On January 30, 2020, the Danish newspaper *Jyllands-Posten*, infamous for publishing deeply insensitive cartoons of the prophet Muhammad in 2005, published a satirical image of the Chinese flag with the characteristic yellow stars replaced by the recognizable image of a coronavirus. Depictions in the Belgian, Dutch, and Mexican press have also produced similar images, but with the international symbol for biohazard.

Epidemics reflect the political, social, and economic circumstances in which they emerge. Within the responses to a seemingly natural event lie the lenses through which medical actors, public health officials, and political and economic authorities perceive and assess the threat of infectious disease. Far before the events of this book, epidemics were blamed upon those most marginalized in society. In response to the Black Death in the fourteenth century and in addition to a host of other anti-Semitic prejudices, many Jews were burned at the stake, expelled from European cities or forced to convert to Christianity.1 While this work itself touches on some of the disease controls that centered upon racial and xenophobic anxieties in the early period of European colonization in the fifteenth and sixteenth centuries, it was in the nineteenth century that understandings of contagion and disease spread came to be viewed through a wider prism of medical knowledge, global politics, and economic risks that have augmented the perceptions of how epidemic threat is understood globally and how epidemic responses are carried out.

In writing this book I hope to show the continuities and shifts within the history of international infectious disease control and the legacies of nineteenth-century practices of disease control that in some forms persist to
this day. The deeply racial, xenophobic anxieties around infectious disease, motivated by concerns of disease spreading to the West, continue to animate responses and affect global health priorities in the present. This particular European- and Western-centric perspective is still evident in the distasteful cartoons discussed earlier.

COVID-19 has done more than merely expose the underlying xenophobia and racism evident in the history of international infectious disease control. It has also exposed the ways in which these histories have built a durable myth of the West’s supremacy over infectious disease and its relative invulnerability to these pathogens. This myth has been exposed and operates very much to the detriment of the inhabitants of the West.

The eradication of smallpox, the mostly successful eradication of polio, and the development of vaccines against childhood diseases like measles, mumps, and rubella have made these formerly devastating illnesses a lingering concern only if anti-vaccination discourses take hold in the West’s cosmopolitan centers. By the 1970s and especially after the eradication of smallpox, there was optimism that the era of infectious disease was over for humanity. The merciless pandemic of HIV/AIDS shattered this belief, though after tens of millions of lives have been lost, HIV/AIDS has become a chronic disease that can be controlled and managed in pharmaceutical and bureaucratic ways. Access to treatments continue to differ drastically by geography, access to resources, and social inequalities.

Prior to 2020, biomedical and technical optimism had led to the somewhat comfortable acceptance among leaders, many (though not all) health actors, and the general public in Europe and North America that major epidemics or pandemics, especially of novel diseases, are rare or unlikely to occur at home in as devastating a fashion as they can in the rest of the world—or at the very least, the dynamics will be different. A triumphalist reading of the history of twentieth-century public health in the West could read as (to paraphrase Sylvia Wynter) a history of “securing the well-being of the Western bourgeois conception of man.” Dr. Peter Piot, the discoverer of the Ebola virus suggested that he “would happily sit next to an Ebola Suffer on the Tube [London underground system]” in an effort to calm concerns and stigma around the threat of Ebola arriving from West Africa
to the United Kingdom. His statement suggested that citizens need not be frightened of the disease because the dynamics of contagion and the health systems in the United Kingdom made it very unlikely that the epidemic dynamics that had occurred in Liberia, Guinea, and Sierra Leone could occur in Britain.

Piot’s statement suggested that the crisis the world was witnessing playing out via news outlets, on social media, and on our phones and televisions would not occur “over here.” The scenes of doctors dressed in what looked like space suits with limited access to personal protective equipment, overworked and at high risk for contracting the disease themselves, were widely publicized as a ghastly reminder of the limited capacities of African health systems to care for their populations.

In places far away from the epicenter of the epidemic, much of the world watched as victims of Ebola virus disease died lonely deaths far away from their loved ones, to be buried under intense sanitary controls without formal ceremonies carried out by their families. The prolonged epidemic was blamed on “West African cultural practices,” widespread ignorance of science, mistrust in doctors, and a host of other banal actions that outside of an epidemic were barely scrutinized but under the harsh gaze of illness had now been pathologized as the markers of backwards people and unhealthy behavior. Social distancing, isolation, quarantine, and curfews were seen as the scrambling practices of a bygone epidemic order, wholly alien from the sanitized spaces of modern hospitals and the cosmopolitan streets of US and European urban metropoles. These tropes of chaos, horror, and cultural incommensurability with modern medicine harken back to early twenty-first-century discussions about South African presidents Thabo Mbeki and Jacob Zuma’s HIV/AIDS denialism and claims that the disease could be prevented by showering.

COVID-19, an acronym for Coronavirus Disease 2019—a term less evocative of place than Ebola virus disease, Zika virus, or Middle East Respiratory Syndrome and less rooted in time than bubonic plague, cholera, or yellow fever—is a modern pandemic that has shattered the myth that the West had transcended the era of pandemic vulnerability or that it was sufficiently civilized to respond to such threats better than the rest of the world.
In New York City (the global epicenter of the pandemic for some time), victims of COVID-19 died alone without family beside them in some of the most technically advanced hospitals, their doctors rationing personal protective equipment as they fight an epidemic threatening to cripple the health system. In March 2020, at a moment of reflection, former president Trump considered the horror of the spectacle he was witnessing:

I’ve been watching that for the last week on television body bags all over in hallways. . . . I have been watching them bring in trailer trucks, freezer trucks—they are freezer trucks because they can’t handle the bodies, there are so many of them. This is essentially in my community in Queens—Queens, New York. I have seen things I’ve never seen before. I mean, I’ve seen them, but I’ve seen them on television in faraway lands.\textsuperscript{11}

The United States, when this comment was made, was on its way to becoming the global epicenter of the ongoing COVID-19 pandemic. This realization highlighted an uncomfortable and important myth of our current moment, that epidemics are forces that those in the West are to be protected from and witness play out on the news in reports from far away. While the pandemic has ravaged much of the Western world, its effects on the United States look to be the gravest. Donald Trump publicly endorsed unproven drugs for COVID-19 treatment, such as the malaria medication hydroxychloroquine, and rejected lifesaving practices such as wearing masks.\textsuperscript{12} In a statement that echoed Mbeki’s HIV/AIDS denialism and the treatment suggestions of his health department, President Trump mused that exposure to light and the ingestion or injection of disinfectants into a patient’s body might cure the disease.\textsuperscript{13} Former UK prime minister Boris Johnson, before falling ill to the disease himself, suggested that the British people could develop herd immunity from COVID-19 such that formal social distancing measures would be unnecessary, against nearly all information from public health experts. Likewise, as President Trump contracted the disease after exposure at his own political events, he continued to preach the necessity of Americans to trust in technological solutions to
the pandemic and reject proven public health responses. Despite a change in leadership under President Biden, effective public health measures such as wearing masks remain the subject of deep political debate in the United States. The levels of mortality from this pandemic have not been seen in the United States for decades, while the effects of racism and class inequalities continue to elevate that death toll. Meanwhile many nations outside of the mythological container known as the West have weathered the storm, in spite of lack of access to a reliable delivery of vaccines, through steady and at times compassionate public health controls rooted in limiting spread of disease. The United States, United Kingdom, and others assumed that keeping disease out would protect and offset the troubles within, but COVID-19 has exposed more starkly the weakness of supposedly vaunted public health systems that in fact were understaffed, underfunded, and ill equipped to manage a disaster of this scale.

All the while, the United States has continued to blame China for spreading the disease and the WHO for operating in China’s interests rather than those of the United States. Much of the justification for this claim lay in what has been described as the failures of what were once a little-known set of regulations, the International Health Regulations. Former President Trump’s attempts to remove the United States from the World Health Organization and spreading of xenophobic and racist tropes regarding the origins of the disease highlight a foundational guiding ideology of international infectious disease control: that the systems in place to control epidemics must protect the West and its interests from the epidemic risks posed by the rest of the world.

This perspective has been central to the International Health Regulations and prior international infectious disease regulations since they were first developed in the nineteenth century, and it is ever-present today in the responses to COVID-19. The marker of the supremacy of Western civilization over the rest of the world has historically been the absence of infectious epidemics of the scale seen recently in West Africa and the Democratic Republic of Congo caused by Ebola virus disease and Zika virus microcephaly in South and Central America. Effective infectious disease control and the
absence of epidemics are markers of modernity and Enlightenment ideals. They prop up the myth of inherent European and North American superiority. COVID-19 has shattered this myth, although the negative effects of such a myth are very visible in the responses to this pandemic. How did the world of international infectious disease control come to center its objectives in protecting the West from the rest?