as we move into the third decade of the twenty-first century. Penelope Ironstone suggests that what she calls “post-Pasteurianism” is not only about antibiotic resistance or antimicrobial practices but is “also bound to the equally concerning emergence of a pandemic culture that insistently amplifies anxieties regarding the vulnerability of our bodies and societies to contagious viral diseases” (p. 158) (see also Gerlach & Hamilton, 2014; Ironstone-Catterall, 2011; Mitchell & Hamilton, 2016). Pandemic culture is as much a product of media as it is of disease.

Mediating Disease Cultures intends its double agency. Disease both mediates and is mediated; it is both culture and cultured. Communication practices and infrastructure, norms and institutions, gestate disease cultures. Disease in general, in addition to specific diseases, catalyzes and structures ways of thinking, talking, and acting in

the world. And Canadians and Americans talk about disease a lot—on conspiracy theory blogs, on dating apps, on posters, in news media, in photojournalism, and in the online trumpeting of “ideas worth spreading,” among other social sites. But this special issue is about more than the “representation of disease.”

This issue seeks to build on the work of *CJC*'s 2007 special issue, *Communicating Health*, edited by Kim Sawchuk. While Sawchuk (2007) correctly identified health as an issue of increasing interest to Canadian communication scholars, and while health was acknowledged throughout the research gathered there as both fragile and fleeting, the authors' foci remained on health. In 2014, again in the pages of this journal, Charlene Elliott offered a valuable distinction between “health communication” and “communication and health.” Health communication is epidemiological in its focus, seeking specific outcomes and advocating for initiatives assumed to produce those outcomes. Communication becomes an instrument of a behaviourist logic and apparatus (Elliott, 2014). This is not work that has held much appeal to most of the Canadian communication academy. In contrast, Elliott (2014) argues that communication and health research asks instead, “what does it mean to mobilize health? How do we theorize health, frame it, package it, and promote it? How does communication represent health, and how do the two entwine in the creation of particular subjects and objects of concern?” (pp. 3–4, emphasis removed). Building on this foundation, we seek to go even further.

Mediating Disease Cultures asks what happens if we let go of the quest for the elusive ideal of health. What if we understand disease as ubiquitous and continuous, rather than merely a stop on the teleological road trip to the state of healthy? This enables us to ask: what does disease do? The authors of this special issue examine the ways in which disease mediates—making microbes and communities, medical professionals and doubters, celebrities and surfaces, perpetrators and profits. They offer a rich slice of the range of methodologies available to communication scholars: framing and narrative analysis, figuration and cultural-icon analysis, sensory reading, social media tracking, interviews, and more. These articles also articulate the multimEDIATION of disease, from photography to press coverage, from dating apps to social media platforms, from courtrooms to online videos, from news aggregation sites to posters. And they do so without lament for our lost healthiness.

Penelope Ironstone launches the issue with a broad view, exploring the ways in which microbial science—the sine qua non of what she calls the “post-Pasteurian” moment—is fundamentally neoliberalized and marketized. In “Post-Pasteurian Reckonings and the Human Microbiome,” Ironstone takes up the genre of the TED talk, where entrepreneur scientists promote a form of genetic self-help. Rather than reading rhetorical content, she tracks discursive regularities to critically frame the genre of TED talks' particular format of neoliberal popular science. Ironstone analyzes four specific talks to illustrate the ways in which they construct the human-microbiome relationship and mobilize both the crowdsourcing of information and crowdfunding to support large-scale biomedical research. Similar to the work by Margaret MacAulay in this volume, Ironstone's analysis highlights the flipside of democratization discourses in the context of private sector knowledge and big data aggregation. Neoliberal

subjects are governed at the molecular level, with their enthusiastic participation and their own money.

In an analysis sadly more timely than ever, **Josh Greenberg, Gabriela Capurro, Eve Dubé, and S. Michelle Driedger** take up the ways in which disease risk is narrativized in news media in “Measles, Mickey, and the Media: Anti-Vaxxers and Health Risk Narratives During the 2015 Disneyland Outbreak.” The authors explore “how public health events are translated from putative conditions into problems that magnify moral and political concerns,” (p. 175) examining Canadian news coverage of the 2015 outbreak of measles at Disneyland in California. In their analysis, anti-vaxxers are produced as objects of “blaming” in a particular moral stance (an issue also taken up by MacAulay in a very different context). Moral, medical, and political concerns stick to both places and people. Like Gerlach’s and Mitchell’s pieces, the article explores how disease travels, and how geographies of fear and risk are constituted in and by that movement. The research reminds us that traditional news media remain important sites for the articulations of our vulnerability, and, further, that the stories we tell ourselves about disease outbreaks are central technologies in generating the differently soiled figures of victims and perpetrators. Importantly, these stories continue to proliferate in our daily newsfeeds.

While **Neil Gerlach**, similar to Greenberg et al., examines the news media and disease events as disruptions of the sense and structures of biosecurity, he directs our gaze to the understudied practices and norms of journalistic visualization. Gerlach asks: how do we picture disease? By taking the specific case study of American news coverage of the 2014 Ebola outbreak in West Africa, he identifies a variety of visual icons, among the most notable and common of which is the hazmat suit. In “Visualizing Ebola: Hazmat Suit Imagery, the Press, and the Production of Biosecurity,” Gerlach suggests that images of this lowly technology of disease treatment perform double labour. When circulating in coverage of the outbreaks in Sierra Leone, Liberia, and Guinea, they reinforce pre-existing disease frames of the “primordial Other” posing a risk to the nations and citizens of the Global North. This is starkly different than the affect generated by the hazmat suit icon when Ebola lands on the continental United States. In these images, the hazmat suit works to disrupt the sense of security of the American “imagined immunological community.” Gerlach’s analysis invites us to question the unstable and volatile nature of all imagined immunological communities in contemporary diseasescapes.

Scott Mitchell also directs our attention to how disease is mediated, but in his piece, he traces the pathways of virality: the ways in which ideas about disease, true or false, move in and through circuits of communication and networked media. In “Population Control, Deadly Vaccines and Mutant Mosquitoes: The Construction and Circulation of Zika Virus Conspiracy Theories Online,” he explores the case study of the “conspiracy theory” of genetically modified mosquitoes and their claimed link to the spread of the Zika virus in 2015–2016, making visible the interplay of social media, news sites, and news aggregator platforms in the circulation of disinformation and misinformation. These mediating technologies and techniques take on heightened importance as we continue to struggle with “fake news.” Similar to Ironstone’s, Mitchell’s

article invites a reflection on the ways in which we evaluate the quality of information about health and disease in an online context. Yet both authors move us well past the information deficit model that continues to hound public understanding of science approaches (and health communication research), and Mitchell literally tracks the information spread through the media of users and platforms, watching the contamination.

We return to the neoliberal economy of disease explored by Ironstone, but in a very different context, in **Margaret MacAulay's**, "Anti-Viral Marketing: The Informationalization of HIV Prevention." MacAulay examines the ways in which the affordances of digital and networked technologies have been mobilized toward the public health ends of HIV prevention, with complex and mixed results. Taking up the experiences of prevention groups working in Vancouver and San Francisco, she suggests that HIV prevention has been "informationalized" alongside the rise of digitally networked sexuality. The democratization discourse in which informationalization is touted is double-edged; the same information that can empower patients and "at-risk" individuals through dating apps, for example, becomes a mechanism of discipline and even punishment, as victims and perpetrators are coded by law. MacAulay, similar to Ironstone, pushes us to think past the discourse of the responsabilization of health, toward the complex ways in which participation becomes a value in and of itself in the marketing of disease awareness and management. Commercial imperatives of health information and disease-prevention education become fused with status, social and sero.

In my own contribution, "Envisioning a Habitus of Hygiene: Hands as Disease Media in Public Health Handwashing Campaigns," I explore the ways in which contagion awareness is entrained as embodied, habituated practice through one of the original types of public health media: the poster. My analysis suggests that handwashing poster campaigns circulating in the United States and Canada rely upon three modes to increase and hone somatic attention. First, they reteach viewers to wash their hands through step-by-step instruction. Second, they frame quotidian surfaces (from our own skin to office equipment) as irremediably contaminated. Third, they invite the recognition of our symbiotic relationship with viral communities of others. Similar to the articles by Gerlach and Greenberg et al. in this volume, I look at the ways in which environment is reconstituted; in this instance, a site for the epidermal encounter of contagious surfaces. And, similar to Ironstone, I examine the ways in which microbial agency is configured, in my case, as a sensory effect of mediation. I, too, consider the affordances of medium (as do MacAulay, Mitchell, and Ironstone), only in my instance in an old-school mode.

Disease dirties us: mediating our vulnerabilities; governing our movement in physical, imagined, and digital spaces, disrupting the smugness borne of both species hierarchy and technoscience. The disease cultures explored here operate within and as bioeconomies; markets matter to microbes. Disease events are inherently relational—staging engagements from the sexual to the technical—and disease cultures traffic in both spectacle and the quotidian. Yet the diseases examined in this volume are communicable, requiring vectors, conduits of passage, and the media of communication: mosquitoes and hands, platforms and airplanes, up-votes and face masks, theme parks and proselytizers.

We live in a new world of disease—time will tell if it is brave or not. A popular example will illustrate key elements of what it means to think through disease rather than health. In *World War Z*, a 2013 film by Marc Forster, a devastating virus that seems to turn people into zombies rips at incredible speed through large cities around the world, including Philadelphia, the hometown of the protagonist (Forster 2013). The tatters of political and medical infrastructure retreat to remote locations in order to regroup; they are irreparably broken, completely unable to deal with the situation. Unlike most contagion tales, the film's protagonist is not a doctor or scientist. He is not military; he is not the lead on a team embedded within an international health bureau. He is a former “UN investigator,” whatever that means. Gerry, played by Brad Pitt, is a problem-solver-for-hire, a mercenary whose job is to survive in all manner of challenging environments—from military conflicts to plague zones—his skills are both ephemeral and generalizable. The film follows Gerry around the world as he tries to track down the source of the disease, the origin: patient zero. However, it becomes increasingly apparent that that is impossible and, more importantly, futile. It does not matter who patient zero is anymore. Through observation, Gerry eventually realizes that the zombies will not attack an already sick person, and so the global strategy to deal with the contagion becomes infection. The uninfected contract a less fatal infectious disease in order to camouflage themselves; they hide in disease itself.

In *World War Z*, we see the move away from traditional public health institutions as the site for dealing with disease outbreaks. No “cure” for the zombie virus is found (or even sought). Instead, disease is countered with disease. The zombie contagion is managed rather than eliminated. Healthy is actually a dangerous (and doomed) state of being. *World War Z* heralds the new normal of the world as infected. Period. There is no outside of disease. We must learn to live with and in it.

The six articles that follow, while not going as far as *World War Z*, begin from the premise of a diseased world. They challenge the underlying assumptions of communication and health research with its (latent) telos. They speak powerfully to what it means to live in a twenty-first century world where each of us is mediated by disease, and where disease has gone viral.

Acknowledgements

This special issue would not have happened without the labour, patience, and good humour of a number of people. Thank you to Michael Dorland for giving us free intellectual rein and for your years at the helm of this journal. Simon Vodrey worked unflinchingly to support this project. Chris Russill and Bethany Berard have been amazing in the final stretches of putting this issue to press, and Marilyn Bittman was, as always, a rock. I send much appreciation to the anonymous reviewers. We are all incredibly busy in these crazy academic jobs that we do, and all of the authors appreciate you volunteering your time to give thorough and thoughtful reads of these texts. The peer review process is at the heart of pushing scholarship to be more rigorous, more engaging, more provocative—all of the articles improved for your efforts and any remaining limits are our own. Finally, as editor of this special issue, I would like to thank the authors for their creative scholarship and their embrace of constructive criticism with

grace and the necessary hard work. I hope the readers of *CJC* will be stimulated by the rich ideas and analysis that follow.

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