Mythmaking and COVID-19

Asian Alternatives to “Warfare” against Disease

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Why do some United States officials refuse to follow guidance from the World Health Organization (WHO) and international scientific communities to use the officially designated name for the 2019 novel coronavirus—severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)—and instead repeatedly use “Wuhan virus,” “Chinese virus,” and “Kung Flu”? Their motives are not simply to shorten the name, since the WHO uses “COVID-19 virus” in public communication. Rather, these are deliberate attempts to construct a narrative around COVID-19 as something caused by a foreign enemy, against which the country must wage war. A religious studies analysis of this discourse elucidates the process of mythmaking that serves as a foundation for such labeling and continues a tradition of using war metaphors in US history. Asian medical paradigms provide alternative discourses and narratives for educators to bring Asian content into the classroom in light of the 2020 pandemic.

What is at stake in evoking images of war and heroes? The US Surgeon General, Jerome Adams, frames the COVID-19 outbreak as an “attack” on America, calling it “our Pearl Harbor moment, our 9/11 moment.” Warfare metaphors—“fighting” and “waging a war” against an “invisible enemy,” from which the nation is enlisting “an army of health care workers” who are the “soldiers” on the “front line”
“battling” in “combat” against this virus—are abundantly used by public officials and journalists and then circulated on social media. Medical doctors, nurses, grocery store staff, and workers who provide critical public services are elevated as “heroes.” The Health and Economic Recovery Omnibus Emergency Solutions Act, better known as the HEROES Act, passed the House of Representatives in May 2020. The bill includes the COVID–19 HERO Act, or the COVID–19 Housing, Economic Relief, and Oversight Act, which provides medical equipment for first responders and essential workers. It is clear who the constructed heroes are in this discourse of war.

This is an example of active mythmaking; creating values and presenting a saga of good versus evil. The virus is depicted as an alien force, thereby concealing our collective culpability in this health crisis. Though some resist this characterization, US political leaders continue to create a narrative of war. To be sure, officials in other countries, including China, also employ warfare metaphors. However, the US case deserves attention in how heroes are constructed along an axis of good versus evil. This dichotomy has a religious basis and is fundamentally different than Asian perspectives on harmony and disharmony. Educators can take this opportunity to turn to Asia for alternative discourses in order to expose the complexities of the current pandemic as well as the process and effects of mythmaking. I use the contested reception of the germ theory of disease in Kolkata and Hong Kong during the late nineteenth century as one example of an alternative narrative and to suggest metaphors of (dis)harmony and (im)balance.
The Politics of Mythmaking

Myths are attempts to explain the world in neat and tidy ways. Religious and cultural studies scholars use myths to glean information on the communities that perpetuate their particular stories and grand narratives. Myths illuminate collective values by establishing who should be considered heroes or villains. The historian of Hinduism and mythology, Wendy Doniger, explains how myths have political meaning. Studying myths elucidates the power to create, interpret, and wield symbols to influence and mobilize people. The processes of mythmaking also deserve attention.

The use of war metaphors in the US is not new. In 1906, William James's speech at Stanford University “was an attempt to explain the paradox that such an ugly and barbaric enterprise as war draws its appeal, in part, by drawing on the best qualities of the people who fight in it.” It is an appealing narrative to highlight the strength and courage of heroes uniting to battle a common enemy, who are villainized to represent forces of evil. This discourse can be used for abstract threats. The Cold War was against Communism. American political leaders have waged “War on Poverty,” “War on Drugs,” “War on Crime,” “War on Cancer,” “War on Gangs,” “War on Inflation,” and “War on Terror.” Declarations of war continue to provide shortcuts to power that bypass policy deliberation and planning.

Kelly Denton-Borhaug defines US war-culture as “the normalized interpenetration of the institutions, ethos and practices of war with ever-increasing facets of daily human life, economy, institutions and imagination in the United States.” Public officials, such as the surgeon general and the commander in chief, employ this discourse to present an image that they are leading the troops to victory. Managing this image is important, and policy decisions are made with an eye on the morale of constituents voting in the next election. Denton-Borhaug explains how leaders evoke a logic of sacrifice to legitimize “violence by covering the activities of killing with a sacred canopy made up of values such as loyalty and freedom.” These extreme measures are justified by religious reasoning, as she demonstrates: “Safety becomes the equivalent of salvation in the rhetorical universe that is US war-culture.” In addition to lives, civil liberties can be offered as appropriate sacrifices in war discourse.

Mythmaking is the underlying foundation to war metaphors. The mythological battle between good and evil does not allow for middle ground or nuance. This Manichaeistic dualism applies perfectly to warfare: in war, one is either for or against “us.” Charles Tilly argues war-making is an essential ingredient to the creation of the modern nation-state. Since war is waged against an other, typically a foreign and alien enemy, the use of war metaphors fuels xenophobia and racism.
A crucial ingredient in mythmaking is the control of information and the deliberate use of language, especially names. In comparing the novel coronavirus to foreign attacks on American soil, US Surgeon General Jerome Adams evokes images of Japanese bomber pilots and Islamic extremist plane hijackers. Similarly, President Trump emphasizes the foreign origins of the virus by calling it the “Chinese virus.” This phenomenon is not new. The 1918 influenza pandemic is more popularly known as the “Spanish flu” because during World War I, the countries at war censored early reporting of the virus whereas neutral Spain did not. The first documented cases were actually in Kansas.

A Simplified Story

Mythmaking creates a simple story: the world is engaged in a heroic struggle against an alien evil (virus). This ignores the complexities that led to the COVID-19 outbreak and the difficult changes necessary to prevent similar outbreaks in the future. Sonia Shah argues pandemics should not be characterized “as arbitrary calamities but instead as probabilistic events, made more likely by human agency.” For instance, the COVID-19 pandemic was partially a function of increased meat consumption. The history of the human domestication of animals for consumption has continuously led to outbreaks and new diseases. Domesticating pigs led to whooping cough; chickens, typhoid fever; ducks, influenza; goats, tuberculosis; ad nauseam. Domesticating cattle likely led to measles and smallpox, leprosy likely came from water buffalo, and the common cold from horses. Scientists and public health experts have continued to issue warnings regarding the rising consumption of animals. The economic pressures to factory farm dramatically increase the chances of new outbreaks. However, this inconvenient truth is hard to swallow. It is more palatable to continue consuming beef, pork, and chicken, accepting the inevitability of swine and avian flu while ethnocentrically condemning the consumption of animals unfamiliar to the Western palate such as cats (linked to SARS) and bats (linked to the Ebola virus).

Changes to consumption and policy can lower the chances of future outbreaks. However, Shah counsels, “doing so will require a fundamental restructuring of the global economy and the current way of life, which rests upon the accelerating consumption of natural resources.” Her call for altering consumption patterns is a significantly more challenging and difficult task than waging war on one enemy virus. Pressures for economic growth shape environments that foster outbreaks, but economic values go unchallenged. Warfare, on the other hand, is an engine for making money. Rather than accepting the value of relentless growth, educators can look to Asia for alternative discourses of (dis)harmony and (im)balance. To explain this, I turn to narratives around disease.
Medical Paradigms of Asia

Germ theory can be easily co-opted into a discourse of war. Germs “invade” the body, which requires the immune response as “defense” to resist the “onslaught” from “enemy” microbes. Historians of medicine and science point out how this new paradigm was contested as Asian intellectuals negotiated how to integrate this theory into existing local bodies of knowledge. The British-colonized cities of Hong Kong and Kolkata were zones of informational exchange between Asia and Europe. Though experts in both cities eventually accepted germ theory, they disagreed on the site and location of diseases. The discourse around disease has always been political. As historian Mary Sutphen has demonstrated, local elites in these cities argued “that the most likely place to find bacilli was in the houses, goods, and on the bodies of working-class immigrants, long held to be reservoirs for disease.”¹⁹ In Hong Kong, Chinese physicians debated whether epidemics were caused by environmental imbalance through cold-induced factors (Shanghan 傷寒 school) or climate changes through warm-induced factors (Wenbing 溫病 school).²⁰ In Kolkata, experts disagreed on how to interpret bacteriological evidence.²¹

Chinese understandings of medicine, the body, and the universe employ the paradigm of \( qi \) (psychophysical life force, also romanized as \( ch'i \) 氣). Disease is caused by imbalance and blockage. Indian Ayurvedic medical texts attribute etiology to misuse, abuse, and over- and under-use of the body. Both Chinese and Indian medical traditions focus on (in)appropriate timing of activity. Both employ metaphors of flow and blockage, of \( qi \) and \( prana \) (breath or life force). These provide alternative metaphors to understand disease, humans, and their relationships with others. In writing about the history of medicine and science in China and Africa, Helen Tilley uses the term “polyglot therapeutics” to refer to oscillations between conflicting and incommensurate epistemologies and ontologies. Tilley explains how “traditional medicine” undermines a positivist view of scientific progress toward a singular Truth by presenting communities who “occupy different ‘conceptual realities’ and bodily ‘modes of existence’ at one and the same time.”²² In other words, medical discourses are contested, and looking to Asia decenters Western narratives.²³

Lessons for Educators

Asian perspectives provide different foundations for mythmaking. How would the narrative change if discourses of (dis)harmony and (im)balance replaced the mythological battle between forces of good and evil, which undergirds war metaphors? Would this help make explicit the complexity and complicity of policy decisions and increasing consumption as key contributors to COVID-19 and other epidemics?
The point is not to romanticize Asia as a radical or exalted other. The rhetoric of harmony can also be utilized to justify the status quo and oppress minority voices, but the ways harmony and balance are used and negotiated deserves consideration. Furthermore, the US is not the only place where public officials employ war metaphors against the virus, as the president of France, the prime ministers of the United Kingdom and Greece, other leaders in the European Union, and the Chinese Communist Party have also use them. Further analysis of Chinese officials’ use of terms such as “wartime emergency mode” (zhanshi zhuangtai 战时状态) and the “People’s War” (renmin zhanzheng 人民战争) against COVID-19 would be fruitful.24

Rather than accept the war metaphors employed by US public officials, educators can investigate the discourse on COVID-19 in parts of China, Japan, South Korea, India, and other areas of the world. What are their central metaphors? What are the mythmaking processes underlying other current and past narratives? Even if the answer is unclear at the moment as they are being contested and constructed, these are important directions to pursue.

Notes

1 World Health Organization, “Naming the Coronavirus Disease (COVID-19) and the Virus That Causes It,” https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it. My gratitude goes to an anonymous reviewer who suggested I more clearly distinguish “COVID-19” as the name of the disease from the name of the virus responsible for this disease. I follow the WHO in using “COVID-19 virus” due to the association of SARS-CoV-2 with Asia. I am also grateful for helpful feedback from the editor, two reviewers, and numerous colleagues who provided comments on earlier drafts.


14 Four days after the president repeatedly used “Chinese virus,” a non-Chinese Asian man and his two children were stabbed at a Texas supermarket. War metaphors contributed to the attacker’s justification of the stabbing since the perpetrator believed the victims were Chinese and thus spreading the virus. See Melissa Borja, “The Wounds of Racism and the Pandemic of Anti-Asian Hatred.” Anxious Bench, April 2, 2020, https://www.patheos.com/blogs/anxiousbench/2020/04/the-wounds-of-racism-and-the-pandemic-of-anti-asian-hatred/.


For more on the differences between the Shanghan and Wenbing schools, especially in response to epidemics, including SARS, see Marta E. Hanson, Speaking of Epidemics in Chinese Medicine: Disease and the Geographic Imagination in Late Imperial China (Abingdon: Routledge, 2011).


Based on fieldwork in Indonesia and India, the medical anthropologist David Napier proposes alternatives to the warfare metaphor against disease. He offers metaphors of information assimilation by describing how the immune response is xenophilic—it seeks engagement with new information—rather than xenophobic. See, David A. Napier, “Epidemics and Xenophobia, or, Why Xenophilia Matters.” Social Research: An International Quarterly 84, no. 1 (2017): 59–81.