International Journal of Environmental Sciences
ISSN: 2229-7359
Vol. 11 No. 21s, 2025
https://www.theaspd.com/ijes.php

Analysing Discourses Within Pandemic Narratives

Zomuansangi[1], Margaret L. Pachuau[2]

[1]Ph.D. Research Scholar, Department of English and Culture Studies, Mizoram University, Aizawl, Mizoram, India, 796001, amuany213@gmail.com
[2]Professor, Department of English and Culture Studies, Mizoram University, Aizawl, Mizoram, India, 796001, maggielpachuau@gmail.com

Abstract:
The article seeks to create a framework for the study of pandemic literature by tracing its conceptual and historical roots, and examines how pandemics have been imagined, represented, and reimagined in literary. It explores how the term "pandemic," as a medical and cultural phenomenon, has emerged as a critical lens through which human experiences of crisis, vulnerability, and resilience are portrayed. Through selected literary texts, the study conducts an analysis of the discourses embedded in pandemic narratives and uses critical theoretical frameworks to demonstrate how political, social, and cultural narratives in pandemics reflect and shape discourses around health, governance, and social responses.

Key Words: *Pandemics, health, discourses, vulnerability*

INTRODUCTION

This article will focus on analyzing the primary texts and situate them within the context of relevant theoretical frameworks from a range of prominent theorists. By considering these dynamics, more informed and compassionate approaches can be developed to address the challenges confronting communities and individuals, aiming toward a more equitable and inclusive society. The article aims to deliver a nuanced understanding of the complex interactions between governance, societal response, and individual autonomy during pandemics. Pandemics have triggered worldwide health catastrophes and ignited significant discourses surrounding the responses taken to dilemmas associated with the outbreak. These discourses, which currently span a range of perspectives and interpretations, illustrate the complexity of human responses to emergent circumstances. This article explores the multifaceted discussions surrounding the pandemic, examining various viewpoints and their ramifications. It seeks to analyse and assess the multitude of responses observed throughout pandemics, while emphasising upon their consequences and root causes. When pandemics happened, they elicited several responses from individuals, societies, and governments. The range of responses, from strict lockdowns to resistance to public health measures, demonstrates the complex nature of human behaviour during crises. The responses observed highlight the relationship between governmental policies, society behaviours, and global dynamics. It has also turned into fodder for political discourse, as governments try to combine public health priorities with socio-economic concerns. Political discourses further underline governmental decision making in terms of lockdown measures, mask mandates, vaccinations and economic stimulus packages. The politicizing of public health policy has exacerbated societal divisions as rallying against limitations and conspiracy theories erode faith in governmental institutions. Pandemics have also exposed deep-seated socio-cultural divisions, highlighting inequalities in healthcare availability, financial stability, and community unity. Socio-cultural discourse involved conversations on structural disparities, community strength, and togetherness during challenging times. It is noted that marginalised communities, including ethnic minorities, low-income workers and undocumented migrants have been more affected in terms of increased rates of infection, health outcomes, and other socio-economic dislocations. On the other hand, it has also encouraged altruistic behaviour, mutual assistance, and grassroots action, which have strengthened solidarity and resilience in communities. Narratives promoting shared accountability, compassion, and fairness have surfaced, pushing back against long-standing disparities and promoting structural changes after the pandemic.

When a disease outbreak occurs, factors such as denial, concealment, unpreparedness, and conspiracy theories usually unfold. Using a representative sample of texts, it will be possible to know how effectively and what consequences can be derived from the circulation of power, fear, and conspiracies during a pandemic. This analysis will also illustrate how much power and autonomy is exercised, and how freedom is abused, on individual

and collective levels. Vlad Alalykin-Izvekov traced how the phenomenon of calamity is one of the most potent driving forces behind the turbulent and eventful trajectory of humanity's story. He mentioned how calamity has played, is playing, and will continue to play a significant role in "the evolution (and revolutions) of the history and culture" of the entire world. The human mind, behaviour, social structure, and cultural life are all significantly impacted by catastrophes. They rarely showed up alone, frequently setting the other off and amplifying the effects of the other. In her work *Contagious: Cultures, Carriers, and the Outbreak Narrative,* published in 2008 Priscilla Wald asserted that pandemics invariably depend on shared fears, difficulties, and experiences in addition to shared microbes. She pointed out that the word "contagion" literally means "to touch together," suggesting that the experience of a communicable disease outbreak can evoke a profound sense of social interaction and community-building. Drawing on her readings of classic literature from authors such as Boccaccio, Defoe, and Mary Shelley, Wald argued that the experience of an epidemic, "could evoke a profound sense of social interaction- communicability configuring community" (12). This perspective highlights how pandemics, despite their capacity to divide and isolate populations, can also serve as a unifying force, shaping shared narratives, fostering solidarity, and redefining the boundaries of social belonging. Wald's introductory chapter provides a basis to think about pandemics not as simply biomedical events but as significant social, cultural, and political happenings that are collective and individual experiences. This approach enables a multi-faceted critique of pandemic discourse through the various lenses of these theorists for instance, Foucault's biopolitics explains how states regulate life and normalize control, Arendt highlights the reconfiguration of authority in times of crisis and Agamben's notion of the state of exception reveals how rights are suspended under emergency rule. Priscilla Wald's work approaches narrative as a mechanism to build collective identity and exclusion during outbreaks. Max Weber's work on bureaucratic authority conceptualizes ways in which institutional authority presents itself as neutral, or as expert knowledge. Judith Butler's focus on precariousness emphasizes risk and care unevenly distributed across some individual bodies and not others, particularly along the axes of marginalization. Patrick Brown contributes a contemporary view on how trust and epistemic authority shape public responses to medical uncertainty. Collectively, these theorists illuminate how pandemics are as much political and ethical events as they are biological ones.

NARRATIVISING PANDEMICS

Saleema Nawaz's book *Songs for the End of the World* (2020) started with the introduction of Elliot, who learned about a viral outbreak through his device. The virus is described as potentially more deadly and contagious than swine flu. Health officials had begun contact tracing and identified a restaurant called Cipolla as a point of exposure. Elliot realized he had recently eaten at this restaurant with friends. The story mentioned that Cipolla had been firebombed, possibly out of fear or grief. A health department hotline number is provided in the news article that he reads, along with instructions to stay home and report any exposure. He later received a call from his sister but didn't answer, feeling overwhelmed by the situation. The narrative describes his emotional state, "Elliot's grief was suffocated by an overwhelming sense of unreality, as if he were witnessing a montage of his own suffering- Elliot staring at a wall, Elliot burying his face in his hands, Elliot slapping himself for acting like a prisoner of cliché during one of life's most serious moments." As Elliot searched for information about memorial services for his gym friends, he discovered some funerals have already occurred. The text notes "The surface of his skin felt electric with mortality" (16). He eventually contacted the Department of Health to report his potential exposure. The employee he spoke with is unaware of the latest news reports and doesn't recognize the restaurant name, but processed his concern as a possible exposure case. The health department worker told him to remain at home for 21 days due to his exposure risk. She asks if he shares a toilet with anyone and recommends that he take his temperature twice a day. She told him to call emergency services if it reaches 104 degrees. The worker stated someone would call him back the next day and told him to list every person he has seen and every place he has been to since he was exposed (85). The opening passage of Nawaz's novel sets the stage for this dynamic. The introduction establishes a world where information is both vital and unreliable. The early morning radio call represents the abrupt nature of crisis information, while the reference to "logic as blind as the human heart" suggests the emotional responses that often accompany such information. As the story progresses, multiple instances demonstrate how the flow of information shapes the power dynamics of the crisis. When Elliot communicates with the Department of Health, the employee's ignorance of the recent news accounts exposes

how official outlets can muddy the waters instead of clarifying. This scenario illustrates the potential for undermining public trust and creating space for alternative narratives.

Foucault's concept of power/knowledge offers a relevant framework for examining information dynamics during a pandemic. In *Discipline and Punish* (1975), Foucault argues that "power and knowledge directly imply one another... there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations" (27). In Nawaz's *Songs for the End of the World*, the management and manipulation of information emerge as critical instruments of power. Through fragmented official communication, conflicting expert advice, and widespread rumours, the novel illustrates how uncertainty becomes fertile ground for the exertion of social control. Characters respond not only to the virus, but to the narratives surrounding it- narratives that are shaped by institutions seeking legitimacy and authority. While Foucault's claim that "power is tolerable only on condition that it mask a substantial part of itself" (86) is not directly mirrored in the novel's events, it remains a useful analytic lens. The vagueness and inconsistency of public health messages incorporated into Nawaz's narrative reaches a level of obfuscation in which accountability is left nebulous and allows for forms of power to occur in the realm of fear, prediction, rumour, and silence. Here, the novel replicates Foucault's larger point that when the power is hidden it has a better chance of being exercised, especially beneath a veneer of public safety.

As the quarantine neared its end, Elliot reached the limits of his personal self-sufficiency. Overcome with emotion, he broke into tears of gratitude even just for the person who delivered his food and stayed to chat with him for five minutes in the hallway. Upon noticing his tears, the delivery person was startled and slowly withdrew. Elliot admitted that he starts "to feel like a rat" when "boxed into a couple of hundred square feet" (26). He also shared that he prefers watching people's reactions to him through the distorted lens of the peephole, where they would all pause to read the sign on his door that reads 'Quarantine.' "It was a lens that matched his current perspective on life- circumscribed but far-reaching, and consequently distorted. Exposure to a deadly virus had a way of helping you see the big picture, even as it simultaneously cut you off from doing anything about it" (28). On day twenty-one, Elliot put on a tank top and shorts and went for a run around the block. As he ran along the sidewalk, pedestrians deliberately stayed further away from him and looked at him warily. While he was walking with the many mothers on the block in their babies' strollers, he was several feet from them and the woman walking ahead of him without children. However, the mother turned, pulled her daughter aside, and shot Elliot a dirty look, before he passed by. Elliot went through intense emotional turmoil consisting of sadness, unreality, self-blame, and an overarching anxiety, and this correlates well with the ideas presented in Steven Taylor's *The Psychology of Pandemics.* Taylor emphasized the impact of pandemics is psychological, more so than it is medical. Elliot's unreality, critical review of his clichéd reactions, and very heightened awareness of death clearly matched the psychological impacts of a pandemic disaster outlined in Taylor's texts. The shocking nature of a pandemic and its emotional turmoil closely resembles those impacts in the text of how a sudden experience of fear elicits exaggerated or even bizarre behaviours. Taylor examined both psychological and behavioural responses to the pandemic like anxiety, panic buying, both of which are recurring experiences in the novel. He argues that the psychological impacts of pandemics or as he labels it, the "psychological footprint" of the pandemic is usually greater than the medical impacts alone (p. 44). A pertinent example of this was the Ebola outbreak in 2014-2015 wherein the "epidemic of fear" infected more people than the virus (p. 44). These excerpts demonstrate how fear and anxiety can propagate through populations in the event of an outbreak of infectious disease which result in significant psychological impact and particular behaviours. By the third day of his involuntary isolation, Elliot no longer viewed his situation as a "forced staycation" but began to feel abandoned and increasingly alone. The sense of being disregarded amplified so much that he flippantly pondered whether contracting the virus could be better than feeling this emotional isolation. As he cycled through his phone in search of pictures of his friends, he wondered why he was not a regular user of his camera. When he found their faces nowhere, he crumpled into "uncontrollable, agony sobbing", utterly desolate. Despite the depth of his sadness, Elliot found slight relief in an email from a well-wisher whose response demonstrated sympathy rather than fear. Still, Elliot admitted that he might not have been able to reciprocate the same empathy had the situation been reversed. A week into his quarantine, at his sister's urging, he turned on the television. There he saw his former girlfriend, Keisha Delille, who served as the associate director of infection control at Methodist Morningside Hospital. On the news, she explained that the virus could be "twice as contagious as the average seasonal flu and significantly more deadly,"

and that researchers had classified it as a novel coronavirus (19). He initially responded with panic and anxiety, yet his fear soon turned into quiet discomfort about his probable survival. He feared that focusing too much on his chances might tempt fate. Out of caution and guilt, he avoided contacting his friends' families or anyone else familiar. After completing two weeks of isolation, Elliot once again saw Keisha in a news broadcast. She addressed the public regarding the virus, now named ARAMIS (Acute Respiratory and Muscular Inflammatory Syndrome), which had already infected more than 2,000 individuals in New York City. The footage showed her standing on the same hospital steps as before. While the news anchor spoke in a voiceover, Keisha held up an image to the cameras and announced, "The authorities are taking the unprecedented step of releasing a photo of someone who may be infectious" (24). Elliot had begun to notice a particular cadence in the broadcasters' voices whenever they discussed the virus. He described their tone as "concerned, but not quite crossing over into panic" (24). The video appeared to have been shot at Cipolla - a restaurant that had become widely known to be the point of origin for the outbreak in New York City. When the camera came back to Keisha, she highlighted how important it is to follow the path of the virus, and said, "It's important from a research point of view to reconstruct the spread of the disease in order to understand it." She then looked directly into the lens and urged the public, "And the sooner we can track down and monitor everyone who has been exposed, the better the chance we have of containing this" (25). While exercising on his treadmill, Elliot looked out the window and noticed that the world had changed significantly during his time indoors. Streets were quieter, and traffic had decreased. Joggers now wore masks, women no longer gathered for lunch, and teenagers no longer moved in cheerful groups. Instead, they walked individually, their heads lowered, moving quickly to their destinations. Clearly, "it was not business as usual" (26).

COPING MECHANISMS

The 21-day quarantine imposed on Elliot is a reminder about the implementation of power by the authorities. The core of the public health strategy was the period of confinement, which was called a "quarantine" period after the Italian word *quaranta* (forty). Its length was believed to be determined by Christian Scriptures, as both the Old and New Testaments make numerous references to the number forty in the context of purification- the forty days and forty nights of the Genesis flood, the forty years that the Israelites wandered in the wilderness, the forty days Moses spent on Mount Sinai before receiving the Ten Commandments, the forty days that Christ was tempted, the forty days that Christ stayed with his disciples after his resurrection, and more. With such religious backing, the conviction held that forty days were sufficient to purify a ship's hull, the bodies of its passengers and crew, and the cargo it carried. The city would be spared and all virulent vapours would be dispersed safely. In the meantime, the biblical resonance of quarantine would strengthen adherence to the administrative rigour involved and would offer spiritual solace to a terrified city. In *Epidemics and Society- From the Black Death to the Present*, Snowden explained that the regulation of plague prompted a considerable expansion of state authority into areas of life that had previously been considered private. These public health interventions served as a precedent for how governments would later address other epidemics, offering a model that enabled the state to intervene in daily life. As Snowden detailed, officials found privileges to regulate economy, restrict personal behaviour, monitor populations, keep people detained, search property, and constrain civil liberties, all in the claim of addressing a public health emergency. This legitimized intervention, supported in the church and by many political and medical authorities, was a key feature in the expansion and acceptance of absolutist government. Under this campaign against the plague capitol, it was a key element in the expansion and justification of state-sponsored centralized power (Snowden 82). He also described maritime quarantine as conceptually simple but requiring a powerful state apparatus to implement effectively. Although intended to prevent disease, the rigid quarantine measures often had negative consequences. In their severity and in the fear they created, they sometimes incited mass evasion, popular resistance, and civil disorder. In some cases, the anticipation of quarantine, or even the enforcement of quarantine, did not just fail to control the spread, but in fact spread the outbreak. Populations fearful of the consequences of quarantine often chose to hide sick people, meaning that authorities didn't receive accurate information and it hurt their ability to mitigate the crisis.

Elliot's initial difficulty getting trusted information from the health department reflects the first part of Defoe's challenges in *A Journal of the Plague Year* (1722). Defoe suggests that during outbreaks authorities experience a great deal of suspicion and disquiet and receive very little trustworthy information from authorities. Defoe's

comments similarly reflect Elliot's contact with the health department and the employee's lack of knowledge of the current situation. In his book, Defoe mentioned the suspicion which the commoners have about the recorded number of deaths because authorities were attempting to conceal the devastating truth from them. As the bubonic plague affected the city of London, he shared detailed observations of the damage. It is expressed, in one of these accounts, that in spite of the utmost human vigilance, it is impossible to prevent the spread of the plague by enforcing quarantine. Specifically, this implies that it was neither feasible to identify infected individuals solely through auditory cues, nor reasonable to assume that those afflicted would possess full awareness of their own condition (244). Defoe depicts "the apprehensions of the people," which were ironically exacerbated through the mistake of the time; a time in which, as Defoe believed, the people relied more than ever on prophecies, astrological conjurations, dreams, and old wives' tales. This particular passage reflects the fascination and prevalence of conspiracy theories at the time of a pandemic, and how misinformation lies rampant when uncertainty reigns.

Given the similarities to the current circumstances, a character named Owen Grant, a writer, found himself enjoying the unexpected popularity of his book *How to Avoid the Plague*, which appeared to be a novel but functioned more as a survival manual. Like David, the protagonist of his story, Owen displayed paranoid tendencies and firmly believed that complete isolation was the only reliable method of surviving a pandemic. He chose to remain confined in his home and refused any form of external contact. Concerned about his increasingly erratic behaviour, his publishing company sent Sarah, one of their employees, to visit him and gather information. Sarah recognized and empathized with his state of mind, acknowledging that, "She knew what it meant to be paralyzed by doubt and indecision, and the terror that could lead a person to seek refuge indoors" (123). She reached him on a deeper level by discussing the theme of survival "both as a reader and as a person who wants to survive This resonated deeply with Owen, who quipped, "I'm glad you mentioned survival, as I wanted to highlight that it isn't necessarily unethical to look after yourself in a plague situation" (124). The narrative pointed out that while caring for others might seem morally virtuous, protecting one's own health also served an essential public purpose by reducing the risk of further contagion. It suggested that individuals ought to make serious efforts to safeguard their well-being. For those who needed to care for infected family members, the text advised designating a specific room or space for the sick. It also emphasized the importance of being responsible and preparing in advance by acquiring essential items, such as N95 masks and sufficient food and supplies, to remain indoors for several weeks if necessary (125). Owen's insistence on complete isolation during the outbreak resonates with Judith Butler's conception of precarity as it highlights how risk and vulnerability are understood unevenly and politically mediated during crises. In *Frames of War,* Butler writes that "precarity designates that politically induced condition in which certain populations suffer from failing social and economic networks of support and become differentially exposed to injury, violence, and death" (25). Owen's withdrawal can be viewed as a response to his own precarity, reframing his survival as a moral one within himself. The novel complicates this process through Sarah's shared empathetic engagement, reminding both Owen and the reader that survival is not just biological, but also narrative and relational. Her acknowledgment of Owen's fear takes survival back to a shared human circumstance and implies that care of the self cannot be ethically separated from responsibility to others.

Travel warnings have been issued due to concerns about ARAMIS, prompting Mexico, the U.S, and countries belonging to the E.U., to prohibit their citizens from traveling to and from China. In response, China demanded the repayment of certain debts. During a televised address, the President of the United States attempted to avoid admitting the country's financial inability to procure sufficient antivirals for everyone in need, a fact which the media did not hesitate to highlight. Despite American ICUs reporting an adult survival rate exceeding 60% amid overcrowded conditions, the nation saw a surge in gun and generator sales. The novel introduced another character Keelan Gibbs, a philosophy professor at Lansdowne University, who provided sharp theories in his book *Ethics for the End Times*. Gibbs called into question the competing options faced by governments to protect the public, for example, to protect free speech or to censor misinformation that could motivate vigilante action and/or worsen the spread of disease. He argued that governments may need to limit the freedoms of people that are exposed and infected in order to protect overall public health. He's even raised ethical questions, such as whether it would be legal to use lethal force against quarantine violators. Using 'The Survivalist's Code,' Gibbs analyzed challenges which individuals might encounter, questioning the adherence to rules set by a potentially

corrupt government and pondering responsibilities toward each other if government structures collapse. He considers the extent to which pre-existing social contracts endure in the face of catastrophic events, and whether a moral or civic obligation to care for one's neighbours continues to hold under such circumstances. (181). Gibbs' reflections about possible restrictions to personal freedoms to protect the health of the public in Ethics for the End Times are based on utilitarian thinking. The basic premise of utilitarianism, as provided in the text, is that the ethical approach is to maximize happiness or well-being for the greatest amount of people. The thoughts of Gibbs towards censoring people's behaviour or perhaps enforcing quarantines are based upon a utilitarian orientation. The interview excerpt where Gibbs warns against hoarding reflects this utilitarian approach. Hoarding, according to Gibbs, acts against the greater good. Utilitarianism is an ethical theory that emphasizes the importance of maximizing overall well-being or happiness for the greatest number of people. This theory was first formally articulated by Jeremy Bentham in his 1789 work *An Introduction to the Principles of Morals and Legislation*, and later developed by John Stuart Mill in his 1861 book *Utilitarianism*. The utilitarian perspective would suggest individuals should act in a way that creates a greater good for most people, regardless of whether the government is present or if a corrupt government is present.

In the interview segment, Gibbs suggests that fear can lead to hoarding behaviour that may or may not be rational. This aligns with utilitarian thinking, as hoarding benefits the individual at the expense of the wider community, thus reducing overall societal well-being. Also, Gibbs' example of people starving in quarantine due to others' fear illustrates a failure of utilitarian ethics. The greater good would have been served by safely providing food to the quarantined, as opposed to letting fear dictate actions. George J. Annas, in "Bioethics and Bioterrorism," a chapter from *Ethics and Infectious Disease*, discusses similar ethical issues in pandemic preparedness and response, resonating with themes in Gibbs' work. Annas asserts, "We will survive only so long as we uphold human rights. The more we undermine human rights and democracy, the less reason we will have to fight for our survival, and the less we will deserve to survive. In this fight, it is critical to recognize that freedom is not just an end of economic development and social justice; it is a means as well." He emphasizes that the universality of human rights and bioethics is vital, as these principles apply to all humans simply because we are members of the same species (p. 377).

Lawrence Wright's novel *The End of October* (2020) opens with a scene of health officials meeting in Geneva to discuss emergency infections. A character named Hans states, "Forty-seven death certificates were issued in the first week of March at the Kongoli Number Two Camp in West Java" (9). Millions of displaced people were placed in quickly put together camps that were fenced off and looked like prisons. Indonesia as a breeding ground for illnesses provides an excellent setting. In the past there were measles outbreaks, partially related to the fatwa against the vaccine, and there was HIV spreading through this part of the world even more rapidly than any other location in the world, and then after that the government used the HIV situation as a rationale for suppressing the trans community and the gay community. The camps were under-resourced in terms of food and health care needs, such that they were literally breeding grounds of epidemics. Because of the limited rationing of supplies and poor health services there was a high probability that an epidemic could sweep through here. The novel introduces Dr. Henry Parsons as the main character. He is described as physically short and frail, with a slight deformity from childhood rickets. The text suggested that his facial features and voice appear disproportionately large for his small stature. Dr. Parsons is credited with identifying the index case of a new disease- an 18-month-old boy from Guinea, infected by fruit bats. The narrative implied that Dr. Parsons is modest about his achievements. The book states, "In the never-ending war on emerging diseases, Henry Parsons was not a small man; he was a giant" (11), emphasizing his importance in the field of epidemiology despite his physical appearance. This novel envisions the thwarted, downside version of Foucauldian "biopolitics" and state regulation of human life, where microbes in human hands can become weapons. Pestilence has been utilized in warfare for centuries, dating back to the fourteenth century when the Mongols catapulted the bodies of plague victims over the walls of Caffa. The narrator detailed how the U.S. program tested anthrax and other dangerous diseases on human volunteers, mostly, conscientious objectors. After the Second World War, Nazi scientists who had experimented on prisoners of war were brought into the American research effort. They explored the use of insects, such as lice, ticks, and mosquitoes, to spread yellow fever and other diseases. Another instance cited is the Japanese involvement in the war, who were accused of poisoning over a thousand wells with cholera and typhus and dropping plague-infested fleas into China, causing epidemics that persisted long after the war. Since

President Nixon banned the creation of offensive biological weapons in 1969, new diseases were still being tested on, but classified as defensive tactics. Because of this, authorities and experts were attempting to determine whether the illness was caused by a bioweapon. They brought up Al-Qaeda's attempt to acquire bioweapons and also mention another group called Aum Shinrikyo, who had microbiologists working with them; these scientists would have been able to modify genes if they had access to modern technology. Henry warned them not to undervalue any terrorist organization's capacity to create new viruses. He remarked that, "Biowarfare has always been a part of the arsenals of the great powers. We shouldn't be surprised if this turns out to have been concocted in a laboratory. We know the Russians have tinkered with influenza" (142).

Dr. Henry was unable to gain cooperation from then-health minister Siti Fadilah Supari during his last trip to Indonesia. He wanted H5N1 avian influenza samples, which is associated with a high mortality rate, because it represented a potential global risk. However, countries such as India and Indonesia were becoming increasingly possessive of viral samples, primarily due to the fear that the rich would develop vaccines or treatments with their viruses that they would never have access to. Indonesia maintained that foreign pharmaceutical companies would profit from their strain of a virus without any guarantee of them having access to a vaccine or treatment. Dr. Henry's analysis was to create a cooperative agreement that would focus on both parties being able to share in their cooperation. The community of epidemiologists monitored with increasingly rising concern, while Indonesia stood firm. The nation treated the virus as a sovereign asset akin to "gold or oil," asserting what Minister Siti termed "viral sovereignty" (21). Henry believed that while knowledge could be dangerous, the absence of it posed an even greater threat, "Knowledge was dangerous, Henry reasoned, but ignorance was far worse" (21). Upon returning to Indonesia, Henry encountered bureaucratic delays. His mission to get samples was impeded by reluctant officials, including the new minister of health, Annisa Novanto. Although she attempted to maintain a calm demeanour, her anxiety was apparent. The narrative referenced a prior encounter between Henry and Novanto during a rabies outbreak in Bali, where she had prioritized managing the press over addressing the public health crisis directly. Her primary concern remained economic, especially regarding tourism. She remarked, "Look, supposing the place is a pesthole, what can we do with our meagre resources? You make us a pariah. Tourists will not come. Why do we have to suffer for this?" (23).

At a medical camp, Henry found a tragic scene where a group of young healthcare volunteers had died trying to mitigate the burden of a strange illness, and their notes and medical records showed the group was ill equipped and lacked the supplies to combat the outbreak. Reflecting on the situation, the narrative explored the devastating nature of disease. Henry recognized the immense bravery required to confront such an unseen enemy. Unlike soldiers who charged into visible combat, even the most courageous individuals might retreat in fear from the threat of infection. Disease, in Henry's view, surpassed traditional threats in severity and unpredictability. "Disease was more powerful than armies. Disease was more arbitrary than terrorism. Disease was crueller than human imagination" (29). The book also recounted a meeting among high-ranking political leaders who initially focused on a range of international concerns while failing to recognize the emerging disease threat. The attention shifted once World Health Organization data revealed alarming conditions in the Kongoli refugee camp, where approximately 70 percent of the population had been infected. The majority of those exposed had died, raising immediate global alarm. A similar outbreak had been reported in Mecca, increasing the concern that international air travel could accelerate the virus's global transmission. During the meeting, Health Minister Barlett foresaw serious issues in controlling the public health emergency. He expected that hospitals would be overwhelmed and urged caution over widespread panic resulting in behaviours such as panic buying, or hoarding, of essential items. The Commerce Minister heightened concerns by predicting deaths at major travel hubs, if no action was taken quickly. The officials stressed that it was important to make decisions quickly and to take action dramatically. They agreed "as much as possible, we need to urge people to shelter in place," and that all decisions about that need to be made immediately to allow for logistical preparation. They also recommended engaging the national guard, increased policing, border closures and closing all social and entertainment venues. They even advised the discharging of non-emergency patients from hospitals, shutting schools, postponing public events, and temporarily ceasing regular government operations. To prevent widespread exposure, it was advised that "travelers need to get home at once, before the pandemic takes root in America" (127).

The novel explores "viral sovereignty," exemplified by Indonesia's reluctance to share H5N1 avian influenza samples due to fears of exploitation by wealthier nations. Dr. Parsons negotiated a compromise, illustrating the

relationship between national interest and international health collaboration. This example also follows along with Foucault's discussion of power relations and knowledge as power tools of regulation. The novel depicted the government official's concerns and anxieties, who were less worried about responding to the outbreak than about the image of responding, and about the economic fallout of the disease, exemplified by Health Minister Novanto's prioritization of media appearance over public health needs. In "A Framework for Global Pandemic Response," Rebecca Katz and Julie Fischer analyze the Revised International Health Regulations (IHR 2005) during the 2009 H1N1 influenza pandemic, examining the balance between global governance and national sovereignty. They noted that "the early actions by nations outside the governance structure of the IHR…serve as a vivid reminder that nations are sovereign entities that can and will make their own decisions in response to a public health threat, regardless of global health governance structures" (8). In general, the emergence and subsequent global spread of the disease act as a tremendous indication of societal factors involved in risk and vulnerability. A risk-based framing has a powerful effect on policy, organizational modes of action, and individual modes of conduct requiring critical examination of what it implies, and what it can connote. The pandemic indicates the meanings of Ulrich Beck's 'risk society' thesis, which suggests risks associated with industrialization are globally reflected and are complexly social (Beck 1992, 77). In this context, the pandemic has brought the "politics of science" into focus, highlighting real-time disagreements among scientists and the contested translation of theories into policies (Fugelli 2001). Such exposure risks undermining public trust, particularly when political leaders frequently alter their claims to be "following the science," while further exacerbating the erosion of trust in scientific expertise and the politicization of public health responses.

The novel vividly illustrates the darker aspects of biopolitical control, as theorized by Foucault. In *The History of Sexuality*, Foucault defines biopolitics as efforts "to ensure, sustain, and multiply life, to put this life in order." Biopolitics involves how society exerts dominance and control over the origin and maintenance of human life. Foucault stated that the development of modern medicine and technology in the nineteenth century brought about a new kind of power that allowed governments and institutions to view society as a single body and impose rules and laws on the entire population. Biopolitical measures during pandemics include mask requirements and six-foot distancing to protect the population and prevent widespread illness. Vaccination also lends itself to biopolitics and the power of the government to consider groups to be protected in terms of life and death, thus exercising biopolitical power. Governments have also used disciplinary power to modify the behavior of citizens and have used biopolitical power to control the pandemic by providing lockdowns, quarantines, and vaccination initiatives. The pandemic has revealed the biopolitical nature of governance as countries provide protection from the virus and try to protect public health. Foucault suggested that these controls may infringe on individual rights and demonstrates how pandemics enable states to increase regulatory power, normalize monitoring, and maintain societal structures under the guise of public health. The concept of "viral sovereignty," illustrated by Indonesia's reluctance to share H5N1 samples, emphasizes how national interests intersect with global health imperatives, reflecting Foucault's ideas about knowledge as a control tool. This tension, analyzed by Katz and Fischer, reveals the struggle between national sovereignty and global cooperation. The novel shows the changing public view on health being elevated by economic and political considerations as seen by Health Minister Novanto. Essentially this is an example of Foucault's realization that governments are more concerned with upkeeping an existing course of power, and managing the perception of the public than on problems of health or health crises. Foucault simply identifies how states exploit a pandemic to consolidate their power, claim supremacy, and maintain societal aspirations of hierarchization through biopolitical processes.

Agamben's understanding of "bare life" and his critique of the state's affordance to say which human life matters, provides an essential context within which to analyze the biopolitical control of populations amid a pandemic. This theoretical approach presents the ability of governments and public health agencies to categorize and label groups of people in ways that diminish the dignity and agency of individuals. At the core of Agamben's analysis is the notion that the state, through the invocation of "states of exception," can reduce human beings to a state of "bare life"- a form of existence stripped of its political and legal rights, reduced to mere biological survival. During a pandemic, this dynamic can manifest in how certain groups are perceived, represented, and subsequently treated by those in power. The depiction of Prince Majid's actions in Mecca points to the potential weaponization of disease as a means of biopolitical control. The sealing off of the city and the lethal enforcement of compliance through military means reveal the extent to which power dynamics can override individual rights

and freedoms, reflecting Foucault's argument that biopolitical measures can become mechanisms for domination. The incident with the young pilgrim signifies the transformation of individuals into "bare life," as described by Agamben, where the state's power reduces people to mere biological entities, stripped of their rights and subjected to control for the sake of public order. The novel described a scene in Mecca where Dr. Henry observes Prince Majid attempting to control pilgrims during a disease outbreak. The city is sealed off, trapping the inhabitants. A young pilgrim defies orders and runs towards an unfenced area, resulting in his death by machine gun fire. Prince Majid responds, "May God forgive us. May he accept our painful sacrifice" (145). Dr. Henry reflected on the necessity of the quarantine, understanding that infected individuals could spread the disease to their loved ones if they escaped. The narrative notes that some might survive or be immune, but most infected would likely have a different outcome. Their conversation was abruptly interrupted by the sudden activation of a microphone in one of the mosque's minarets.The sound was unexpected, as it was not the scheduled time for prayer. The voice encourages the pilgrims to revolt. The scene culminates in a mass attempt to escape. The crowd rushes towards the fences, facing gunfire. Despite casualties, the crowd's momentum eventually breaks through the fences, and survivors flee into the desert. Arendt's concept of the "banality of evil," detailed in her work *Eichmann in Jerusalem- A Report on the Banality of Evil* (1963), reflected on how ordinary individuals can commit atrocious acts by blindly obeying orders, underscoring how bureaucratic systems can lead to a loss of personal responsibility. Arendt noted that "the sad truth is that most evil is done by people who never make up their minds to be good or evil" (287), which aligns with the tragic events in Mecca. The soldiers, as part of a bureaucratic system, execute violent actions without moral contemplation, demonstrating a detachment from the personal responsibility of their actions. Agamben's work, *Homo Sacer*, on the "state of exception" is also relevant here. The drastic measures taken in Mecca like sealing off the city, employing deadly force against those attempting escape demonstrate a suspension of normal legal and political boundaries. The government's prioritization of disease control overrides individual rights and due process, illustrating the concept of a "state of exception." The justification for the violence, as expressed by the Prince, is cast as a "painful sacrifice," illustrating how extreme measures can be morally rationalized during a public health crisis. While not explicitly stated, the scene in Mecca highlights the fear and panic within the pilgrim population, leading to a desperate mass escape attempt. In this context, Ross Upshur's exploration of quarantine ethics in "The Ethics of Quarantine" aligns with Arendt's concept of the "banality of evil." Upshur argued that while quarantine involves civil liberty curtailment, it can be justified when public health authorities use the "least restrictive measures" for disease control (394). Such actions risk fostering bureaucratic detachment from personal ethical responsibility. This situation underscores the significance of transparency and communication during public health emergencies, which hinges on fears and deception through unfolding events in Mecca. As the public health system is challenged to maintain credibility with ethical responses, and to avoid fear-induced chaos to unearth ethical issues and demonstrate the psychological aspects of public health reactions, it becomes apparent that a practice of ethical and humane public health responses is important.

Returning to the narrative within Philadelphia, which historically faced devastating contagions like the 1918 Spanish flu, its previous experience resulted in thousands of deaths, overwhelming healthcare workers and burial services. The city's previous encounter with the Spanish flu resulted in thousands of deaths, overwhelming healthcare workers and burial services. The mortality rate was particularly high among doctors and nurses, despite their valiant efforts. Mayor Shirley Jackson, having researched past pandemics, came from a medical background with a mother who was a nurse. She had participated in a tabletop exercise at Johns Hopkins regarding a potential fatal disease outbreak. When the new disease was discovered outside Saudi Arabia, Jackson implemented the Incident Command System, coordinating various health and emergency agencies. Jackson contacted Lieutenant Commander Bartlett at the Public Health Service, who was responsible for coordinating urban health responses and served as the agency's liaison to the White House. She ordered additional medical supplies from the national emergency supply depot and contacted the deans of three local medical schools to prepare students for emergency situations. The mayor equipped first responders with smartphone-connected infrared thermal cameras for quick fever detection. She also converted the Wells Fargo Center into a temporary hospital. Although she was met with applause for the response efforts and a front-page review from The New York Times, the city met unexpected circumstances. The description of Philadelphia's prior experience with the 1918 Spanish flu, its devastating consequences, and the preventive measures implemented by Mayor Jackson directly relate to the themes of

community preparation and the importance of learning from past pandemics. The article "Preparing For The Unknown, Responding To The Known- Communities And Public Health Preparedness" by Katz et al. further supports the mayor's initiatives. Their study examined community readiness for public health emergencies in the United States. It aimed to investigate the progress of emerging community public health capabilities since the 9/11 attacks and anthrax scare. While the authors described progress in achieving critical community infrastructure and collaborations with respect to public health emergency planning, they noted that funding, capacity, and competing priorities continue to be challenges in communities. The principle of learning from past responses and preparing for future outbreaks aligns with the spirit of the regulations. The article also highlighted the tension between global health governance and national interests, a tension which implicitly factors into the city's response strategies. Definitions of panic, associated with the pandemic have been and still are tinged with tension. Panic is characterised as a relic of irrational (and premodern) reactions, a definition that is supported by the word's etymological antecedent, the Greek goat-god *Pan*, who was associated with the wild and whose presence caused "panic" when he moved around. The "intensification of instinctive excitement" or the "association of panic with herd behaviour" refers to the "collective outbursts" that panic can cause, such as rumours, crazes, and riots. At least since the nineteenth century, panic has been perceived as the expression of a "primitive" fear. Panic was a holdover from man's animalistic past, according to the influential analysis of collective psychology written by the psychologist William McDougall in the early 20th century, "The panic is the crudest and simplest example of collective mental life" (23). McDougall noted that panic among humans appears to stem from the same instinctive reactions found in animals. At its core, panic involves a shared amplification of instinctive arousal, marked by fear and the urge to escape. He argued that this heightened emotional response within a group can be fully explained through what he called primitive sympathy, a mechanism through which instinctive emotions become collectively intensified (25). In examining the historical and conceptual dimensions of mass fear, particularly in the context of disease and imperial governance, researchers have increasingly turned their attention to the phenomenon of panic as both a social and psychological response. The book *Empires of Panic* explores the complex relationship between imperial networks and episodes of panic, examining how technologies such as telegraphy, medical science, and public health systems functioned both to disseminate information and to regulate "panicked" bodies. The text also considers how the threat of disease gave rise to distinct sites of anxiety and contributed to various manifestations of collective panic. Panic itself has been characterized as either a psychological condition or an emotionally charged group reaction. It is typically viewed as an irrational response to an external threat, whether natural or human-made, real or imagined. Neil Smelser defines it as "a collective flight based on a hysterical belief" (131), highlighting its perceived lack of rationality. However, as Clarke and Chess note in their study "*Elites and Panic- More to Fear Than Fear Itself,"* the concept of panic has been subject to varying interpretations. A commonly accepted definition portrays it as a sudden onset of intense fear or alarm, which frequently leads to disproportionate or irrational behaviours. This perspective presents both the abrupt emergence of panic and its capacity to elicit extreme reactions.

Mayor Jackson described how the death industry had been devastated by disease and fear. Private ambulances were essentially non-existent. With private ambulances largely unavailable, she commandeered FedEx and UPS vehicles to transport deceased individuals to hastily prepared mass graves in city parks. Many bodies remained unclaimed or undiscovered. The mayor encouraged Philadelphia's citizens to volunteer at local hospitals and assist with burial efforts. She personally set an example by helping care for the homeless population, which was disproportionately affected by the epidemic. Ten days after the outbreak began, Mayor Jackson succumbed to the Kongoli flu. Her death was a significant blow to the city's morale, from which Philadelphia struggled to recover. Following her passing, the disease continued to spread. Weber critically examines the efficiency and limitations of bureaucratic structures in his seminal work *Economy and Society* (1922). He argued that bureaucracies are characterized by "precision, speed, unambiguity, knowledge of the files, continuity, discretion, unity, strict subordination, reduction of friction, and of material and personal costs" (223. Regardless, he cautions against this dehumanizing bureaucratic process, which can render people little more than parts of an unsentimental mechanism. This is relevant in terms of Philadelphia's response to the crisis: A city that typifies a particular procedural way of operating cannot respond to the magnitude of human loss it is witnessing, serving again to show the ineffectiveness and inflexibility of bureaucracies with respect to crises.

In the realm of pandemic discourse, Mike Davis's *The Monster at Our Door- The Global Threat of Avian Flu* (2005) stands out as a prescient and urgent intervention that critically interrogates the failures of global health governance long before the emergence of COVID-19. Davis describes the connections between capitalist globalization, agribusiness and viral mutation and concludes that structural conditions for a disastrous pandemic were already being laid down in the early 2000s. Industrial poultry production, lobbying by the agribusiness sector, and the weakening of public health infrastructures provided the conditions for zoonotic spillover to unfold especially in disadvantaged locations (Davis 56–78). Davis builds on the work of others who have theorised the geological, political, social, and economic history and geography of pandemics to argue that pandemics are not "natural disasters" but rather they are predictable consequences of neoliberal deregulation and ecological dislocation. If these warnings, made in print in 2020, are mostly ignored, they represent a significant indictment of political inertia, especially among Western governments that continued to underfund disease surveillance initiatives, and improved emergency stockpiling initiatives. As Davis notes, "The infrastructure of public health, rather than being strengthened, has been intentionally starved and dismantled" (Davis 142). His work thus anticipates many of the critiques that would emerge during the COVID-19 pandemic regarding preparedness, biopolitical neglect, and inequitable access to medical resources. In placing responsibility on systems rather than individuals, he contributes a critical leftist voice to pandemic literature, one that demands structural accountability over reactive heroism**.**

CONCLUSION

Conveyed in pandemic narratives, catastrophes can bring out and emphasise the distinction between personal self-interest and social responsibility. Certain individuals, including doctors and nurses, sacrificed their lives in the service of others, while placing themselves at risk of infection even as they simultaneously compromised their own health due to physical exhaustion and prolonged exposure. Some individuals and groups simply looked for profit or advantage in the suffering of others, while some humanitarian groups and associations have risked their own lives to save others. What kind of society it is or whether it even qualifies as a "society" depends on how the majority behave in the face of danger. The pandemic is not a study in existential apathy; rather, it is a story about bravery, engagement, paltriness and generosity, small heroism and large cowardice, and a variety of responses that stem from fear, survival instinct and ramifications of power (Vlad 20).

Pandemics have generated a diverse range of discourse encompassing scientific debates, political narratives, and socio-cultural analyses. Comprehending and navigating these varied viewpoints are essential for formulating meaningful insights. The rhetoric surrounding public health emergencies has also revealed the power dynamics entailed in these contexts since the pandemic. Furthermore, amplifying silenced viewpoints and enhancing critical consciousness could lead to imagining more just and coordinated approaches to future hardships. The stories explored in this article demonstrate the complexity of human reactions to pandemics. Although they produce global health catastrophes, they also incite important conversations or discourses related to responses to issues related to the outbreak. Exploring different perspectives and their consequences shows the complicated interplay of political systems, societal behaviours, and global dimensions of pandemics and outbreaks. These narratives showcase the challenges and opportunities that emerge during pandemics, revealing the multifaceted nature of human behaviours and the need for a more comprehensive approach to understanding the phenomenon of pandemics. In conclusion, this article has highlighted the importance of understanding the interwoven social, political, and cultural dynamics that are at play during pandemics. The articles examination of various theorists offers a nuanced understanding of how pandemics shape our world and prompt responses. It suggests that a more comprehensive approach to pandemic preparedness is necessary, one that recognizes the variance of human behaviours, emphasizes a more ethical approach to governance, and stresses the importance of building resilient communities capable of coping with future challenges.

WORKS CITED

1. Agamben, Giorgio. Homo Sacer: Sovereign Power and Bare Life. Stanford UP, 1998.
2. Alalykin-Izvekov, Vlad. "The Role of Calamity in Human History." Journal of Global Histories, vol. 14, no. 3, 2019, pp. 221–35.
3. Annas, George J. "Bioethics and Bioterrorism." Ethics and Infectious Disease, edited by Michael J. Selgelid et al., Wiley-Blackwell, 2006, pp. 377–90.

4. Arendt, Hannah. Eichmann in Jerusalem: A Report on the Banality of Evil. Viking Press, 963.
5. Beck, Ulrich. Risk Society: Towards a New Modernity. Sage Publications, 1992.
6. Butler, Judith. Precarious Life: The Powers of Mourning and Violence. Verso, 2004.
7. Clarke, Lee, and Caron Chess. "Elites and Panic: More to Fear Than Fear Itself." Social Forces, vol. 87, no. 2, Dec. 2008, pp. 993–1014.
8. Davis, Mike. The Monster at Our Door: The Global Threat of Avian Flu. New Press, 2005.
9. Defoe, Daniel. A Journal of the Plague Year. 1722. Penguin Classics, 2003.
10. Foucault, Michel. Discipline and Punish: The Birth of the Prison. Translated by Alan Sheridan, Vintage Books, 1977.
11. ---. The History of Sexuality: Volume 1: An Introduction. Translated by Robert Hurley, Vintage Books, 1990.
12. Katz, Rebecca, and Julie Fischer. "A Framework for Global Pandemic Response." The Lancet, vol. 376, no. 9740, 14 Aug. 2010, pp. 6–13, doi:10.1016/S0140-6736(10)61176-1.
13. McDougall, William. The Group Mind: A Sketch of the Principles of Collective Psychology. Putnam, 1920.
14. Nawaz, Saleema. Songs for the End of the World. McClelland & Stewart, 2020.
15. Snowden, Frank M. Epidemics and Society: From the Black Death to the Present. Yale UP, 2019.
16. Taylor, Steven. The Psychology of Pandemics: Preparing for the Next Global Outbreak of Infectious Disease. Cambridge Scholars Publishing, 2019.
17. Upshur, Ross. "The Ethics of Quarantine." Ethics and Epidemics, edited by Timothy S. Murphy, Elsevier, 2003, pp. 387–94.
18. Wald, Priscilla. Contagious: Cultures, Carriers, and the Outbreak Narrative. Duke UP, 2008.
19. Weber, Max. Economy and Society: An Outline of Interpretive Sociology. Edited by Guenther Roth and Claus Wittich, U of California P, 1978.
20. Wright, Lawrence. The End of October. Knopf, 2020.