Culture in Everyday Life Podcast - Episode 1

Voiceover [00:00:02] This podcast is brought to you by the University of Aberdeen.

Simon Gall [00:00:40] Hello and a very warm welcome to the 'Culture in Everyday Life' podcast produced by the Elphinstone Institute at the University of Aberdeen. The Elphinstone Institute is a centre for the study of Ethnology, Folklore, and Ethnomusicology with a research and public engagement remit covering the North-East and North of Scotland. Through interaction with researchers and practitioners, this podcast explores cultural phenomena in everyday life.

Today's podcast comes from the Institute archives and features a lecture entitled Recycled Stories: Health Legends, Epidemics and the Politics of Risk, delivered by Professor Diane Goldstein. Professor Goldstein is the director of the Folklore Institute and chair of the department of Folklore and Ethnomusicology, Indiana University. She has served as president of the American Folklore Society and the Society for Contemporary Legend Research.

The talk explores medical epidemic legends and their significance to modern healthcare practice. As part of community discourse about the nature of disease, legends provide powerful information about cultural understandings of disease and illness. Though fascinating, intriguing, and often frightening, health legends do more than merely entertain. They warn and inform, articulate notions of risk, provide political commentary on public health actions, and offer insight into the relationship between cultural and health truths. Health narratives, however, do not simply articulate perceptions of disease realities; they also create those realities. Told within scientific and official sectors as well as lay communities, legends play a significant role in medical, legal, and educational responses to disease and its management. This talk will explore similarities between legends concerning several epidemics and will demonstrate the importance of that information for public health.

Although delivered in 2016, Diane's talk is extremely pertinent today as we remain, at least in Scotland, in the grip of the covid-19 virus. In February 2021, Professor Goldstein kindly provided us with a short statement to preface the release of this podcast. She wrote,

Shortly after the beginning of the Covid 19 pandemic in 2020, the story began to spread that the coronavirus is a genetically engineered bioweapon that escaped from a high-level lab in Wuhan, China. Chinese officials claimed that the US Army had introduced the virus to China. Matteo Salvini, the leader of Italy's anti-migrant League Party, contended that the outbreak of the virus was a result of the Chinese deliberately cultivated a "lung supervirus" from "bats and rats." and on social media, people shared speculations that Bill Gates, on behalf of Big Pharma, was behind the emergence of COVID19. As the coronavirus became a global pandemic, posing a major challenge to health systems, numerous rumors, stories, and hoaxes spread regarding causes, transmission, prevention, and cures of the disease.

Such rumors included that wearing masks will make you sick, that Covid is transmitted through 5G networks, that the vaccines contain a microchip designed to track your movements, that certain foods and drink were effective against Covid including lukewarm water, alcohol, onion, ginger, sea lettuce, bleach, avoiding spicy foods and drinking cows urine. Other rumors suggested it was unsafe to receive packages from China, that you could get Covid from eating in Chinese restaurants, and that the origin of Covid was

Chinese people eating bat soup. There were stories of numerous individuals who were deliberate infectors such as those who spat or coughed on produce in the grocery store or superspreaders such as the woman in Korea referred to as Patient 31 who was believed to have infected 37 people.

Such rumors are not without consequence. Stories, for example, that indicated that hand sanitizer could protect those who drank it from covid, resulted in 5900 hospitalizations, 800 deaths and 60 cases of blindness. But neither are these rumors and narratives new, unpredictable, or surprizing. A look at the recycled stories of epidemics demonstrates the patterns that stories of disease replicate and how they illustrate lay perceptions of risk.

The recording begins with some remarks by former University of Aberdeen Principal Professor Sir Ian Diamond. This is followed by a short presentation by the director of the Elphinstone institute, Dr Thomas McKean, who subsequently introduces Professor Goldstein

Sir Ian Dimond [00:05:15] Guys welcome. After a fantastic North East day, we have the opportunity for a wonderful and fantastic Northeast lecture. I am in Diamond, I'm principal of university, and I am delighted formally to welcome Diane Goldstein tonight. Diane, you're hugely welcome here in Aberdeen. As you all know, Diane is an unbelievably famous world-renowned scholar who has come over from America to speak to us tonight. And we are absolutely delighted to have her here. And Diane, welcome again. You'll hear more about why Diane is such a world-renowned scholar in a moment from Tom and we will, I'm sure, enjoy the lecture. But before that, just allow me to say a few words about, if you like, the genesis of why we're here for the Buchan lecture. David Buchan was an unbelievably famous folklore scholar who did fantastic things and who was recruited from Newfoundland, where he was professor of folklore to this university in 1993. And sadly he died very soon afterwards of cancer, and I think it's one of the great regrets of this university that we're not able to benefit in the 1990s and 2000s from his scholarship and his leadership. But we're privileged to have this lecture today. And this lecture doubles as a celebration also of 20 years of scholarship and teaching and research of the highest level from the Elphinstone Institute, I think the Elphinstone Institute is a restatement of how confident this university is. Let's remember that this university is ranked 55th in the world, in terms of its research output and ranks at the top of just about any other league table. And yet it is proud and confident enough to have an institute not worrying about, you know, the next great discovery in medicine, it's got those as well. But it is proud to have an institute which focuses on the folklore, on the music and on the culture of the region in which we find ourselves the north east of Scotland. I think it's incredibly good that we do that. And it is 20 years since as part of the Queen's centenary celebrations, the Elphinstone Institute was founded, led so well by Ian Russell, who's here tonight and thank you for all that you did in building the institute up. And now, Tom. Tom, thank you for all that you are doing in leading the institute so assiduously and so imaginatively and with such, I think will grace and gravitas. We will enjoy the institute moving forward, hopefully over the next 20, 30, 40, 50 years, because I'm very clear in my mind that the importance of the culture of this region will not die. And if this university allows it to die, then that would be, in my view, a crime. The language, the culture, the folklore is incredibly important. And the officer, an institute is at the heart of that and we will continue to move it forward. So without further ado, let us get ready for the moment. We've been waiting for so from me, it's over to Tom to hear more about Diane before we hear this wonderful lecture. Thank you.

Dr Tom Mckean [00:09:24] Thank you, Principal Diamond, maybe not so much gravitas with a frog tie, but we'll do our best here. Thank you for your support of the institute and for coming to introduce this lecture tonight. Before I introduce Diane, I want to talk a little bit about the institute itself and what it does. The institute, as you heard, was founded in 1995 to build a bridge and really formally constituted in 96, when things began, activities began to build a bridge between the university and the community by researching, promoting and celebrating the culture of the north and northeast of Scotland. We study culture in context, and we do this through the study of ethnology and folklore. Diverse and interesting fields that sit at the crossroads of history, culture, psychology. And we look at how people make sense of the world around them, through the cultural lens of individual experience, families and communities and how they create significance out of the world around them. As ethnologists and folklorists, we're interested in the individual experience that gives meaning to the broader sweep of history. Not for us, I think the ground movements of politics, but rather, as my predecessor, Ian Russell said, the value of the individual narratives that give these larger issues perspective and an anchor in real experience. So these first hand narratives that we, derive from our fieldwork, from interviewing people are indicative of experienced truth of a kind not found in scanty records, and they can contain emotional truth, as David Buchan wrote, not so much what happened as what people thought and how they felt about it. Ethnology in folklore, to paraphrase Leonard Premie, A. scholar of religious life, explores life as it is lived by individuals rather than mere facts and figures. So what do we actually do while? Well, we do most of this through fieldwork by talking to people, all of our work staff and students involves talking to people and building partnerships in the community. Through which the community itself can shape the research that we do and the outputs that it supports. Teaching, research, publication and public engagement. We teach a master's programme in ethnology and folklore, which involves fieldwork, training, book learning as well, ethnographic projects and a dissertation. Topics people have worked on include the lullabye, prenuptial rituals, belief, Scottish dance and music, Madame Murray's Scottish dance school, here in Aberdeen, you might have heard of some of you. And many other manifestations of intangible cultural heritage that is not the objects that go in museums, but the things that people know, the stories they tell. And by the way, if any of you are interested in taking up an MLitt, I didn't bring up my leaflet here, but you each have a leaflet about the MLitt programme, so please do sign up, our oldest graduate was eighty three and our youngest twenty three. So I think most of you fall somewhere within that range. For research and publication ranging from performances and workshops to books and articles and leading journals, folk music, journal folklore, the Journal of American Folklore. And finally, I want to talk about public engagement. In fact, it's more than that we work in partnership with individuals and organisations in the community, all of our students speak with individuals for their work building these bridges that I mentioned and to an extent being guided by the interests and perspectives of those we record. And these partnerships, many of them founded by Ian Russell, have included the boaties project, where young apprentices learn the craft of model building from older craftsmen. The boats are then raced in the summertime and part of a community celebration, community tradition. The burning of the Clady where. A centuries old tradition involving negotiations between old ways and new constraints coming usually down from Grampian police about carrying burning things through the streets of a north east village. The clearly traditional song Weekend, A Decade of popular singing weekend, sustaining the Northeast's enviable ballad and song tradition, which is renowned throughout the world. Our project at Halloween this year evolving international customs from traditional neep lanterns to something a little more gruesome. Tomorrow night, we're showing a compilation of images and videos submitted by people from around the Northeast about how they celebrate Halloween over in the MacRobert building at seven o'clock if you have a free evening tomorrow. Do join us. Port Soy boat building, a

project run by one of our former students to build a salmon Kabul involving the local community, young and old, building a traditional twenty six foot salmon fishing boat, the cooperative effort of working together, building a kind of social resilience for the community. And this feeds into our Banff Academy project, where our MLitt students facilitate fieldwork with the students on the academy's Scottish studies and Scots language programmes, and we also will be involved with their boat building project this year as well. So through these projects and others like them, we contribute expertise and we learn expertise from others. We learn from the real experts, the people out in the community who actually do and perpetuate and use these traditions. Ethnology and folklore, and more and more seen by policymakers and cultural providers such as museums, galleries, Scotland, as a way to document the intangible knowledge that we all have and that surrounds our every act as we make our way through the world. This lecture tonight, the David Barton Lecture. It's designed to show the diversity of impact which ethnology and folklore are capable of. Each lecture will showcase a particular theme in the disciplines presenting international thinkers, she's won over there, offering their perspective on key issues facing society today. The series is named after David Buchan, as Ian mentioned. The first director designate of the Elphinstone Institute, and he had a broad interest in folklore. He published on Legends ballad and song and vernacular medicine as recorded in the writings of Dr. David Rory. In each case, writing highly influential studies that continue to be read the news today, not least in our own classes, tonight is the turn of medicine, one of David's own interests as shown in that book in the middle there, the writings of David Rory. We're particularly fortunate to have with us, I think, to launch the series Professor Diane Goldstein. Diane has done pioneering work in medical folklore, particularly relating to AIDS and HIV legends and stories and the public understanding of disease and illness in general. She sits on an EU epidemic committee and a number of other bodies and committees researching and considering policy and ways to tackle not only medical issues, but the public understanding of them. In addition, she does fascinating work on narratives surrounding infanticide, disease transmission, local legends. She did an undergraduate degree in religion at Memorial University in Newfoundland and then gained a Ph.D. gained always sounds like you just came across it one day, but she worked quite hard for it, I'm told, and ethnography of speaking in a mystical religious community in Philadelphia. She worked under the towering Twin Peaks of Dell Hymes and Don Yoder there to key figures in the development of the study of religious experience and vernacular belief. She then worked for many years at Memorial University in Newfoundland, where she rose to department chair and is relatively recently moved to Indiana University, where she has just stepped down as director of the Department of Folklore and Ethnomusicology. She's been president of the American Folklore Society and the Society for Contemporary Legend Research and is a fellow of the American Folklore Society as well. In this perambulation and here tonight, Diane has been in a few circles from New York to Philadelphia to stricken to Philadelphia, to Newfoundland, to Philadelphia, to Newfoundland, to Indiana, and now at the launch of the annual David Buchan lecture series, we welcome Diane to another of her homes in the northeast of Scotland for, amongst many other things, she is the stricken quine. In 1959, her father got a Fulbright Scholarship to study in Scotland with wife Rochelle in their family. They took up residence in stricken from which base, Kennedy recorded dozens of wonderful singers and storytellers around the Buchan district. Chief amongst these performers was Lucy Stewart, in Fetterangus there with Ken Goldstein, and I'm more than pleased to say we have Lucy's niece, Elizabeth, with us tonight. And maybe at the very end of our proceedings tonight, we might get a rendition of the Cuban ladies if you're up for it. So welcome home, Diane, and thank you for joining us and the inaugural Elphinstone Institute Back and Lecture. Just a bit of fichering aboot.

Diane Goldsteine [00:19:17] OK, can you hear me? I'm delighted to be here to give the first David Buchan lecture, and I thank Tom McKean for inviting me and for welcoming me, I had no idea. He did not tell me that I would be speaking to the UN here, but certainly looks like it. I am not a ballad scholar, which would perhaps be the natural topic of a lecture in David's name. As the daughter of a ballad scholar and the wife of one, I have deliberately created a different kind of disciplinary niche for myself. I work in narrative, often in legend, an area where David himself made significant contributions. I also work in belief studies primarily as related to health. This is a subspecialty David did not claim as his own, although his last book, Folk Tradition and Folk Medicine, The Writings of David Rory, focussed largely on that area. David Rory dates 1867 to 1946, was a songwriter and a poet, a founding member of the Folklore Society and a country doctor in Scotland and northern England. David referred to David Rory as an outstanding ethnographer and as Britain's premier medical folklorist. One of David Rorris articles originally published in the Caledonian Medical Journal in 1902 and which David reprinted in his book, was an essay entitled Popular Pathology Being an essay on what the patient thinks. Dr Rory wrote, and I'm taking the Scots out of this because you don't want to hear me do that, here you are face to face with the fatalist, the person who believes it has been laid on him, or whose neighbour suggests that it has been done for some previous misconduct. The explanation of why a man had several idiot children was satisfactorily found in the fact that he had been awful for laughing at other folk when he was a young man. And the woman, again, who had unfailingly jested at his offspring herself, in turn bore a child with the clubfoot as a punishment for her lack of heart. I remember to a woman gazing at her foetus with a severe birth defect and saying of the mother, What has she done, poor soul, that this should be laid upon her? Dr. Rory's interest in what he called popular pathology is not that far from my own. I too focus on the layperson's beliefs and narratives associated with health and illness. While David Rory focuses here, however, on traditional beliefs surrounding childbirth, much of my work has been on epidemics. Despite the contemporary nature of many of the diseases I have studied HIV AIDS, SARS, H1N1 and others, the same traditional rising impetus exists cultural continuity and what we understand to be health, disease symptoms, cure treatment, cause vitality, choice and social repercussions. Epidemic legends and rumours illustrate that continuity. For some time now, my interest has been in demonstrating to public health workers the cyclical nature of epidemic rumour and legend, tracing the plots and motifs that resurface time and time again and which point to unresolved tenacious associations and beliefs about health, illness and medical care. In my talk today, I would like to discuss some of those recycled narratives, but with an eye towards ways that public health and epidemiology, as well as the news media serve as vectors or more precisely as tradition bearers in the othering stigmatising and hyperbolic legend corpuses of epidemics. I love legend work because I think legends as a narrative form are completely misunderstood, that misunderstanding takes the form of a kind of trivialisation, a sense that because we all tell them or perhaps because we are so certain they're untrue or perhaps because they are fun and intriguing, they are simply a form of entertainment. I often hear the phrase quote, This is just a legend or that is just a legend, as in the words of the American Vice President Dick Cheney, quote, quoted by CBS News in January 2009 as saying, quote, It's just an urban legend that I exceeded my authority as vice president, end quote. Used in that phrase, an urban legend is untrue, something that needs to be debunked. But that notion of truth is too narrow as a specialist, not just in narrative, but in folklore and health, I see the seriousness of legend every day. The passion with which individuals hold on to stories about vaccines and autism, pharmaceutical companies and targeted genocide, people who steal kidneys or deliberately transmit diseases. I have brought that interest to a number of intersections of legend and health. But the place where I most clearly see the crucial nature of legend work is with the narratives of epidemics. The fascinating, intriguing and often frightening

epidemic narratives do more than merely entertain. They warn and inform articulate notions of risk, provide political commentary on public health actions, and offer insight into the relationship between cultural truths and health truths. As a part of community discourse about the nature of disease, legends provide powerful information about cultural understandings of epidemics. When taken seriously with respect for the narratives and their tellers, disease legends enable understandings of perceptions of risk, reveal local views of public health efforts, and highlight areas of health care and education that need to be improved. Epidemic narratives, however, do not simply articulate perceptions of disease realities. They also create those realities told within scientific and official sectors as well as lay communities, legends play a significant role in medical, legal and educational responses to diseases and their management, whether circulated by mass Internet postings reported in the newspaper, discuss face to face in more traditional storytelling contexts or discussed in medical journals. Contemporary legends retains certain important features, they are told, as true, factual or plausible, and therefore assume a level of authority. They provoke dialogue about the narrative events, their interpretation and their plausibility. They articulate and influence, beliefs and attitudes toward the subject matter, and they have the capability of effecting the actions and behaviours of the listening audience. These features, combined with the intense mass circulation made possible by popular culture, the media and the Internet provide contemporary legend with the potential of widespread cultural impact. As a genre that advises, warns and informs with incredible speed and authority, the contemporary legend can become a formative motivating factor in personal health decision making, including decisions related to how you seek help, and health care provision. This impact of legends can have a wide range. The narratives provoke response from official as well as lay members of the community, potentially affecting judicial and legislative action, public policy, the provision of social services and health care. Although legend analysis demands that we recognise changes in narratives over time and space, legend scholars have simultaneously paid attention to historical consistencies in narrative plots and motifs, sometimes tracing them back hundreds of years. The repetition of narratives that have remained culturally viable and that resurface, albeit in new clothing centuries later underscores the cyclical nature of cultural attitudes and the centrality of narrative articulations of pervasive concerns. Although HIV AIDS is a relatively new disease, for example, its legends were often reformulations of narratives that circulated in response to smallpox, leprosy, bubonic plague, syphilis and numerous other historical epidemics. The precursors of current popular health legends are bone chilling in their suggestion that hundreds of years of modern medical advancements make little difference in our gut reactions to illness and disease. By way of example, one of the most widely disseminated and frequently told AIDS legends, which I have written about extensively, involves a man who meets a woman in a bar, takes her to a hotel or back to his apartment and sleeps with her in the morning when he wakes up the woman is gone. He gets out of the bed and walks into the bathroom where he finds a message written on the mirror in lipstick. The message reads, Welcome to the world of AIDS, often the narrative also contains in the message a coda. I am going to die and so are you. Daniel Defoe's, Journal of the Plager, provides an early analogue to the welcome to the world of AIDS narrative. It reads, A poor, unhappy, gentle woman, a substantial subsistence wife was, if the story be true, murdered by one of these creatures in Aldersgate Street or that way he was going along the street raving mad, to be sure, and singing. The people only said he was drunk, but he himself said he had the plague upon him, which it seems was true. And meeting this gentle woman, he would kiss her. She was terribly frightened as he was only a rude fellow and she ran from him. But the street being very thin of people, there was nobody near enough to help her. When she saw he would overtake her, she turned and gave him a thrust so forcibly he being but weak and pushed him backward, but very unhappily, she being so

near, he caught hold of her and pulled her down also and getting up first mastered her and kissed her. And which was worst of all when he was done, told her he had the plague. And why should she not have it as well as he. There are numerous antecedents to welcome to the world of AIDS, to the welcome to the world of AIDS tale told about herpes, gonorrhoea and syphilis, the narrative sharing common the notion of a deliberate infector who, upon finding out about his or her own condition, seeks revenge by transmitting the disease through sexual liaisons. The longevity of this narrative, continually resurfacing with new diseases and new health concerns, suggests the diachronic persistence of concepts such as the infected body is a weapon, the personification of disease and the evil contaminated other seeking revenge. Over the last decade and a half, folklorists have come to refer to the welcome to the World of AIDS story as AIDS Mary or AIDS Harry when the protagonist is male. The reference comes from Dan Sheridan of the Chicago Times, who recognise similarities between the narrative and the story of Typhoid Mary, who you most likely know was an Irish American cook actually named Mary Mallon, who spread typhoid to some 50 people in the early nineteen hundreds. Typhoid Mary supposedly knew of her carrier status and yet continue to spread the disease for eight years after her discovery of the risk. Sheridan's name for this story, AIDS Mary, demonstrates his immediate recognition of the antagonist in the AIDS story as recognisable from the typhoid narrative tradition. Typhoid Mary supposedly knew of her carrier status and yet continued to spread the disease for eight years after her discovery of the risk. But fast forward 25 years or so, and we find in the news media the following headline. Referring to Thomas Duncan, who came from West Africa to visit family and died of Ebola in a Dallas, Texas hospital in 2014, the headline just one amongst many, notes, a Typhoid Mary Connection. It reads 21st century Typhoid Mary Ebola Tom, the Liberian medical moocher who travelled to the U.S. for First World Health Care. Ebola, as our most recent epidemic outbreak provides a good place to start and move backwards. The 2014/15 outbreak of Ebola in Liberia, Sierra Leone and Guinea created the same rumour panic we are accustomed to seeing in epidemics and highlights the traditional nature of epidemic legends and rumours. Localised rumours suggested large numbers of infected Americans in various cities or famous people who had fallen victim to the disease in Atlanta following the transport of two patients from Liberia to Emory University Hospital, there was a rumour of a massive outbreak of one hundred and forty five cases in the city. Later, the same fall a Facebook rumour stated that seven Kansas third graders had been infected with Ebola by their substitute teacher. And in Wortham, Texas, 17 kindergarteners were rumoured to have contracted the disease from an exchange student. We heard that the US government had issued a travel advisory after a family of five in Texas have been diagnosed with the disease that U2 singer Bono contracted Ebola while caring for a man in Liberia and that three workers in a Doritos factory had died of the disease. We heard that Ebola is airborne, that it can only be destroyed by nuclear warheads, that the U.S. government is planning to build death camps, to in turn the millions of victims who are inevitably going to come down with the disease, that Ebola is a bio warfare weapon created by the US, that the iPhone six was contaminated by Ebola. That the US government was planning mandatory vaccination and that the CDC created Ebola and obtained a patent for it to profit from the development of a disease of a vaccine. In West Africa rumours circulated that Ebola does not exist and that government workers are using it as an excuse to steal organs to sell on the black market. That the government is pretending Liberia has Ebola, so they'll have an opportunity to receive and then abuse donated funds. That medical staffers are so afraid to catch Ebola, they neglected patients in the quarantine unit and left them to starve to death. Pictures of hazmat incased, health care workers chasing down patients who ran away from clinics, of course, didn't help. And remind us of the many kernel of truth hidden behind health rumours and panic. The rumours address issues that surfaced in every epidemic, contamination, conspiracy and stigma, but they also address gulfs between medical and

governmental institutions and the populace on topics of distrust of medicine, greed and big pharm, lack of transparency and communication, medical inequities and incompetence, all red flags of concern or in David Rory's terms, popular pathology. Focussing more closely, we can divide many recycled epidemic legends and rumours up into topical areas that lend themselves to rumour and legend, contaminated food, contaminated spaces and contaminated people. Let's start with food. And since Halloween has just passed, let's begin their. On October 31st, 2014, a Twitter account dedicated to Conspiracy's sent a tweet concerning Ebola and its link to Candy, according to the image attached to that tweet health officials in Africa had confirmed that a chocolate factory worker infected with Ebola had bled into a batch of chocolate. For reasons unclear in the tweet, the Ebola infected chocolate was then packaged and sent abroad just in time for American Halloween trick or treating activities, a variant of this item specifically attributed Ebola infected chocolate fears to candies produced by Cadbury while there was no confirmation of the Ebola infected worker bleeding into factory chocolate, the tweet followed numerous media articles connecting chocolate to the West African countries most affected by Ebola. 60 percent of the world's chocolate comes from three neighbouring countries to the Ebola infected Liberia, Sierra Leone and Guinea, including Cote d'Ivoire, which provides 33 percent of the world's cocoa, Ghana 18 percent and Nigeria eight percent. Prices on cocoa futures rose substantially in October, transferred ultimately into the cost of Halloween treats. Legends of Halloween sadism and contaminated candy are pervasive and have been traced by legend scholars to the 1950s. But by the 1980s, in light of HIV AIDS, Candy was rumoured to be tainted by blood or blood contaminated needles. Contamination narratives are one of the most common forms of contemporary legend circulating widely and creating panics about commercial products, general household items or common food items that contain harmful ingredients, insects, parasites, deadly bacteria and viruses, poisons or substances that consumers would find repulsive. Numerous contemporary legends about HIV AIDS focus on the contamination of food, most often with HIV positive body fluids, but not infrequently concerning a more amorphous general contamination achieved through close contact or through a kind of contagious magic. Like all contemporary legends, the AIDS contamination stories combined themes providing commentary on the disease, but also on discomfort with fast food, specific ethnic groups and cultural differences. In the AIDS legends the contamination is most often constructed as random revenge for infection with the virus. Typically, a male employee of a large fast food franchise, most often Burger King or Domino's Pizza, learns that he is HIV positive, out of anger and unwilling to die alone, he contaminates the mayonnaise used in the hamburgers with his own body fluids and then serves the burgers to unwitting customers. Janet Lengua has explored this legend in depth and has dubbed the story Hold the Mayo in the coda to the story, the unsuspecting customer gets sick and must have their stomach pumped, or the manager acts on complaints of a foul taste by sending the food items to a laboratory which ultimately discovers semen under microscopic examination. Well, the legend is often constructed as a revenge narrative in which the person with AIDS intends to infect others. The story seems to stop short of actually asserting that the consumer contracted the virus from the food item. The report sometimes suggests the belief that you can get AIDS from eating the contaminated food, but does not generally go so far as to offer narrative evidence of resulting infection. But like the blood libel narratives about Jews in the 14th century contaminating local wells, the story depicts the HIV positive person as dangerous and a threat to society, a contaminating force by virtue of their implied lack of control. The lack of control is depicted in the story through the imagery of the potent deceased male. In the Ebola stories, the focus is not as it was with HIV on lack of control, but rather on incivility and primitiveness. Chocolate was not the only food said to be contaminated by Ebola, many of the narratives focussed on the ingestion of so-called bushmeat. BBC News was

one of the media outlets that latched on to the idea of bushmeat as the source of blame for the epidemic, they said of the outbreak the origin has been traced to a two year old child from the village of Secondo in southeastern Guinea, an area where bat meat is frequently hunted and eaten. The infant dubbed Child Zero, an analogy for the HIV positive Patient Zero died on six December 2013. The child's family stated that they had hunted two species of bat which carry the Ebola virus. Somehow, the notion that a fruit bat might be at the origin of the human Ebola crisis turned into a narrative in part furthered by Newsweek in August 2014 that West Africans were conspiring to smuggle tainted bushmeat to the US. The Newsweek piece said there is an additional risk all but ignored by the popular press and public lurking in the cargo hold of trans-Atlantic flights. Bushmeat contaminated with the virus and smuggled into the US in luggage. I want to point out to you that there's also in the same issue post post-racial America. This story was repeated endlessly by the right-wing media. New Republic wrote, For many wealthier Africans, it's consumed as a delicacy, even smuggled into the UK and sold discreetly right smack dab in the middle of London. Well, the West African fruit bat is considered a likely source, a source of the index or first case of Ebola in this particular outbreak, subsequent transmission was documented only as human to human, mired in moralistic attitudes, largely about African culture and who should eat what, the public health and media construction of the bushmeat issue provided an opportunity for commentary on African primitiveness ever so reminiscent of AIDS green monkey stories. When I collected in Newfoundland concerning HIV said, I heard there was a tribe in Africa, when arriving upon manhood, the young boys were made to eat the brains of the rhesus monkey who were observed by the tribesmen to be always making babies. Therefore, the monkey became the symbol of manhood. Some of these monkeys, though, had the AIDS virus and so humans contracted AIDS. Bushmeat, funerals and healers provided fodder for racialized discourse around Ebola, one which we see repeatedly in public health and media analyses of other diseases. In 2001, in an article on medicine and the misuses of ethnography, I wrote about the association by Western Medical researchers of HIV in Africa with traditional healers and food traditions, especially the eating of monkeys. Likewise, in his book, AIDS and Accusations, Paul Farmer illustrates how the American public health officials and the media use pre-existing imaginings of Haitians and Haiti in order to explain the then emerging epidemic of HIV AIDS, the media and public health officials portrayed Haitians as highly vulnerable to infection and as probable carriers of the disease, using references to dangerous cultural practise, foods and moral inferiority. These discourses were rooted in existing perceptions of Haitians as inferior people with backwards voodoo traditions, eating blood and sacrificial animals. SAR's narratives also concentrated heavily on the ingestion of foods that were strange to the Western public or which suggested the eating of animals that were both too wild and too domesticated. The Association of SARS, with the ingestion of civic cats, allowed metaphors of filth, incivility and the primitive other to be combined with imagery depicting Asians as both the infected and the infector of SARS. Two of the first four SARS patients identified in the winter of 2003/2004, where a waitress at a restaurant in Guangzhou, China, that served palm civets as food and a customer who ate in the same restaurant a short distance from animal cages, leading researchers to determine that SARS originated from eating palm civets. This theory was later disproved, but not before SARS was inextricably linked with Chinese eating habits. Palm civets are small raccoon looking animals distinguishable from civet cats. But nevertheless, the image of cat eating Asians widespread from so much of legend tradition attached itself to the SARS epidemic. Contaminated spaces are also central to the recycled disease corpuses, perhaps the death car narrative is the most classic contaminated space narrative. The story, and it's not a disease version, tells of an expensive fancy car selling for a ridiculously low price. The reason for the low price turns out to be that the owner had died in the car and remained undetected for several days, leaving the stench of death and a stain forever in

the vehicle. In the AIDS car version, both the smell and the stain are gone. What remains is the disease association. One story in Newfoundland reported in the summer of 1988, an advertisement in a newspaper read nineteen eighty seven Firebird for sale one thousand dollars. My brother, who was looking for a car at the time, told me about it. Apparently the owner of this car had AIDS and he had died. The owner's wife was having a great deal of trouble trying to sell the car and thought that reducing the price of the car would be easier to sell the story, the person tells me, the story was told to me by my brother and it was told as truth. But I found it very hard to believe, considering the facts about how AIDS is spread. Well, I have not yet heard the death car associated with Ebola. Similar stories have circulated about permanent unfixable contamination of planes, schools and hospital rooms. And who can forget the hazmat images? Hazmat image is associated with cleaning the apartment building occupied by Thomas Duncan, some of you will recall the public outcry to take planes transporting individuals with Ebola out of the working air fleet and suggestions that the apartment building he occupied should be raised. The theme is the same. The only way to remove the chance of infection or the stench of death is to destroy the occupied site. Trains, planes and buses figure largely in epidemic narratives, as do restaurants and public bathrooms. Global travel contrasts starkly with the need for containment of disease, but it also creates access to and from the loaded images of primitive Africa or China. And in the case of HIV, San Francisco bathhouses. Like stories of the killer in the back seat or cooking of cats or dogs in restaurants, epidemic narratives comment on the unseen, the foreign and on mixing up public and private living in Canada during the SARS outbreak in 2003, I was enormously conscious of the narrative traditions surrounding spaces thought to be contaminated. In Toronto, several restaurants were destroyed by rumors of infection. Rubies, for example, a popular Chinese restaurant featured prominently in an email which ultimately drove the business to bankruptcy. The email dated March 31st, 2003, and entitled SARS Infected Areas Important Information said, quote, especially important for those of you who live, work or travel to Markham or Scarborough, please forward to your friends or family in those areas. Thanks. Here's the new list of infection locations. Ruby's Restaurant at McCallan and Finch take one karaoke at Woodbine and 14th, both infected with SARS. Two storekeepers at Pacific Mall, Kennedy and Steeles, one from first marcom place waitress one sixty eight double tree at Commerce Gate Finch and Midland Office Building. Scarboro Grace Hospital, dr. Chow and all his patients at Birch Mount and Finch. That's the new list. Stay away from dense areas populated with Chinese. Tell your family friends not to go to the mall located in Mindlin and Finch, where the Royal Bank is. The family doctor of the mother and son who died of the pneumonia is located there. Now, the family doctor also got infected to end quote. A similar email circulated last year noting that Nancy Snyderman, an NBC reporter, quarantined after her return from Liberia, had visited a local restaurant specified by name. The email said, quote, Sniderman violated her quarantine by going to the Peasant Grill in Hopewell Borough, New Jersey, Thursday afternoon. Several people say they saw Sniderman in her Mercedes with shades and a ponytail as a man got out of her car, walked inside the restaurant to pick up some grub and quote. Although there is much more to say about contaminated spaces, I will move on to discuss contaminated people, the area of epidemic legendry that is both the most problematic and the most likely to be embraced by public health. Earlier, I made reference to recycled stories of AIDS, Mary and the relationship of that narrative to the plague, to Typhoid Mary and ultimately to Ebola, Tom. Likewise, the young child associated with the first case of Ebola is referred to, you will recall, as patient zero and non-allergic reference to HIV patient zero tend to God. Each of these names Christens, the individual they refer to as linked to characters of legendary status, the disease, Basnet names allow these individuals to join the ranks of those dubbed the poisoned empire associated with SARS, SARS Esther, AIDS Harry, the Irish Angel of Death, the AIDS Black Widow and AIDS Dallas Ebonie. All individuals, real or

anecdotal, made famous by their reputed infective properties in public health, the media and in more informal discourses amongst the main rumours surfacing in relation to all contemporary epidemics concerning the presence amongst us of so-called super spreaders, individuals that are highly infectious and who spread the agent of an infectious disease to disproportionately more secondary contacts than others infected with the same virus. Although it is a concept and term that really flourished with the SARS epidemic and more recently with Ebola, the public health idea of super spreaders is much older. The notion that some people are hyper infective have been around for at least half a century, sorry, at least a century generally trace back, of course, to the discovery of Mary Mallon A.K.A. Typhoid Mary, who I mentioned earlier and who became notorious as the asymptomatic carrier of typhus who infected 51 people beginning in 1907. In 1913, a similar, although this time symptomatic case was discovered of a man who had smallpox, who took two trains across England infecting nearly 100 people en route before anyone noticed the rash on his face. Priscilla Balde defines a super spreader in her book, Contagious as a term used for a hyper infective individuals who ostensibly foster infection by, quote, spewing germs out like tea kettles and, quote, viewing from a perspective of risk and blame, the super spreader designation places responsibility on an individual for infecting many people. It is a public health scapegoat writ large and with an official crayon. Epidemiologists call the concept behind super spreading the 18 20 rule, 20 percent of the population is responsible for 80 percent of the disease spread. The key to understanding and stopping outbreaks of infectious disease, they believe, means honing in on this small portion of the population that drives the majority of transmission. Next to Typhoid Mary, perhaps the most important super spreader was Gaitonde Tergat, or Patient Zero of HIV. This epidemiological study showed how Patient Zero had infected multiple partners with HIV and they in turn transmitted it to others and rapidly spread the virus to locations all over the world. The CDC identified Dukat as a carrier of the virus from Europe to the United States, who spread it to other men he encountered at bathhouses. De Gaulle was vilified for many years as the mass spreader of HIV and seen as the original source of the HIV epidemic amongst homosexual men. Randy Shilts, who documented the exploits of De Gaulle in The Man played on, argued that of the first 19 cases of AIDS in Los Angeles four, it had sex with de Gaulle and another for it sex with one of his partners. Ultimately, the epidemiological work around HIV origins refuted the notion that de Gaulle was responsible for the epidemic. Working out that someone is responsible for super spreading requires plotting out the contacts of the individual, beginning with the case history. Epidemiologists are primarily storytellers, piecing together narrative patterns from the past to predict the future, while the graphs, graphics and case histories associated with super spreading and contact tracing may seem necessary and relatively not legendary in and of themselves, they frequently devolve into demonised caricatures of the patients. According to epidemiologist Sarah Paul at the University of Colorado, super spreaders share three major qualities. They shed large quantities of the pathogen, they transmit it to a large number of people, and they do so for a long period of time. According to Paul, a combination of an individual's physiology and behaviour determines whether he or she will become a super spreader. Each of these epidemiological factors creates a space for legend. Super spreader spread or contact tracing is at the core of epidemiological work, but it lends itself to hyperbolic constructions. Esther Mark pictured here, for example, a 26 year old flight attendant, was one of three original cases of SARS to emerge in Singapore. Mark went to Hong Kong on a shopping trip and contracted the SARS virus there. She subsequently was traced to one hundred of the first hundred and eighteen reported cases in Singapore, including both of her parents and her pastor, all three of whom ultimately succumbed to the disease. Health Minister Lim Hong Kong reported, quote, Esther Mok infected the whole lot of us and quote. The health minister's comment mirrors the construction of numerous inspectors in legend, stressing the single individual as

responsible for the entirety of an epidemic. Members of the Community of Conception Bay North, who I interviewed for my book Once Upon a Virus, said of a community member on trial for deliberate infection with HIV. Probably 90 percent of the cases here can be traced to him. Another community member indicated that he had infected fifteen hundred people with HIV. And Typhoid Mary was reported in a news clip for United Press International to have infected thirteen hundred people with typhoid. The primary super spreader motif makes a single individual responsible for an entire epidemic. The question, of course, that follows is why, what is it about that person that allows them to spread viruses so efficiently? Narratives of super spreader, irresponsibility and bad behaviour proliferate in popular legend, media and epidemiology. Ebola Tom was constructed as a liar who knew about his illness but flew to the US spreading infection to obtain affordable and better health care. Ray Mercer, the man I wrote about who it was said to have infected, fifteen hundred people, chased people around with blood from a self-inflicted cut, flicking HIV on those nearby. That, of course, was not true. Typhoid Mary was reputed to have deliberately put faeces in her cooking and the public health doctors who went to visit her kitchen reported that she chased them around with a carving fork and knife. Represented in public health records, as uneducated and as a dirty immigrant, Mary Mallon's biographer wrote in American Heritage, quote, The traditional image of Typhoid Mary is of a slattern, ignorant, unkempt and uncaring of others. The truth is rather different. Mary Matalin was 40 years old at the time with blonde hair and clear intent size and determined mouth and jaw. She stood about five foot six and had a good figure, he wrote, although she was rather plump, a common enough failing amongst professional cooks. Nor, he said, was she ignorant in the least. She wrote in good legible hand and read for pleasure. Well, in addition to representations as evil, irresponsible and ignorant, super spreaders from the time of Typhoid Mary until today are seen to have a special physiology that makes them super contagious. Geia Soaper, the public health doctor that investigated Typhoid Mary, wanted specimens of her urine, faeces and blood, but also commanded that her gall bladder be surgically removed against her will for experimentation. With HIV, super spreaders were understood as oversexed, often tied to discussions of large genital freakish sexual abilities and the ability to sustain continual orgasms. With SARS, epidemiologists speculated that some individuals are somehow possibly genetically capable of sending the virus into the air around them. While most people transmit it only directly through nasal or throat secretions, some epidemiologists speculated that super spreaders have deep, long cavities able to harbour large amounts of the virus. Some speculated that the super spreaders are carrying a mutated form of the virus that makes it easier to contract. And in contemporary disease lingo, viral load became the special weapon of the infector, beginning with HIV but carrying on with SARS and Ebola. The viral load theory fits well with the image of super spreaders as teakettle sloughing off virus like steam. The image of the exhaling, sweating or coughing infector became the SARS super spreader predominant stereotype allowing hyperbola in both the media and public health. The Sunday Telegraph tells the story of one individual dubbed a super spreader by writing, quote, As he shuffled through the lobby of the Hotel Metropole, the elderly professor was feeling feverish and faint at the lift. He steadied himself for a moment in the open doorway before his body convulsed in a series of fracking coughs that spread fine droplets of saliva onto the walls and the people waiting inside end quote. While epidemiologists work toward their mandate of tracing up epidemics, the evolving epidemiological construction of the science of super spreading creates a legend drawing a profile of negligence, irresponsibility, super potent power, deviant physiology, let loose on a mobile and hungry world each element of contacts and movement, the patient's physiology, their food, space and behaviour, the conditions for super spreading capitalise on othering the patient just as legend would creating an official us and them. Although that othering is unconscious, it is clear that public health and the media are tradition bearers in the disease, legendary

process, they mediate these narratives, providing a template for what becomes a legend. What's more, public health creates epidemiological trajectories with the interstitial gaps. In other words, spaces for legend. Contact tracing, just as an example, inadvertently personifies epidemics and creates a profile of the disease carrier shaping public perceptions of vulnerability, rates of infection, geographic and ethnic associations with the disease. Further, the disease itself becomes the character imbued with disregard for morality or borders. The notion of contaminated foods, spaces and people continually recycled in the narrative traditions of lay people, the media and public health make it clear that vernacular, popular and scientific constructions of disease all fall predictably along the lines of home and away, familiar and foreign, civilised and uncivilised, moral and immoral. Lest anyone think that the recycling of legend and rumour is merely a trivial interest of the folklorist, it is worth considering the potential impact of legend, rumour and panic on individuals and nations. The 1994 plague scare in India illustrates exactly what can happen. On 20th of September 1994, Serat Civil Hospital in Gujarat admitted seven patients with pneumonia like symptoms the illnesses were unresponsive to penicillin treatment. An examination of patient sputum samples revealed the rod shaped basilica associated with the plague. No bacterial confirmation was obtained by 23 September, there were media reports of a plague outbreak in Syria as rumours spread, 500,000 residents fled Sirte and the surrounding area, leading to fears that fleeing residents would expose other Indian cities and beyond. Schools were closed, individuals with the cough were quarantined, those believed to be infected were heckled and stoned and within a week, flights were stopped to and from India, imports were embargoed. In 1994 as a result of the panic, India's trade deficit doubled and losses associated with the reported Aptera outbreak were quantified at two point two billion dollars at the time official reports indicated that 52 deaths in the country were from the plague and that there were eight hundred and seventy six clinically confirmed cases. A subsequent report from the All India Institute of Hygiene and Public Health indicated that not a single case of plague was confirmed on the basis of World Health Organisation bacterial standards. Eventually, the Centres for Disease Control and the World Health Organisation concluded that the response to the India outbreak was unfounded and excessive. In the meantime, it took an enormous toll on India, placed large populations at risk of secondary disasters and probably reinforced with numerous countries the danger not only of disease outbreaks but rather of reporting disease outbreaks. Returning briefly to Dr. Rory, he wrote again in the Caledonian Medical Journal, All through the past, there has been a constant give and take between the Orthodox and the unorthodox. For when the former fails, the sufferer and his friends readily take themselves to the latter, which usually has as an additional attraction, a spice of the supernatural about it. The epidemic world of magical contagion, contamination, medical morality, epidemic outlaw's and the narrative construction of disease certainly suggests that Dr. Rory was right, not only about the sufferers thoughts and actions, but also those of the media and the medical establishment. Thank you. [Applause]

Dr Tom Mckean [01:13:45] Thank you, Diane, for traipsing all the way from Indiana. And thank you all for coming. And please join us for lots and lots of smoked salmon and cheese out in the foyer there and get to know each other and sing each other some songs maybe. So thanks for coming.

Voiceover [01:14:34] This podcast is brought to you by the University of Aberdeen.