



Michael Goyette // *This is Part 2 of a two-part essay. Read the first installment here.*

Commonly described as a “novel virus” and an “unprecedented” pandemic, COVID-19 has already proven to have many of the characteristics commonly attributed to new diseases in ancient literature: it is highly infectious and poses challenges for containment and treatment alike, as the proper epidemiological response continues to be debated, and as a cure and vaccine remain elusive. It has also triggered some of the more pernicious expressions of Burkert’s familiar response pattern, and disturbingly recognizable rhetoric.

In keeping with the first step of Burkert’s process, the pandemic has naturally prompted us to ask many medical, scientific, societal, and philosophical questions relating to how and why it has spread so profusely. If we turn to the doctors, scientists, and other experts, the explanation involves a complex array of factors, some of which we are yet to fully understand. Yet in the United States, we have seen one prominent “mediator” continually rise and profess unique knowledge, which is frequently at odds with or ignorant of prevailing expertise, but conforms to the second step in Burkert’s model. Rather than accepting responsibility for his administration’s role in exacerbating the situation—its dissolution of the Pandemic Response Team in 2018, its general lack of preparedness, its slow and passive initial response, its dissemination of false information, etc.—Donald Trump has obsessively sought to deflect fault away from himself and proclaim the “true causes” of the present debacle. His attempts at self-exculpation have come in two primary forms: criticizing the systems and infrastructure established by previous administrations and agencies (read: Obama and the WHO), and shamelessly scapegoating China. Whereas Oedipus at least tried to listen to the priests, prophets, and other “experts” of his time, and in the end blamed no one other than himself, Trump has displayed a willful ignorance of facts and reality, and a troubling willingness to push blame onto others.

Trump’s efforts to scapegoat China are most evident in his varying references to COVID-19 as a “foreign illness” and “Chinese virus” in tweets and press briefings, and in thinly veiled xenophobic

comments like “it’s nobody’s fault, certainly not in this country.” Officials within the U.S. State Department and far-right media commentators have followed suit in advocating for the phrase “Wuhan virus”, and 5G conspiracy theorists have been similarly keen to connect the city of Wuhan with blame for the pandemic. The alarming implications of such remarks become even more glaring when considered in relation to ancient discourses on new diseases. As in the story of Pandora, Trump’s pointed language is intended to make a disease synonymous with a specific social group, and thereby indict that entire group as the cause of all present suffering. Similar to Pliny’s description of a new skin disease, there is the assertion that a condition started in a specific part of the world, whose inhabitants, it is implied, now stand to reap material gain from the fallout. And much like Plutarch’s *Table Talk*, Sophocles’ *Oedipus*, and Euripides’ *Bacchae*, there is the presumption that disease emerges from “foreign” places and ways of life, while the homeland is immanently healthy and robust.

What’s more, Trump and his acolytes go one despicable step further than these ancient sources by making the object of the scapegoating explicit in the name of the disease itself. Pliny, for instance, does not call the new skin disease of his time an “Egyptian infection,” but is content to leave the xenophobia implied. Trump, however, has gone out of his way to associate COVID-19 with China, going so far as to cross out the word “corona” and replace it with “Chinese” in at least one press briefing manuscript. He has tried to defend the bigoted phrase by flippantly passing it off a mere demonym (“It’s not racist at all. It comes from China...”), and by invoking dubious historical precedents, such as the use of the phrase “Spanish flu”—which was known in Spain as the equally prejudicial “French flu.” Meanwhile, at a moment of global pandemic and a time when the United States now has the most diagnosed cases in the world, his attempt to normalize references to a “Chinese virus” egregiously miss the point that viruses do not know race, ethnicity, or national borders. As the CDC observes, such references reflect a concomitant “lack of knowledge about how COVID-19 spreads, a need to blame someone, fears about disease and death, and gossip that spreads rumors and myths.” Evidently, when your pandemic response team is disbanded, your response defaults to the uglier manifestations of Burkert’s response pattern. But in a world in which processes of contagion are well-understood, such rhetoric becomes even more heinous and reprehensible than the ancient forms of invective.

The World Health Organization has also discouraged the use of geographic and demographic terms in naming diseases due to their tendency to stigmatize or incite discrimination against the countries or communities inappropriately included in the label. Those kinds of reactions disconcertingly dovetail with the final steps of Burkert’s guilt pattern, in which actions are taken to redress or remove the supposed cause of the calamity, sometimes in ways that are dangerously misinformed. It is not surprising, then, that Chinese-Americans across the country—and other people of Asian descent who have been lumped in with them—have already experienced a steep increase in racism directed at them both verbally and physically[1]. With the pandemic continuing to mount, this is a very unsettling trend, as history and literature repeatedly show that the road from stereotyping and blame to outright ostracism and assault is often a very short one. This is

especially true in the context of mass illness, where stigmas can become more contagious than the diseases themselves.

This would not be the first time in U.S. history that Chinese-Americans have suffered this slippery-slope from the politicization of disease to nefarious scapegoating. As just one example, the Chinese Exclusion Act of 1882 severely restricted Chinese immigration and intensified racist sentiment at a time when white Americans associated Chinese immigrants with a variety of diseases. Similar events have occurred repeatedly throughout U.S. history involving various social groups, including fairly recent instances such as the maltreatment of Asian Americans during the 2003 SARS outbreak, and the cruel and widespread references to HIV as a “gay plague” during the 1980s. Unless we firmly object to these pathologizing stereotypes and work to raise awareness that viruses neither stem from nor target specific racial or ethnic groups, we risk replaying these repugnant historical episodes and opening another Pandora’s box of prejudice.

While ancient and modern history alike are full of negative models to avoid when confronting new diseases, the Roman author Aulus Cornelius Celsus (1<sup>st</sup> century CE) offers some reactions that are refreshingly forward-thinking in his encyclopedia *On Medicine (De Medicina)*. Celsus insists that new kinds of diseases can arise (e.g., Proemium 36, 49; Book 2.1.9) affecting either isolated individuals, or breaking out in epidemic proportions. Like other ancient sources, he characterizes novel diseases as puzzling, challenging to treat, and potentially fatal, but he does not express a cultural bias or engage in scapegoating. Celsus relates one novel case from his own time in which a woman exhibited several mysterious symptoms, including prolapsed, gangrenous flesh near her genitals, before dying. He humanely surmises that her life probably could have been saved if the doctors on hand had not been so concerned about their own reputations that they ultimately refrained from doing anything, and if they had tried out remedies known to be helpful in treating other diseases with similar features (Proemium 49-52). Calling for humility, timely intervention, reasoned application of existing medical knowledge, and informed hypothesizing when treating a novel disease, Celsus offers sage and hopeful advice that medics, policy-makers, and the public should all bear in mind during our current medical crisis. Moreover, by focusing on the facts of the medical situation, he sidesteps the traps of scapegoating, patient-blaming, fear-mongering, or other biased and unproductive responses.

Although COVID-19 is a novel disease and our present circumstances are undeniably unique, ancient literature offers a plethora of case histories from which we can derive a more familiar understanding and a more favorable societal prognosis. The recurring chain of reactions to new diseases—searching for causes, leveling blame, and eventually acts of persecution and exclusion—should give us major pause when anyone equates people or places with viruses, especially when the speaker occupies a position of influence and power. Mass illness chronically stirs up anxieties that can profoundly test a people’s dedication to inclusivity and social justice, but an awareness of the historical precedents can help us transcend the typical stigmas, slurs, and scapegoating. These divisive provocations traumatically aggravate preexisting injuries and needlessly redouble the pain during a medical crisis. By excising them, perhaps we can break the pattern, search for remedies cooperatively, and come a bit closer to a collective catharsis.

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Notes:

[1] See also Anna Russell, "The Rise of Coronavirus Hate Crimes," *The New Yorker*, March 17, 2020; Alexandra Kelley, "Attacks on Asian Americans Skyrocket to 100 a Day Amidst Coronavirus Pandemic," *The Hill*, March 31, 2020.