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Susan Sontag, battle language and the Hong Kong SARS outbreak of 2003

Peter Baehr

Abstract

The widespread use of military language to describe modern epidemics is often attributed to the popularization of the germ theory of disease. Whatever its origins, critics regularly deplore martial imagery in the medical context finding it by turns dangerous, humiliating, and offensive. This article examines the most famous of these critiques, Susan Sontag's rebuttal of disease-as-war language, and finds it problematic in a number of respects. Mass emergency response to the Severe Acute Respiratory Syndrome (SARS) outbreak in Hong Kong in 2003 offers a cross-cultural case study in the use of representations of war. Key to the argument is the proposition that disease-as-war language expresses something 'real' not illusory, vital not frivolous, about the community which employs it. The language is a vehicle for articulating social emotions of collective fear, patriotism, homage, and exculpation in conditions that presage collective death

Keywords: disease; language; SARS; Susan Sontag; war.

Introduction

At the time of her death in December 2004, Susan Sontag was the undisputed doyenne of American letters. Both as a novelist and a culture critic, her contributions were pungent and varied. We cannot know how posterity will judge her. But today Sontag is most celebrated for her essays on the metaphorical representation of TB, cancer, and AIDS. Sontag deplored the fact that disease imagery is suffused with war language (as in disease 'fighting',

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‘containment’, ‘elimination’, and so forth). Most liberal and leftist intellectuals, nurtured in a pacific Western milieu, have agreed with her. For, to the extent that warfare is considered an abomination, it appears to follow that the extension of its language to other spheres of experience is also abominable. On that account, those who use military language in the context of disease are by definition mistaken and benighted.

The following essay offers a reconsideration of Sontag’s argument and offers contrasting perspectives on disease language. While applauding her no-nonsense laceration of New Age psychobabble, it suggests that Sontag and her sympathizers have been unable to see that metaphors of war have situationally rational and moral dimensions.¹ War and disease have accompanied each other for millennia. Particular types of disease threaten society *as a whole* with mortal danger: accordingly, disease-as-war language abbreviates a range of intense social emotions which record that experience. The military metaphor is pervasive wherever discussion and action centre on disease prevention, elimination, or the conflicting symbiosis of parasite and host (Larson *et al.* 2005; Cliff *et al.* 1998: 369–82).²

Two sections sketch and evaluate Sontag’s argument about disease and war metaphors. A third section examines the recent Severe Acute Respiratory Syndrome (SARS) outbreak in Hong Kong, considered as a case study in martial imagery. We will see that such imagery was more than a predictable media frame. It was also, among other things, a popular tribute to those ‘on the front line’ – the health workers whose lives were particularly at risk. Moreover, disease presents governments with a peculiar danger. Invoking war symbolism may help the authorities to mobilize a civilian population, but failing in this mission threatens to undermine the state’s most basic rationale: the protection of citizens from each other and from foreign ‘invaders’.

Susan Sontag’s critique of disease as war language

In two influential essays first published in 1978 and 1989, Susan Sontag warned her readers against metaphorical representations of disease.³ ‘My subject is not physical illness itself but the uses of illness as figure or metaphor. My point is that illness is *not* a metaphor, and that the most truthful way of regarding illness – and the healthiest way of being ill – is one most purified of, most resistant to, metaphoric thinking.’⁴

Of pressing interest to Sontag was cancer – from which she was recovering when she wrote *Illness as Metaphor* – and TB. Both TB, till the discovery in the 1940s of proper medical treatment, and cancer today are notable for a language that invariably distorts them. Their very mysteriousness has allowed commentators and victims alike to impute a chain of associations that have nothing to do aetiologically with the illnesses themselves. Yet the ostensible ‘hidden meanings’ of TB and cancer have assumed markedly very different forms.

During the nineteenth century, and in the first quarter of the twentieth, TB was both a scourge and a romantic symbol of individualism, vulnerability, passion, refinement, and sensitivity. Artists and other creative people were believed to be (and grandiloquently proclaimed themselves to be) especially susceptible to this disorder. Shelley wrote to Keats that ‘this consumption is a disease particularly fond of people who write such good verses as you have done’.⁵ Indeed, the modern cult of female thinness might have its roots here, in the figure of the wan and languid woman for whom TB vouchsafed a tender, delicate self. TB became an abbreviation for frustration, for a certain kind of melancholy person whose only real weakness was openness to the world and its suffering. More than that, TB was an affliction of the ‘interesting’, capable of soulful decipherment – never mind that it razed millions of the poor and pedestrian. It was also an expression of emotional conflict, so that Kafka could write to Milena in 1920 that ‘the disease of the lungs is nothing but an overflowing of my mental disease’.⁶ And if the disease was both a sign of character and a test of it, a psychological ailment at root, it followed that a cure was ‘thought to depend principally on the patient’s already sorely tested or enfeebled capacity for self-love . . . [O]ne is responsible for one’s disease.’⁷ By the same token, TB furnished the possibility of spiritual apotheosis through the virtuous act or though advising others to take the path of moral elevation – as when, in *Uncle Tom’s Cabin*, Little Eva ‘during her last days urges her father to become a serious Christian and free his slaves’.⁸

Like TB, cancer is often understood psychologically thereby undermining the material reality of the disease and its causation. Sontag sees this tendency as ‘a sublimated spiritualism: a secular, ostensibly scientific way of affirming the primacy of “spirit” over matter,’ among people for whom death is otherwise absurd and meaningless.⁹ Cancer is also clothed in the language of responsibility and redemption, yet there is nothing sweet or rarefied about its public representations. If TB is associated exclusively (though erroneously) with the higher respiratory organs, cancer is conceived as an affliction that can strike everywhere, including the colon, bowels and testicles. Cancer suggests contamination.¹⁰ Far from being edifying, a tribute to sensitivity, cancer is shameful or terrifying, frequently discussed, by family, doctors, and surgeons out of earshot of the victim. Moreover, popular mythology and ersatz spiritualism are apt to portray cancer as a disease of those who are repressed, people incapable of expressing their emotions or handling their anger. And, unlike TB, cancer calls for a medical regimen of counterattack that is invariably compared with battle. As Sontag remarks:

The controlling metaphors in descriptions of cancer are [drawn] from the language of warfare. . . . Thus, cancer cells do not simply multiply; they are ‘invasive.’ . . . Cancer cells ‘colonize’ from the original tumor to far sites in the body, first setting up tiny outposts (‘micrometastases’) whose presence is assumed, though they cannot be detected. Rarely are the body’s ‘defenses’ vigorous enough to obliterate a tumor that has established its own blood supply

and consists of billions of destructive cells. However 'radical' the surgical intervention, however many 'scans' are taken of the body landscape, most remissions are temporary; the prospects are that the 'tumor invasion' will continue, or that rogue cells will eventually regroup and mount a new assault on the organism.¹¹

In a similar way, military terminology pervades descriptions of treatment for malignant tumors. Radiotherapy 'bombards' patients with toxic rays, while chemotherapy aims to kill cancer cells while preserving the patient. Today, cancer and other diseases such as AIDS are considered enemies against which 'society wages war'. They are to be conquered. But this discourse has a disconcerting implication, as AIDS sufferers have recently found out. By tending to elide a disease with its victim it contributes 'to the stigmatizing of certain illnesses and, by extension, of those who are ill'.¹² Sontag issues a stirring plea to 'retire' a metaphor that 'overmobilizes', 'overdescribes', and

powerfully contributes to the excommunicating and stigmatizing of the ill. . . . No, it is not desirable for medicine, any more than for war, to be 'total.' Neither is the crisis created by AIDS a 'total' anything. We are not being invaded. The body is not a battlefield. The ill are neither unavoidable casualties nor the enemy. We – medicine, society – are not authorized to fight back by any means whatever. . . . About that metaphor, the military one, I would say, if I may paraphrase Lucretius: Give it back to the war-makers.¹³

Two aspects of disease metaphors particularly disturb Sontag. The first is the way that metaphors, symbols, and analogies attach themselves to disease, so that, for instance, TB is understood through the figure of the romantic, melancholy type. The disease is given a meaning, rather than ascribed a specific pathogenic cause. Human fantasies are projected onto it. Second, the disease *itself* becomes a metaphor and turns adjectival: Jews were depicted by National Socialists as syphilis-like or, alternatively, as 'a racial tuberculosis among nations' (Hitler 1943 [1925–6]: 300–8; Lifton 1986: 15–18). Trotsky dubbed Stalinism the 'cancer' of Marxism, and likened it also to syphilis and cholera. The associations are invariably punitive: the individual or group with which the disease is compared must, like the disease itself, be annihilated; half-measures only encourage its insidious propagation.¹⁴

Sontag's critique evaluated

Sontag's critique of disease mythologies is a welcome corrective to the cult of introspection. She is also right to condemn a conflation of the pathogen (the virus or the bacterium) and the host (the person affected), depicting them both as the 'enemy'. A qualified rebuttal of the uses of military language in the context of disease is salutary. It is absurd to talk about a 'war on cancer' and, post-Nixon, few people do. Yet Sontag's condemnation of disease-as-war

language is not qualified but blanket. She demands a wholesale abnegation of this language, probably because of a deeper abhorrence to invoking war and, *a fortiori*, to war itself.¹⁵ War is repugnant; therefore the extrapolation of martial language is repugnant too. In that spirit, she suggests that, instead of referring to the ‘immunodefensive system’, we talk about ‘immune competence’,¹⁶ an idea echoed by Donna Haraway in a style demonstrably less scintillating than Sontag’s: ‘Is there a way to turn the [military] discourse [of immunology] into an oppositional/alternative/liberatory approach? Is this postmodern body . . . necessarily an automated Star Wars battlefield in the now extra-terrestrial space of the late twentieth-century . . .?’¹⁷ Emily Martin, in her probing ethnography of American cultural depictions of the immune system, makes a similar point, citing an interviewee who imagines the immune system as ‘ocean waves, tides ebbing and flowing in constant, turbulent change’.¹⁸ Yet Martin is careful to distinguish between her own, and some of her informants’, preferences for non-military images and the reality of ‘the street’ in which they remain pervasive and reasonable to the agents concerned.

What, then, about Sontag’s alternative, preferred formulation of ‘immune competence’? To the human being it protects, the immune system is of course a miracle of evolutionary beneficence. But what precisely is the immune system competent *at*? It is competent at destroying pathogens that, without it, would destroy the body. Here is a contrasting description of the immune system, written by one of America’s foremost thinkers about disease, the evolutionary biologist Paul Ewald:

The discovery of antibiotics is one of the great achievements of medicine. But these medications are like children’s toys compared with the extraordinary complexity of the immune system’s miniature enemy-detection sensors, communication systems, and teams of specialists. . . . These teams of specialists include individuals that make specific tags (antibodies) that are put on microbes so other members of the army (macrophages and other phagocytic cells) can recognize, surround, and capture each invader. The invaders are then disposed of with chemical weapons such as peroxide. Some specialists, such as the macrophages, take body parts of the engulfed pathogens and mount them on stalklike structures on their surface much like the victors in human conflicts mounted the heads of their victims on pikes. This ‘antigen presentation’ sends a powerful message. Other cells, called helper T cells, contact the presented body part to see whether it fits their own recognition machinery. If the fit is tight, the helper T cell then reproduces itself prolifically; the progeny scout out other cells that can also recognize the specific enemy but have different talents at their disposal.

(Ewald 2002: 61)

This is a macabre description aimed at a popular audience.¹⁹ The images of ‘ocean waves, tides ebbing and flowing in constant, turbulent change’ envisioned by one of Emily Martin’s interviewees are certainly more lyrical, more calming, and, to that extent, more attractive. But are they not also more

euphemistic? Ask South East Asia's recent tsunami victims. Ocean waves lap over obstacles; they also smash them to pieces. A former director of the US Centers for Disease Control, Jeffrey Koplan, once likened a nation's public health-care system to a dam wall protecting it from floods²⁰ – a comforting simile. Until, that is, one examines mass response to floods. There the martial terminology reasserts itself with a vengeance. In Hong Kong, during the SARS outbreak, the image of hospitals being 'flooded' by patients served to conjure up a scene of desperation and disorder.²¹ Or consider the Mississippi flood of 1927 – the greatest natural disaster in the history of the United States. The flood inundated 27,000 square miles; approximately 330,000 people were plucked from the roofs of submerged homes, high ground and levees; 700,000 victims ended up taking Red Cross relief. Throughout the catastrophe the language of war – and quasi military operations – was ever present. Major John Lee, the Army district engineer in charge of the Mississippi River Commission's Vicksburg office, declared that '[i]n physical and mental strain, a prolonged high-water fight on threatened levees can only be compared with real war'.²² And the battle he fought with his 'army' of levee workers was desperate. Men patrolled the levees to stop dynamiters. The National Guard was mobilized. And, in his first national radio address, Herbert Hoover, then Secretary of Commerce, warned of the danger south of Mounds Landing:

Everything humanly possible is being done by men of magnificent courage and skill. It is a great battle against the oncoming rush, and in every home behind the battle line there is apprehension and anxiety. . . . It is a great battle that the engineers are directing. They have already held important levees against the water enemy. What the result of the fight may be no one knows. But the fortitude, industry, courage and resolution of the people of the south in this struggle cannot fail to bring pride to every American tonight. . . . Another week will be a great epic. I believe they will be victorious.²³

Political rhetoric? Of course. Inflated and self-serving? Probably. But politicians choose words because they sense their public resonance and credibility. In 1927, Hoover became a hero of the Delta. A year later, he won the Presidency in a landslide election. Besides, the experience of disasters more generally evokes the language of embattlement. Kai Erikson's studies of the human experience of toxic pollution persistently show among respondents a sense of 'assault', 'stealth and treachery', an agent that is 'furtive' and that feels like 'a time bomb ticking' within them (Erikson 1994: 150–1).²⁴

Let us return to Sontag's refutation of martial metaphors of disease as untruthful to reality itself. I suggest that her wish to 'retire' martial symbolism when discussing disease, 'to break entirely with the military metaphor'²⁵ abjures more than comprehends its significance for those who employ it.²⁶ And because her analysis of the 'punitive' use of adjectival metaphors of disease offers no counter examples, Sontag makes it appear that such use is inherently barbaric. But this is by no means the case. Everything hangs on how the metaphor is applied. Was Albert Camus' novel *The Plague* (2001 [1947])

integrally compromised by the metaphor it uses? Shortly after publication, the book was indeed strongly criticized for its use of pestilence to allegorize the German Occupation of France. The chief critics – Simone de Beauvoir, Jean-Paul Sartre, and Roland Barthes – argued unimaginatively that, while wars are man made, plagues are natural phenomena, and that between 1940 and 1944 ‘the French were not fighting a non-human epidemic. . . . They were fighting other men’ (Henry 2003: 391). Significantly, Sontag herself refuses to criticize the novel on these grounds, or indeed at all. Instead she simply denies what Sartre and the other critics aver: ‘Camus’s novel’, she says:

is not, as sometimes said, a political allegory in which the outbreak of bubonic plague in a Mediterranean port city represents the Nazi occupation. . . . Camus is not protesting anything, not corruption or tyranny, not even mortality. The plague is no more or less an exemplary event, the irruption of death that gives life its seriousness. His use of plague, more epitome than metaphor, is detached, stoic, aware – it is not about bringing judgment.²⁷

Sontag’s appreciation of the book is free of the animus it received on the left at the time. Unfortunately, however, her opinion contradicts on a cardinal point Camus’ own rejoinder to Barthes: that one of the legitimate levels at which *The Plague* can be read is as a depiction of ‘the struggle of the European resistance against Nazism’. And in his notebooks Camus wrote: ‘I want to express by means of the plague the suffocation that we all suffered from and the threatening atmosphere and exile in which we lived’ (cited in Henry 2003: 389).²⁸ This is not the place to provide an aesthetic and moral defence of the book’s metaphorical structure. That task has been expertly accomplished by Patrick Henry who shows how *The Plague* evokes the mass rescue and protection of Jews on the plateau Vivarais-Lignon where Camus lived for fifteen months when he was working on his novel. But, even if one were to conclude that Camus’ metaphor was misconceived, one would still be bound to note that it was an established part of the French vernacular at this time: Nazism constituted *la peste brune* and Vichy *la peste grise*.

Still, perhaps the key limitation of Sontag’s approach is that it is principally concerned with diseases – TB, cancer, AIDS – that tend to affect individuals segmentally rather than with those that, presaging collective death, abruptly strike simultaneous fear into whole communities.²⁹ For there is clearly a difference between contracting cancer – a disease that has become part of everyday death – and being subject to, or terrified by, a mass emergency that cuts across all sectors of the population: as in the outbreak of bubonic plague in San Francisco in 1900 or smallpox in Montreal in 1885. At least in these cases, it makes sociological sense to treat military language not as an object of detestation, but as an index of emotions that are themselves socially explicable. Sontag also appears to believe that the genesis of germ theory, and the tandem development of immunology, popularized disease-as-war language,³⁰ a point also made by Ludwik Fleck (1979 [1935]). Indeed for Fleck, the very concept of infectious disease

is based on the notion of the organism as a closed unit and of the hostile causative agents invading it. The causative agent produced a bad effect (attack). The organism responds with a reaction (defense). This results in a conflict, which is taken to be the essence of disease. The whole of immunology is permeated with such primitive images of war. The idea originated in the myth of disease-causing demons that attack man. Such evil spirits became the causative agent; and the idea of ensuing conflict, culminating in a victory construed as the defeat of that 'cause' of disease, is still taught today.

(Fleck 1979 [1935]: 59–60)

There is an evident element of truth in Fleck's contention. The germ theory and its accompanying praxology show that some diseases are transferred directly from host to host: examples are influenza, TB, measles, smallpox, measles, and chicken pox.³¹ Other diseases are transported from host to host by 'vectors' or intermediaries such as mosquitoes (dengue fever), tsetse flies (schistosomiasis), fleas (bubonic plague), ticks, lice, etc. Either way, the identification of pathogens preying on the body, and moving from one organism to the next, conjures up the idea of invasion, or the predator who even without knowing it passes on the germs that must have a new host in which to live – and kill.

Yet, as Fleck also acknowledges in his allusion to myth, human cognition and feeling are not sensibly severed into neat historical phases or *gestalts*. Continuity and undercurrent, the echoes of past lives, emotions and institutions, are everywhere. And the same applies to disease and war imagery. A historian of medicine would doubtless produce many examples of this relationship that pre-date germ theory.³² But for our purposes it suffices to quote from two of the greatest documentary novels about disease in the Western literary canon. When Alessandro Manzoni wrote about the plague that struck Milan in 1630, he described a death that was 'swift and violent' (Thucydides also remarked on plague's 'violent spasms') and of a disease that was 'threatening, and actually invading, a country and a people'. Significantly, the historical sources on which Manzoni relies recount that the first person to introduce the epidemic into the city was a soldier, from the garrison either of Lecco or of Chiavenna. Manzoni was writing two centuries later, but still fifty years before the germ theory began to be popularized.³³

Or consider Daniel Defoe's *A Journal of the Plague Year* (2001 [1722]), a reconstruction of the plague that swept through London in 1665. The book offers a bonanza for students of early eighteenth-century thinking about disease contagion. Also telling is the language that the author uses to depict the chaotic scene. The pestilence that stalks the terrified denizens in a time of 'extremity' (168) is 'like an armed Man' (xv), an 'enemy' (135, 188, 189, 233), a 'walking destroyer' (192), an 'arrow that flies thus unseen' (192), a site of 'violence' and 'injury' (147, 204), 'fury' and 'rage' (150, 158, 163, 225) that subjects people to a state of 'siege' (189). They must 'guard' against it (204) and do their 'duty' (224). Or, as Defoe puts it, 'A plague is a formidable enemy,

and is arm'd with terrors, that every man is not sufficiently fortified to resist, or prepar'd to stand the shock against' (223–4). The fact that, while the English 'stood on ill terms with the Dutch, and were in a furious war with them', they also 'had such dreadful enemies to struggle with at home' made matters even worse (202). The point is worth exploring further.

Throughout human history, epidemics and warfare have had the closest connection; as such it is no surprise that they share a common visceral language. Both endanger whole communities by threatening to throw them into total disarray or by extinguishing them.³⁴ Without any pretensions to being exhaustive, let me itemize some key macro-relationships beyond the quantitatively obvious that disease and war are two prodigious killers of human beings.³⁵

Epidemics accompany war in a deadly symbiosis. This is not only because war casualties are more vulnerable to disease but principally because war provides two conditions that conduce maximally to high disease virulence. The first condition is *host density*: the fact that wars typically concentrate manpower in congested barracks, hospitals, ships; mass drills and parades; trench and other troop dispositions; besieged cities jammed with those who have fled a marauding enemy. Today, people with influenza are typically advised to stay at home and thereby restrict contact with others. The exigencies of war are less delicate and sensible. Even when soldiers too sick to fight are removed, they have usually by that time passed on their illness to others. The greater the density of troops the more likely pathogens will be transmitted and become more virulent since, in evolutionary terms, their survival is not imperilled by kill offs.

Second, war produces *cultural vectors* that increase the incidence of transmission by increasing its mobility. The movement of wounded or/and diseased persons on horses, in ambulances, trucks, trains and other vehicles carries infection to those who are still well (nurses, guards, families, etc). Equally the traffic of replacement soldiers to the disease-ridden front offers an apparently inexhaustible store of manpower for pathogens to consume. Originating in Haskell County, Kansas, the first major outbreak of the Great Influenza pandemic that proceeded to kill between 30 and 50 million people worldwide began among soldiers in the United States in the spring and summer of 1918. However, it was only in the fall of 1918 that the influenza produced its 'notoriously high lethality' because it was there it first encountered an environment rich in virulent possibilities. We are accustomed to think that evolution is a process glacial in its speed. But give disease the right conditions, allow it ample channels to pass from immobilized patients to susceptible surrogates – and virulence can increase exponentially.³⁶ More generally, it is worth recalling that until the Second World War, 'more victims of war died of war-borne microbes than of battle wounds. . . . [T]he winners of past wars were not always the armies with the best generals and weapons, but were often merely those bearing the nastiest germs to transmit to their enemies.'³⁷

Disease is also promoted by military conquest and empire-building. It may happen, for instance, that war provides the nexus of conditions propitious for triggering disease. Such was the case with the Black Death (the bubonic plague) of the late Middle Ages. The pandemic that was to wipe out between a quarter and a third of Europe's total population in just under five years broke out among the Mongol armies besieging the Crimean city of Caffa in 1346. While those armies withdrew sick and in disarray, the plague nonetheless entered Caffa from whose port it was then dispersed to the Mediterranean and from there carried to northern and western Europe. Alternatively, disease can be transferred from one relatively immunized population to a society whose previous isolation has left it physically unprepared for pathogenic collision. It was the corporeal presence of the Spanish, rather than evil intentions, that was most responsible for the virtual annihilation of the Amerindians of Mexico, Peru, and Guatemala after 1518. After smallpox had killed a third of their total population, measles and other diseases followed. It is estimated that the Mexican and Peruvian population was diminished by 90 per cent within 120 years. Natives of North America were later similarly destroyed by the diseases of Europeans (McNeill 1998 [1976]: 177, 213; Porter 2003 [2002]: 11).

Finally, disease fighting places complex, and often contradictory, demands on the state or on its political precursors – the collective actors responsible for organizing, equipping, and waging war. In some circumstances, disease enables a state to enhance its power and legitimacy. A well-documented case is the British response to the cholera bacillus in the 1830s and 1840s. Before that time, British authorities were impeded in their attempt to improve sanitary and other arrangements not only by the prevalence of the miasmatic conception of disease but also by a powerful 'libertarian prejudice against regulations infringing the individual's rights to do what he chose with his own property' (McNeill 1998 [1976]: 276). Fear of cholera helped undermine these objections and brought into being such powerful regulatory bodies as the Central Board of Health. This in turn strengthened the British state. Equally, the 'closer one gets to eradication' of disease, the more civil liberties are sacrificed as, for instance, in cases where people's homes are compulsorily fumigated or, as in pursuit of the World Health Organization's (WHO) 'war against smallpox', individuals are forcibly vaccinated (Ewald 2002: 74–5). Coercive quarantine measures are another example of the state using its muscle to deprive some of freedom in order to protect the lives of others.

Conversely, disease can threaten the state by compromising its ability to fight war – Thucydides remains an insightful observer of this phenomenon – or by eroding its administrative and material resources, leaving it bereft of authority. This, as we shall see, was the case in Hong Kong during the SARS crisis of 2003 and, to a lesser extent, in the People's Republic of China as a whole (Ma 2003). Where an epidemic disease is dangerous enough to require mass emergency response, it takes on the dynamics of 'disasters' more generally.³⁸ Another way of putting this is to say that wars and mass epidemics, like other disasters, challenge the state's most basic claim to legitimacy: its

claim to provide social order and to protect citizens from each other and the depredation of 'outsiders'. If provision of security is the primary *raison d'être* of the modern state, it follows that ruling institutions that fail to provide it are likely to become destabilized. Disease control has also become so integral to the state's regulatory capacity that it must increasingly be factored into its geopolitical considerations and into the international legal regime. This *microbialpolitik*, as David Fidler (1999:18–19, 279–309) calls it, has become urgent with modern communications, effortlessly transporting diseases around the world, and with the threat of biological and other weapons of mass destruction.³⁹

From literary criticism to cultural sociology: SARS in Hong Kong

Let us now examine in detail a case study of disease-as-war language: the recent SARS crisis in Hong Kong. Both English and Chinese language media employed martial terminology, and so too did many people quoted by their reports and broadcasts. My focus on Hong Kong is deliberate. The SARS outbreak of 2003 furnishes an example of how disease-as-war imagery has cross-cultural, and not simply Anglo-centric, normative timbre.⁴⁰

SARS came to Hong Kong in late February 2003 when Liu Jianlun, a doctor from Guangdong province, visited Hong Kong for a wedding, stayed at the Metropole Hotel, and unwittingly infected fellow residents – who promptly carried the disease to Vietnam,⁴¹ Singapore, Germany, Ireland, Canada, and to Hong Kong's own hospitals. Unaware of the new disease's virulence, the Hong Kong government initially downplayed its danger. Insisting that cases of 'atypical pneumonia' were confined to health workers who had contracted the disease from the index patient, Secretary for Health, Welfare and Food, Dr Yeoh Eng-kiong proclaimed on 13 March that there was no need for the wider community to be anxious. Others disagreed. When Professor Sydney Chung Sheung-chee, the respected head of Chinese University of Hong Kong's medical school, publicly contradicted the health secretary's assurances, Hong Kongers smelled danger. On 19 March, the first five SARS deaths were confirmed. A daily recorded death toll followed, together with a government call to arms, on 24 March, in which 'each and every citizen' was enjoined to combat the disease. On 2 April the WHO issued a travel advisory against non-essential visits to Hong Kong and Guangdong.

From then until the WHO removed Hong Kong from its list of SARS-affected areas on 23 June, the territory became an international pariah. The Swiss government told Hong Kong exhibitors planning to show their wares at the Basel World Watch and Jewellery Show to stay away. In May, a number of American universities – the University of California, Berkeley, the University of Rochester, in New York, and Washington University in St Louis, Missouri – imposed a series of restraints on Hong Kong students: summer school programmes were postponed or cancelled; students were advised to miss their

graduation ceremony. Hong Kong athletes were debarred from participating in the 2003 Special Olympics World Summer Games.⁴² And, at home, Hong Kong became a masked city, busy only at work times. Outside these, malls were deserted, restaurants and cinemas empty, and children, their schools closed for a part of this period, bottled up in tiny apartments afraid to go outside. Tourism plummeted and with it hotel occupancy, which in April and May fell to 20 per cent. Cathay Pacific – Hong Kong’s flagship airline – flies on average 33,000 people a day; in April, that decreased to 4,000. Workers were laid off in droves as over 3800 businesses folded between March and the beginning of June: by May, unemployment at around 9 per cent was the highest since 1975. Fewer tourists exacerbated deflation as retailers cut prices to promote sales.⁴³

That spring, SARS and the war against Iraq dominated Hong Kong’s headlines, lending them a synergistic energy. And, in principle, what could be more different than an epidemic and a war? War, within limits, unites people in adversity. Disease separates them. War serves to identify an imaginable adversary. Disease is a concealed foe that lurks among friends, neighbours, colleagues – even one’s children. War promotes solidarity, disease civil suspicion and hypochondria. Yet in key respects SARS felt like a war or more precisely what people imagine war to feel like – a distinction to which I return in my concluding remarks.⁴⁴ Even though SARS in Hong Kong ended up killing ‘only’ 299 people, this knowledge was not available at the time. SARS brought mass insecurity and uncertainty. It was a unique pathogen with no standard medical cure. Its mechanism of transmission was puzzling: might cockroaches and rats be vectors of the disease? As with war, Hong Kong’s resources were marshalled by the government. And SARS came from the ‘outside’ (the Chinese authorities in Beijing were bitterly criticized by Hong Kong people for lying about, and procrastinating during, the SARS outbreak).⁴⁵ Like a place cut-off by war and embargo, Hong Kong the ‘besieged city’ (Lee 2003: 102) endured the temporary desertion of the world. The territory as a whole felt under threat. The end of SARS appeared like a kind of liberation.⁴⁶

For what purpose was war language used and by whom?

First, it was a trumpet of exhortation, a medium through which the authorities (eventually) stressed the gravity of the problem and sought to mobilize the entire population. Tung Chee-hwa, Hong Kong’s Chief Executive, announced early on that ‘whether we can defeat SARS depends on the strength of unity between all citizens and the government’.⁴⁷ A few days later he sought to be more emphatic, remarking that ‘we [government ministers] are confident that we [Hong Kong people] will win the war’.⁴⁸ It is true that government tardiness was itself a major bone of contention during the SARS outbreak. So, also, was its insensitivity to public feeling. Many criticized the Health Authority for failing to protect ill-equipped and over-stretched ‘front-line’ workers from themselves catching SARS.⁴⁹ Still, war language sounded the alarm – public officials such as the chief of the Hospital Authority were also SARS victims – and reflected the seriousness of what was happening.

Disease-as-war metaphor was used, second, as a means of official exculpation. Hence Hospital Authority chairman Leong Che-hung told a sub-committee of Hong Kong's Legislative Council (the lower chamber, otherwise known as Legco): 'Sars was a war and this war did not allow the authority and the [Princess Margaret] hospital more time to be 100 per cent prepared.'⁵⁰ Or listen to Health Minister Yeoh, the day after the release of a Legco report censured him for hesitancy and poor communication: 'We tried our very best in our battle to control this mysterious and deadly disease. For the inadequacies of the health-care system that were exposed during the early days of the epidemic, I offer my deepest and most sincere apology.'⁵¹

In part, this language was a dissimulation intended to hide ineptitude and to escape responsibility. Yet, from the beginning of the SARS outbreak, many people frankly acknowledged the difficulty of making clear-sighted decisions in a situation that approximated the fog of war. Legislative Council member Dr Lo Wing-lok likened the Hospital Authority and Health Department to 'troops' (*jundui*) that are 'marching through the fog'.⁵² Psychiatrist and Justice of the Peace, Dr Ip Yan-ming echoed that sentiment: 'We're marching as if through a fog,' he said, adding that even so 'all medical workers can continue to fight. All citizens have to be united to win this battle.'⁵³ And Dr Sydney Chung – a high profile critic of the government who accused it of giving health workers the equivalent of bamboo sticks to fight the virus – remarked that, early on, 'we [doctors and nurses] were marching in the dark. Every step we took was nerve wracking for me.'⁵⁴

The hermeneutics of suspicion has accustomed us to assume that the language of public officials is automatically compromised by the status of those who employ it. It is almost as if leaders and their administration must, by definition, be immune to wider public sentiment. The point is to unmask their ulterior power motives, invariably considered to be inimical to, or parasitical upon, the common weal. One is not required to suspend one's critical faculties to believe that, during the SARS outbreak, many officials acted in good faith and echoed a louder, and plaintive, *cri de coeur*. Incompetence is not the same as insincerity. Management is not always manipulation. Equally, criticism of office holders which is not simple abuse presupposes a moral framework in which criticism makes sense. 'Curses may bind as well as vows.'⁵⁵ Health Minister Yeoh felt compelled to resign, in the wake of the July 2004 Legco Report, not because he was pushed to do so by Hong Kong's Chief Executive or by Hong Kong's so-called ministerial 'responsibility system'. It was the taunts on the street, the ferocity of invective Yeoh received when it looked as if he would *not* resign that persuaded him to do so. History may well produce a kinder verdict on Dr Yeoh who, to this author, is no villain. But in a society where public expression is legal and open, and where power without 'face' is little power at all, there was no creditable option short of going.

Besides, disease-as-war language threatened to ensnare as much as fortify officials who used it; we have already seen that the first purpose of the state, from the standpoint of its citizens, is to ensure safety and security. Invoking

war language is risky, a double-edged sword, because to lose a 'war' is to bleed authority. The body politic must, at the very least, secure the bodily integrity of its citizens. The act of exculpation acknowledges moral stakes that the excuser is compelled to confront. Moreover, a telling aspect of war imagery during SARS was that critics and supporters of the government, pro- and anti-Beijing media alike, used it. That power holders wish to legitimate their rule is the most basic axiom of political sociology. But in an open society legitimation works only to the extent that it credibly taps sources of public feeling. Consent is not so easily 'manufactured'.

A third context for the use of disease-as-war imagery was as a media 'frame' which allowed it to organize, simplify and dramatize the message in an eye-catching and patriotic way.⁵⁶ Hospital Authority supremo, Dr William Ho, was lauded as the 'Commander in Chief'.⁵⁷ Mr Tung, Hong Kong's Chief Executive, was likened to a 'general', coordinating government ministries.⁵⁸ The *Hong Kong Economic Times* advised its readers to hold firm to the 'two chief battle lines' of precaution and attack. We must 'attack aggressively, and fight swiftly'.⁵⁹ *Ta Kung Pao* agreed: every citizen, it insisted, should think of themselves as a 'SARS warrior' with a duty 'to stand up and fight against' the virus.⁶⁰ 'Fighting SARS: it's everyone's business' proclaimed the *South China Morning Post* (SCMP) in a 1 May 2003 report describing how transport operators, hotels, banks, arts and recreation venues, supermarkets, restaurants, office and retail complexes, airlines were all playing their part in a city-wide alliance. And so did the SCMP itself, organizing the revealingly titled 'Project Shield' – a mass fund-raising campaign to provide medical supplies (superior goggles, face masks, protective hoods with respirators, DuPont Barrierman protection suits, etc.) for the embattled public health sector workers. Within a week of being launched in late April, the campaign collected over \$HK10m (US\$1.28m).

Fourth, the language of war functioned as a tribute to the 'front-line' health 'heroes'.⁶¹ Here again, there was a clear media and government 'frame' that popularized such language but in this case it tended to coincide with, and collide with, much popular usage; it was not simply contrived. Medical workers who died were portrayed as 'solemnly' laying down their lives 'in the battle against SARS',⁶² 'sacrificing' their lives for the community, and falling in the 'line of duty'.⁶³ Government leaders spoke at their funerals. As 'heroes', the fallen were buried in Gallant Garden, the place reserved for the elite of public servants who die by serving the community. They were given posthumous Gold and Silver medals by the government for 'noble gallantry of the highest order'.⁶⁴ 'Memories of SARS warriors will remain with us eternally' mourned a header in *Ta Kung Pao*.⁶⁵ And the Hospital Authority put it this way:

many healthcare workers, managers, government officials and others made heroic efforts in the face of danger to fight the disease and limit its effects. Through their efforts it was finally contained after 100 days. It is important to

acknowledge that these were civilians sent into the theatre of war, with no end to the battle in sight and no grand plan for victory. The enemy was unforgiving. (Hospital Authority 2003: 15)

Was this more than lachrymose media hype? One measure of its greater public authenticity was the angry dispute over how best to commemorate the dead 'heroes'. To be sure, the 'heroes' motif, in both Chinese and Western cultures, is complex and multifaceted (Birrell 1993: 67–112). Heroes can blur into saints or sages. They can save humans from flood and famine or do other great deeds. Heroic doctors and firefighters are supposed to save lives; heroic soldiers are supposed to take them in order to protect their country. What binds these motley associations together is the compressed idea of sacrifice, courage, and steadfastness. So, while it is erroneous to reduce modern ideas of heroism to a military core, it is nonetheless plausible to detect a military *resonance*, subtle or obvious, in such images as 'fighting' SARS (embattled front-line health workers, etc.) and in the award, posthumously dispensed, of medals for gallantry. My research has found no public challenge to the appropriateness of this symbolism. Controversy hinged instead on its application.

In the government's summer 2003 Honours list none of the health workers received Hong Kong's highest honour – the Grand Bauhinia Medal. The relevant committee's decision was met with astonishment. Michael DeGolyer, a professor of politics at Hong Kong's Baptist University, spoke for many when he criticized the government for putting bureaucratic considerations ahead of public gratitude. 'Given that so many talked so much about the heroism of the medical staff during the Sars outbreak, not giving the highest award to those who made the highest sacrifice, the doctors and nurses who died trying to save lives during the Sars outbreak, is an insult to their memory.' The legislator for the medical sector, Lo Wing-lok, agreed. And DeGolyer added: 'It shows the continuing lack of political sense and leadership at the top, and a total insensitivity to the need we have for heroes.'⁶⁶

The fiasco – which continues as of this writing in regard to compensation for the families of private doctors who perished – is itself testament to how poorly the government orchestrated the warrior theme. If there ever was a Machiavellian attempt to capitalize on Hong Kong's heroes – the popular symbol of the battle against SARS – it failed miserably. Bureaucratic formula and calibration trumped compassion as officials fashioned a scale of merit to apply to the dead. Were they struck down knowing the consequences of treating SARS victims or were they infected unwittingly? Did they catch SARS from a family member or from a patient? Did they volunteer their service or were they drafted in as part of regular duties bound by the Hippocratic Oath? These questions are not inherently absurd. A bureaucratic response that avoids populism is not without merit. But, by employing a procedural casuistry to a case that was felt to be *sui generis* and by elevating consistency over compassion, the government looked heartless.⁶⁷ The passions

that SARS abridged, and the moral vocabulary it generated, could not be neatly squeezed into normal institutional channels of procedural correctness. The more they were, the more the government's own professions of guardianship looked hollow and out of step with public sentiment. Failure to erect tombstones for the health workers' graves in Gallant Garden also prompted outrage.⁶⁸ The Health Authority simply disclaimed responsibility, saying it was a matter for the relevant families and hospitals to mark those who had perished. But the incredulity with which this was met in Hong Kong is evidence that these 'front-line heroes' were the people's own, not a public relations ruse. '[T]rue solidarity,' Mary Douglas notes, 'is based on shared classifications' (1986: 97). Already weakened by pre-SARS scandal and poor judgement, the government's prestige was further tarnished by classificatory dissonance. The extent of that accumulated damage became plain on 1 July 2003 when half a million Hong Kong people, their masks removed, turned out on the streets to protest the government's national security legislation – and protest everything else. It was the largest demonstration ever held in Hong Kong aimed at a domestic government.⁶⁹ That effervescence was followed by increased democratic agitation through the summer and fall of 2003. Hong Kong democrats call it the 'July 1st effect'. In good measure it was a SARS effect too.

In lieu of appropriate government commendations, ordinary citizens provided their own. Booklets about the life of service of Dr Joanna Tse Yuen-Man, one of the dead, were bulk ordered by a number of Hong Kong schools.⁷⁰ A film about her life called *The Miracle Box* was screened at Hong Kong cinemas: even before the film was officially released, 240 screenings of it had been booked by schools and religious organizations.⁷¹ And, in February 2004, bronze busts of the six public health workers, commissioned by the New Century Forum (a policy think tank), were unveiled at the Airport Express station in Central, Hong Kong's financial district. The busts are now housed in the Museum of Medical Sciences.⁷² They represent the sacralized 'face' of Hong Kong.

Concluding remarks

The tongue, Lucretius observed, is the mind's interpreter. It is also society's. I have suggested that instead of deriding battle imagery we examine its many dimensions. Not all of these are reprehensible. To say that microbes do not constitute an army in any conventional sense is to court the obvious.⁷³ But to add that the battle against SARS was not a real battle fought by troops is rather like saying that Ground Zero in New York is not really hallowed ground. The vernacular suggests otherwise and, from a sociological standpoint, with greater 'realism'. For, in the case of both SARS and 9/11, in which firefighters took on the role later assumed by Hong Kong health workers, people *en masse* briefly felt that their way of life and institutions were under attack and perhaps in

danger of extirpation. That in turn suggested a violation of the most fundamental expression of the sacred: social existence itself (Durkheim 1995 [1912]; Collins 2004).

Plainly, concepts of war that surface today during periods of disaster represent a highly mythologized view of military experience. How could they not? Most people in Hong Kong under 50 have never experienced military combat; they know of it vicariously through media depiction. They may be only vaguely aware that war is a pitiless force that degrades decency; that fear, brutality, and error are among its salient features; that even sacrifice and heroism are capable of assuming many tragic forms (Hedges 2003: 19–42). Yet this misses the point. Exploring the significance of martial language, however mythologized, is not the same as glorifying war. Its purpose is to tap into a well of symbols that abbreviate the meanings of social distress for those that experience it. Rather than irately ‘unmask’ this language, I suggest we pay attention to it in order to understand what it reveals about social life in periods of extremity.

Notes

1 To be sure, the military metaphor has no modern linguistic monopoly. Thus the *propagation* of disease is often couched in market and sporting metaphors (‘competition’, ‘contest’, ‘trade-off’, ‘corporate raiders,’ transaction cost’), while criminological imagery is prominent in discussions of disease *detection*, for instance where the intrepid medical sleuths are compared to detectives or ‘microbe hunters’ (Ewald 2002: 45). Riparian metaphors are less often employed, but, as with Edward Hooper’s ‘journey to the source of HIV and AIDS’, used to evoke the process of discovery (Hooper 2000).

2 If, as some claim, sport is a sublimated form of battle, it is understandable that metaphors of both are sometimes mixed together: Here is Jared Diamond: ‘We and our pathogens are now locked in an escalating evolutionary contest, with the death of one contestant the price of defeat and with natural selection playing the role of umpire. Now let’s consider the form of the contest: blitzkrieg or guerrilla war?’ (1999: 201–2).

3 The two texts, respectively, were *Illness as Metaphor* and *Aids and its Metaphors*. In 1990 they were published as one book and this is the edition, and the accompanying pagination, I use here. See Sontag (1990 [1979/1989]).

4 Sontag (1990 [1979/1989]: 3–40).

5 Sontag (1990 [1979/1989]: 32).

6 Sontag (1990 [1979/1989]: 54).

7 Sontag (1990 [1979/1989]: 47–8). Sontag adds: ‘Theories that diseases are caused by mental states and can be cured by will power are always an index of how much is not understood about the physical terrain of a disease’ (ibid.: 55).

8 Sontag (1990 [1979/1989]: 42).

9 Sontag (1990 [1979/1989]: 56).

10 Sontag remarks that a ‘surprisingly large number of people with cancer find themselves being shunned by relatives and friends and are the objects of practices of decontamination by members of their household, as if cancer, like TB, were an infectious disease’ (1990: 6). The point is well taken except for the fairly recent discovery that some forms of cancer are indeed infectious. Papillomaviruses cause cervical cancer (which is why barrier methods of contraception protect women’s

health). Similarly *Helicobacter pylori* (which can be killed through antibiotics) and hepatitis B and C viruses cause, respectively, stomach and liver cancers. A recent summary of the field states that: 'Infectious causation now accounts for 15 to 20 percent of all cancers, and suggestive evidence indicates infectious causes for most of the remainder. Less than 5 percent of all cancers are known to be caused without any assistance from infectious organisms' (Ewald 2002: 55).

11 Sontag (1990 [1979/1989]: 63–4).

12 Sontag (1990 [1979/1989]: 99).

13 Sontag (1990 [1979/1989]: 182–3).

14 Sontag (1990 [1979/1989]: 82–4). On the Nazi campaign against cancer, see Proctor (1999).

15 That revulsion has become even more evident since the al Qaeda attack of 9/11: 'When a president of the United States declares war on cancer or poverty or drugs, we know that "war" is a metaphor. Does anyone think that this war – the war that America has declared on terrorism – is a metaphor? But it is, and one with powerful consequences. . . . I do not question that we have a vicious, abhorrent enemy. . . . And not for a moment do I question the obligation of the American government to protect the lives of its citizens. What I do question is the pseudo-declaration of pseudo-war. These necessary actions should not be called a "war." There are no endless wars. . . . America has every right to hunt down the perpetrators of these crimes and their accomplices. But this determination is not necessarily a war' (Sontag, 'Real battles and empty metaphors', *New York Times* (op. ed.), 11 September 2002).

16 Sontag (1990 [1979/1989]: 86–7).

17 Cited in Martin (1994: 76).

18 Ibid. 'Turbulent change', however, smacks of the commotion of civil or military unrest.

19 See also Barry (2004: 108, 247): 'For the immune system is at its core a killing machine. It targets infecting organisms, attacks with a complex arsenal of weapons . . . and neutralizes or kills the invader.'

20 Cited in Yeoh Eng-kiong, 'The lessons of Sars', *South China Morning Post*, 23 June 2004: A13.

21 See the comments of the Dean of Chinese University Faculty of Medicine, Dr Chung Sheung-chee as reported in *Singtao Daily*, 13 April 2003: A06.

22 Cited in Barry (1997: 156).

23 Cited in Barry (1997: 280).

24 On the 'war approach' to disaster, see Gilbert (1998: 11–18). Gilbert has analytical objections to this approach but recognizes that it is 'intelligible' and fits well with 'common sense'. He observes that 'disasters bear a great resemblance to war, with the cause of disasters being sought outwardly' (1998: 12). The cause is an *agent* that, like an army, intrudes from an external space.

25 Sontag (1990 [1979/1989]: 86). Indicative of how strongly Sontag feels about war metaphor is that both essays (*Illness as Metaphor* and *Aids and its Metaphors*) culminate in its condemnation. See Sontag (1990 [1979/1989]: 86–7, 182–3).

26 Lakoff and Johnson (1980) make the point that the very language of critique and argument is itself warlike.

27 Sontag (1990 [1979/1989]: 147–8).

28 The novel teems with images of exile, the requisitioning of public buildings, hoarding, rationing, and even the concentration camps. See, e.g., Camus (2001 [1947]: 53, 56–8, 138–9, 164, 183–5, 195, 208, 210, 229–30, 231).

29 More accurately, diseases like AIDS can be either an individual or a communal fate, and sometimes both. Hence, to the degree that homosexual men in the 1980s congregated in the same areas and had sex in these areas with the same or multiple partners, one could talk, somewhat loosely, of AIDS being a community disease.

Villages in Africa and Asia that have since been ravaged by AIDS also show how it can become a community-wide disaster. Finally, individuals with a disease may create micro-communities through forming self-help groups or advocacy organizations.

30 'The military metaphor in medicine first came into wide use in the 1880s, with the identification of bacterial agents of disease. Bacteria were said to "invade" or "infiltrate"' (Sontag 1990 [1979/1989]: 65–6).

31 'Directly' is a relative term. Smallpox (a virus), for instance, was principally an airborne infection, but those who shared bedding and clothing with infected people were also susceptible to acquiring the disease. Conversely, some vector-borne diseases can also be the cause of direct infection: e.g. the bubonic plague (a bacterium) which 'was propagated not solely by flea bites, but also person to person, as a result of inhaling droplets carrying bacilli that had been put into circulation by coughing or sneezing on the part of an infected individual' (McNeill 1998 [1976]: 177).

32 Gordon says that the 'pairing of war and plague' among writers of the mid-eighteenth century *Encyclopédie*, shows that 'the two are assumed to be recognizable to readers as extreme disasters, events that are capable of erasing the entire membership of a religious community' (1999: 9; also 1997). On 'fighting' smallpox, see Bliss (2002 [1991]), though in this case the analogy is with fighting fires.

33 The quotes come respectively from Manzoni (1972 [1827]: 574, 569). Descriptions of the impact of bodily contact on disease transmission pervade Manzoni's account (see, e.g., *ibid.*: 574, 577, 586, 601).

34 It is notable that both Manzoni and Defoe devote considerable attention to how group threat is met by the authorities and ordinary citizens alike.

35 By disrupting society, shattering its controls and breaking down its taboos, war also unleashes revolution, pogrom, and 'ethnic cleansing' which kill millions more.

36 I am drawing on Ewald (1994: 110–18). On the Great Influenza, see Barry (2004) and Crosby (1989).

37 Diamond (1997: 197). Porter (2003 [2002]: 129) remarks that the sophistication of modern surgery, especially plastic and reconstructive surgery, owes a great deal to the victims of war and traffic accidents. Blood transfusions, first carried out in the seventeenth century, were also a war invention.

38 On the nature of these dynamics, see Olson (2000) and Shefner (1999).

39 Fidler (2004: 7, 42–68) calls SARS the 'first post-Westphalian pathogen'.

40 The author lives in Hong Kong and was in the city throughout the SARS emergency. Useful sources on the outbreak are: Fidler (2004), DeGolyer (2003), Lee (2003) and Loh *et al.* (2003). The documents of three public enquiries are also invaluable: see SARS Experts Committee (2003), Hospital Authority (2003) and Legislative Council (2004). I am grateful to the expert assistance of Doris Pai with the Chinese-language sources.

41 There it would kill the Italian doctor, Carlo Urbani. He reported a case of atypical pneumonia to the WHO on 26 February, contracted the disease shortly thereafter and died on 29 March. The label SARS was not used in the early days of the microbe's appearance; it was a coinage of the WHO on 15 March. In Mainland China, it continued to be called 'atypical pneumonia' (*feidiānxīng fēiyán* or, more concisely, *feidiān*).

42 Although these interdictions were quite quickly lifted they were at the time a blow to morale.

43 For economic data, see Sung and Cheung (2003) and Brown (2003).

44 Wallis and Nerlich report that, in Britain, martial metaphors were rare in the UK media's framing of SARS. One reason for this, they suggest, is that SARS appeared more remote and thus less urgent in Britain than in Hong Kong or China. Similarly, the UK government 'needed to avoid panic, not call on national solidarity or quash dissent – both areas where militarist metaphors can help' (2005: 2637).

45 Hong Kong people, especially native Cantonese speakers, do not identify primarily with the mainland. People talk of the ‘Chinese government’ (as if it were not its own) or of ‘travelling to China’, just as some Newfoundlanders still talk about taking a trip to Canada. And surveys of the Hong Kong Transition Project (2002a, 2002b) indicate clear majorities – often up to two-thirds or more – who describe themselves as ‘Hong Kong people’ or ‘Hong Kong Chinese’ rather than ‘Chinese’.

46 The first book on SARS, published with lightning speed in the middle of the outbreak, was called *SARS War: Combating the Disease* (Leung and Ooi 2003). When the disease abated, a sub-heading in the *South China Morning Post* declared: ‘As people take off their masks and cheer Hong Kong’s virus free status, the city must face reality – the threat posed by Sars will never go away’ (24 June: C1).

47 *Hong Kong Commercial Daily* (26 March 2003: B01) (no reporter cited).

48 *Ta Kung Po* (28 March 2003: A01) (no reporter cited). Chinese has various terms for war and battle, notably *zhang* and *zhan*.

49 The reference to nurses and doctors as ‘front-line’ workers (*qianxian*) was ubiquitous through this entire period, used by government officials, media, and citizens alike.

50 Carrie Chan, ‘Sars was like facing a war, says health boss’, *South China Morning Post* (10 March 2004: A3). The context is criticism that the Princess Margaret Hospital was badly prepared to take care of the number of SARS patients it admitted: 744 between 29 March and 11 April 2003.

51 *South China Morning Post* (7 July: 2004: A1) (reporters: Elaine Wu, Chandra Wong and Mary Ann Benitez).

52 *Apple Daily* (17 March 2003: A02) (reporters Leung Shun-yu, Chui Doi-ling, Chui Wan-ting and Lai Ka-kui).

53 *Hong Kong Economic Times* (26 March 2003: C01) (no reporter cited).

54 *Singtao Daily* (13 April 2003: A06) (no reporter cited). For the comment about bamboo sticks, see *Mingpao* (28 March 2003: A14) (no reporter cited).

55 Crewe (1999: xxxv), summarizing Shakespeare’s *Coriolanus*.

56 For the framing of foot and mouth disease (in which martial imagery also plays a salient role), see Nerlich (2004).

57 By *Ta Kung Pao* (24 March 2003: A01) (no reporter cited).

58 From a headline in *Wenweipo* (2 April 2003: A02) (no reporter cited). In a retrospective on 23 June 2003, headlined ‘105 days of war without gun smoke’, *Wenweipo* was once more likening Mr Tung to a ‘commander’ who ‘led the troops’ (A05) (no reporter cited).

59 *Hong Kong Economic Times* (25 March 2003: A05) (no reporter cited).

60 *Ta Kung Pao* (28 March 2003: A02) (no reporter cited).

61 Chinese usage is multivalent. *Ying* suggests the ‘select few’, the best, outstanding. *Xiong* denotes a champion; a masculine connotation suggests courage and valour much like the Latin *vir* (as in virile, virtuous, etc.). *Yingxiong* refers to a hero and a conqueror. As in all languages, everything depends on context.

62 *Wenweipo* (28 April 2003: A01) (no reporter cited), on the death of Lau Wing-kai.

63 See the reports in the *Hong Kong Economic Times* (28 May 2003: A18) (reporter Liu Kit-yiu) and *Wenweipo* (28 May 2003: A06) (reporters Si Lap-wai and Luk Chi-ho).

64 For an extensive analysis of the hero motif in the context of SARS, see Baehr (2004).

65 *Ta Kung Pao* (23 June 2003: A12).

66 Mary Ann Benitez, ‘Sars heroes denied top honour: failure to recognize health staff who died fighting virus is branded “an insult to their memories”’, *South China Morning Post* (1 July 2003: C1).

67 The place for valid inconsistency is subtly explored by Kolakowski who notes that consistency is a source not only of fairness but also of fanaticism and that 'humanity has survived only thanks to inconsistency' (1971 [1957]: 229).

68 See Agnes Lam's report in the *South China Morning Post* (6 October 2003: A2).

69 For a more sustained discussion of the political features of SARS, see Baehr (2005). (Two Hong Kong demonstration in 1989 in support of the students at Tiananmen Square were larger but aimed not at the colonial government but at Beijing.)

70 *South China Morning Post* (31 May 2003: C1). Chan Siu-sin's story ran under the header: 'Heroic doctor's life a model for students'. See also, on the death of Lau Kam-yung, *Wenweipo* (28 May 2003: A06), under the heading 'Another heroic soul added to the United Christian Hospital'. Images of heroes as saints coincided with heroes as SARS warriors. See Baehr (2004).

71 Carrie Chan, 'Sars hero's tragic love story a hit at the box office', *South China Morning Post* (8 April 2004: C1).

72 *South China Morning Post* (24 February 2004: C1). The boxed report appears under the header 'HK's Sars heroes are immortalized in bronze'.

73 Though for some metaphorical parallels, which consider the state as a macro-parasite, see McNeill (1998 [1976]: 41, 72–3, 81, 84–6, 88–93, 101–6, 119, 126–7, 134, 142, 150, 232, 239, 294); also J. R. McNeill on 'Microbiota: the first lords of the biosphere' (2000: 194).

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