

# Considering Epidemiology's Need for Literary History

KELLY L. BEZIO

**Abstract** This essay explores the potential for literary history to be useful as a part of epidemiological sleuthing. It considers how an imperative to employ social determinants of health frameworks incites movement away from epidemiological plots, particularly the forward trajectory of the outbreak narrative and its privileging of containment as the solution to emerging infections. Instead, opportunities arise to explore how data about the history of present-day structural inequities offer better ways to combat the deleterious effects of outbreaks. Through an analysis of Harriet Wilson's novel *Our Nig*, this essay lays out provisional ways in which literary history and those with expertise in it may prove an untapped resource for increasing our knowledge of how to prevent disproportionate risk of disease, debility, and death for people of color.

**Keywords** epidemiology, literary history, social determinants of health, outbreak narratives, Harriet Wilson

The coronavirus pandemic precipitated an increased availability of medical data disaggregated by race and ethnicity as well as the collection of such data as a normative practice. At the outset of the crisis, voices such as anti-racist activist and author Ibram X. Kendi spoke with urgent eloquence about this need. His essay "Why Don't We Know Who the Coronavirus Victims Are?" was published in *Atlantic* on April 1, 2020, before such data were regularly compiled and made publicly available. He writes, "I worry the virus is disproportionately infecting and killing people of color right now—and we don't even know."<sup>1</sup> Unlike the early months of the pandemic, now we know. We know that COVID-19 indeed disproportionately impacts racial and ethnic minority peoples in the United States. Studies repeatedly show higher risk of hospitalization and death for Black, Latinx, and Asian American persons, among both adults and children.<sup>2</sup> Furthermore, these studies often underscore how "significant gaps in wealth, employment, housing, and access to health care between White persons and people from some racial and ethnic groups" have contributed to disparate health outcomes.<sup>3</sup> These social determinants of health have become an essential part of our current epidemiological discourse.

## ENGLISH LANGUAGE NOTES

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Reading these studies as a specialist in early American literatures can feel like a foray into the unknown and unfamiliar. Graphs and tables predominate, as do sentences rife with numbers and references to seemingly arcane mathematical rituals. Consider one such example, which states that “case rates are misleading due to the lack of access to testing in some communities. This is borne out by the persistently elevated median test positivity rates among Black persons (13.8%) and Latinx persons (11.9%) compared with White persons (7%).”<sup>4</sup> To be fair, while I understand the point being made here, I can’t automatically define or calculate “median test positivity rates” with disciplinary nuance and precision. Yet, while navigating what amounts to a foreign system of signification, I—a reader of books and narrative aficionado—experience moments when I unexpectedly recognize my own field of study. With attention to systemic racism as a framework for data collection regarding communicable disease comes an unlooked-for convergence between urgent epidemiological questions and what our literary past reveals about deep-seated racial inequities. The question for me, then, is to what use might we as scholars whose purview is literary history put what Rita Felski would call a “moment of knowing” when recognition emerges between two fields seemingly unrelated to one another?<sup>5</sup>

In answer to this question, this essay explores the potentiality for literary history to be useful as a part of epidemiological sleuthing. I consider how an imperative to employ social determinants of health frameworks incites movement away from epidemiological plots, particularly the forward trajectory of the outbreak narrative and its privileging of containment as the solution to emerging infections. Instead, opportunities arise to explore how data about the history of present-day structural inequities offers better ways to combat the deleterious effects of outbreaks. Through an analysis of Harriet Wilson’s novel *Our Nig*, I lay out provisional ways in which literary history and those with expertise in it may prove to be an untapped resource for increasing our knowledge of how to prevent disproportionate risk of disease, debility, and death for people of color. Felski’s theorization of how recognition occurs while reading provides a helpful framework for understanding how literary history becomes useful in a moment of epidemiological crisis. She may have been focused on how readers encountering a traditional literary work can come away feeling their comprehension of themselves as well as the world in which they live has expanded as a result of having “a cognitive insight, a moment of knowing or knowing again” while reading the words on the page.<sup>6</sup> Yet the phenomenon of readerly recognition also proves evident when reading texts conveying information largely through statistical systems of signification. To explain, the data we encounter in studies about the coronavirus pandemic may be specific to this crisis and to this century. However, the racialized social exclusions, which numbers such as a median test positivity rate of 13.8 percent seek to represent, are well-known realities for scholars whose research examines, for instance, Black authors writing during the eighteenth and nineteenth centuries.<sup>7</sup> Eighteenth-century author and self-emancipator Olaudah Equiano, who was not an epidemiologist, did not make recourse to statistics to figure disproportionate risk of disease or have available the concept of social determinants of health is one illuminating example. In 1789 he spoke to what in our parlance would be named “gaps in housing” endured by enslaved people forced to labor in the Caribbean and linked them to increased incidence of poor health: “Their huts,

which ought to be well covered, and the place dry where they take their little repose, are often open sheds, built in damp places; so that, when the poor creatures return tired from the toils of the field, they contract many disorders, from being exposed to the damp air in this uncomfortable state.”<sup>8</sup> It is because I know this moment from Equiano so well that I feel a sense of recognition when I read present-day studies about disproportionate risk experienced by racial and ethnic groups.

There may be a temptation when one specializes in the study of the past to approach present-day, data-driven pronouncements about proof of racial inequity in the context of communicable disease as little more than numerical confirmation of what we, in the humanities, have known for a long time and for which we have ample evidence. Or we might focus on the uniqueness of a prior historical moment, subject to its own conditions of possibility and systems of knowledge, making it distinct from the present. However, my moment of recognition opened up the possibility of another option for how literary knowledge from the past might be useful in the present in ways that are about neither genealogical continuity nor epistemic contrasts. It has to do with what we might understand to be an invitation to undertake literary history as a part of epidemiological sleuthing.

Epidemiology is the field of medical science that seeks to understand patterns of infection as well as behaviors facilitating the spread of disease.<sup>9</sup> Possible vectors of disease and transmission routes are mapped onto spatial and temporal axes to represent how to combat outbreaks and prevent their recurrence. Such interventions tend to involve sanitation measures as well as hygienic practices, vaccination programs, and public health education. Typically, undertaking this scientific work would not be understood as the purview of literary scholars who orient their research in terms of epidemiology. Rather, such scholars have tended to study the representational and generic dimensions of the field. One key example of this kind of scholarly work from early American studies is Cristobal Silva’s *Miraculous Plagues: An Epidemiology of Early New England Narrative*. As he explains, “I approach epidemiology as a literary critic would a narrative genre: specifically, epidemiology formalizes a set of vocabularies and grammars that articulate why epidemics act as they do, and why certain people get sick while others do not.”<sup>10</sup> Understanding epidemiology as a narrative genre adds nuance to our knowledge about how this field of medical science can make sense of the relationship between human behaviors and patterns of infection.

Indeed, one of the most significant developments in epidemiology’s literary history has been the emergence of the outbreak narrative, which created a very accessible means for the public and the field alike to understand and promote epidemiology’s contributions to modern society. The vocabularies and grammars to which Silva makes reference take on a Barthesian mythological self-evidence in the HIV era such that it can be difficult to notice the active narrative constructions ensuring its seemingly natural solidity.<sup>11</sup> Priscilla Wald writes about how a “paradigmatic story” developed after the identification of HIV and out of the conventions of previous epidemiological storytelling.<sup>12</sup> The outbreak narrative, she explains, “follows a formulaic plot that begins with the identification of an emerging infection, includes discussion of the global networks throughout which it travels, and chronicles the

epidemiological work that ends with its containment" (C, 2). Over the last several decades, a reliance on narrative and epidemiology working together in this very specific way has been normalized. Where we are on the forward trajectory to containment matters to how the public understands epidemiological successes and failures. Plot has become paramount.

However, with increasing interest in disaggregating data by race and ethnicity to foreground the social determinants of health comes an orientation toward the past that is decidedly disconnected from plot. It represents a desire for backstory, exposition, flashbacks, and other dimensions of storytelling, which allow us to see the bigger picture in which certain actions and reactions make sense or prove foolhardy. For instance, the coronavirus pandemic came to be viewed as an accelerant rather than a cause within a larger racialized socioeconomic crisis: "Black and Latinx persons reported being unable to catch up with paying their rent and mortgage at a higher rate than White persons. Before the pandemic, they were more likely to be cost-burdened than White persons. Fueled by a systemic legacy of racist housing policies, the outcome is eviction rates that are now two times higher among Black persons than White persons."<sup>13</sup> Linking being unable to catch up on mortgage and rent payments to being cost burdened and subject to a racist legacy of housing policies provides a narrative structure strikingly different from that of a heroic tale of containing an emerging infection. Not only is the infection itself absent as a catalyst to action, but chronic systemic conditions are the presumed malignant agents. In a certain way, then, epidemiological conditions in COVID-19 times are such that it becomes possible to see its narrative investments being reimagined. Enter literary history.

Literary history has been traditionally understood as a field of study devoted to comprehending periods of development in how authors express their aesthetic vision through writerly craft. In my own area of specialization, it can mean attending to the emergence of the novel in the eighteenth century or the shift from sentimentalism to realism and naturalism in the nineteenth century as well as the construction of certain authors as canonical and certain forms as high art. In recent years, it has also enabled the study of something like the difference between outbreak narratives and the formulaic plot of *the* outbreak narrative as a legitimate aspect of literary history (C, 2–3).<sup>14</sup> However, a shifting epidemiological interest in narrating the work of understanding patterns of infection and related human behaviors in terms of systemic conditions and social determinants of health suggests the need not just for literary histories of medical discourse but also for literary history's place in it as well. If something like a racist legacy of housing policies is on the table for understanding the impact of COVID-19 on Black and Brown communities, then we might begin to ask, How can literary archives serve as essential repositories of valuable information about how and why disease creates deleterious effects among certain populations? More specifically, what would it mean to start to explore how a literary history of the pandemic derived from Black writing about racial inequality might be relevant to overcoming present-day inequities?

One nineteenth-century novel comes to mind as germane in the context of these questions because of its portrayal of disproportionate risk of illness and injury

endured by Black people under ostensibly free labor conditions. Wilson's *Our Nig*, a semiautobiographical novel, was first published in 1859 and depicts the life of Alfrado (or Frado) Smith working under abusive conditions in the Northern home of the Bellmont family. Long considered the first novel published by an African American woman in North America, this book occupies an important role in American literary history. It is known particularly for how it recasts the conventions of sentimental fiction, which tend to feature orphaned young women and girls who, after navigating various personal tribulations, achieve a happy ending in the form of marriage and financial stability. Rather than being orphaned, Frado is deserted by her mother. Rather than achieving a comfortable and happy life by the end of the novel, Frado must try to survive debilitating privations and lack of access to reliable work due to invalidism. Frado's story is also rife with physical violence and psychological cruelty not seen in similar novels featuring white women and girls as protagonists.<sup>15</sup> Although the "social determinants of health novel" does not exist as a category (yet) in the annals of literary history, *Our Nig*'s reworking of sentimental fiction's conventions tells precisely this kind of story, one in which "group-differentiated vulnerability to premature death" features.<sup>16</sup>

To understand Wilson's novel in this way opens up more than its relevance to the past and to literary history as such. It certainly made significant interventions in a widely popular genre during the era of its publication. However, its disruptions of that genre's own formulaic plot, which aimed at normalizing a certain kind of white domestic happiness as the pinnacle of feminine achievement, help us develop a feel for its direct relevance to parsing the disproportionate effects of the coronavirus pandemic on BIPOC communities. It proves to be a kind of imaginative experimentation in which various theories of morbidity and mortality are put to the test.<sup>17</sup> As a potential contribution to epidemiological sleuthing, then, the novel does more than question what plots a society takes for granted as self-evidently representing truths or ideals. It also works to disprove them as a way to foreground the conditions under which Black people endured greater risk of debility and death.

For example, *Our Nig* does include the requisite marriage that so often brings sentimental narratives to their conclusion, but it does not result in Frado's happiness or financial security. She meets a man named Samuel claiming to be a fugitive slave speaking on the abolitionist circuit, and she marries him: "Here were Frado's first feelings of trust and repose on human arm. She realized, for the first time, the relief of looking to another for comfortable support" (ON, 127). Unlike for the white protagonists of sentimental fiction, this trust and relief are short-lived. He admits to having never been enslaved, and after briefly abandoning her during her pregnancy for a career on the sea, he returns temporarily, only to die of yellow fever while working in New Orleans after deserting her and their child a second time (ON, 128). Subsequent to her husband's death, Frado must avoid "kidnappers" and "traps slyly laid by the vicious to ensnare her" aimed at taking advantage of the Fugitive Slave Law to sell her into slavery (ON, 129). The narration also underscores that she is "still an invalid" as a result of years of labor and physical abuse as a child at the Bellmonts, even though she has learned to make and sell "a useful article for her maintenance" (ON, 130, 129). With this series of misfortunes and setbacks, Wilson underscores

how the only resource on which Black individuals can rely is what Saidiya Hartman calls “property in the self”—that is, the ability to work for the sustenance of oneself and one’s children while avoiding being made into someone else’s property and forced to labor for their benefit instead.<sup>18</sup> As Hartman explains, this is a problem that emerges due to specific conditions of the nineteenth-century United States. The combination of the American rhetoric of freedom and equality for all with ideologies of modern individualism and free labor provided the precise conditions under which it was possible to free the enslaved while maintaining their indebted servitude to a white ruling class.<sup>19</sup> Neither marriage plots nor outbreak narratives have the power to disrupt this storyline.

The turn toward understanding the disproportionate impacts of the coronavirus pandemic on BIPOC communities through the lens of social determinants of health similarly refuses to be distracted by plots, which, while satisfying, fail to redress the root causes of debility and death. It is also distrustful of narrativization about disease, which uses exclusions of people of color, immigrants, and the poor to create spheres of social and national cohesion around whiteness (C, 68–113). In other words, it signifies a rejection of the medical nativism built into its own literary history of the healthy human carrier, seeking instead epidemiological narratives self-conscious about and actively resisting racist notions of Black, Brown, and immigrant criminality and degeneracy undergirding outbreak narratives. As Wald explains, transforming Mary Mallon into Typhoid Mary was an important narrative moment for epidemiology as a medical science capable of securing public health. It made her the “symbol of epidemiological efficacy” precisely because her story became “inflected” with a linkage between “changing gender roles and sexual mores to the fate of the white race and therefore to the security of the nation” (C, 70, 71). Furthermore, Mallon’s disbelief that she could be a healthy human carrier and subsequent efforts to return to her work as a cook became a means to justify her loss of freedom as well as her incarceration, which normalized such disciplinary containment measures of the marginalized as a matter of course in maintaining public health.

In contrast, undertaking to incorporate, for instance, unpaid mortgages or rents, being cost burdened, and subject to racist legacies of housing policy into epidemiological narrativization refuses the racialized and gendered logics making possible the construction of a Typhoid Mary. It uses instead a rubric of exploitation, understanding such abuses as behaviors worthy of as much consideration as individual actions for tracing patterns of infection. To divest in this way from the power of symbolism and archetypes, which, in the case of Typhoid Mary, allows individuals “jealous of their liberty” to experience a renovation of “their sense of agency through the concept of social responsibility,” opens up space for storytelling to participate differently in epidemiological work (C, 113). What it suggests is the necessity of space for a diversity of peoples’ voices to be heard and believed in order to give shape to the structural conditions spurring disease transmission. Just as a Typhoid Mary personified the abstract notion of a healthy human carrier, social determinants of health theses may benefit from humanizing these phenomena signified by statistical figures.

The archives of Black writing from the nineteenth century may prove particularly useful in this context because those individuals, who wrote about their experiences as freedom seekers amid the institution of chattel slavery and after the non-event of emancipation, provide perspectives we may need as much as data from the present day. Take, for example, the problem of property in the self as a person's only resource and its ties to respectability politics. A respectability politics linked to the configuration of freedom as a debt Black people owed to those who ostensibly freed them obscured menial, low-paying, physically arduous work for what it was—exploitation—and cast it as a way to make newly emancipated Black people prove they were worthy of liberty. We can see how, for instance, being cost burdened (i.e., spending more than 30 percent of one's income on housing) describes the problem of having property in the self as one's only resource in present-day society. Essentially, it measures whether people relying on their bodies' ability to go to work can earn enough wages to provide themselves with basic necessities, such as a place to live, food, medical care, among other things, and then frames the extent of that ability as a problem of access to affordable housing. However, the explicit connections to ensuring a working population bound to servitude through tactics of racialization developed through the institution of slavery tend not to be visible in statistical systems of signification. Wouldn't it be feasible, then, to use the annals of literary history to recognize this persistence of a nineteenth-century problem in the twenty-first century and to name it as such, just as we name other social determinants of health, including being cost burdened and subject to racist legacies in housing policies?

It is not impossible to conceive of such a task as within the purview of literary critics, especially those with specializations in earlier centuries. On occasion, resonances between a political act in the present and those from the past cannot be ignored, which suggests some precedent for shifting our disciplinary objectives in this direction. The signing into law of the Texas Heartbeat Act on May 19, 2021, by Governor Greg Abbott is one example. It bans abortion after detection of embryonic or fetal cardiac activity, usually at six weeks and well before most people realize they are pregnant. Because the law authorizes private individuals to sue those performing or assisting a post-heartbeat abortion, it has been aptly compared to the Fugitive Slave Law of 1850. Both laws rely on bounties to motivate the average citizen to be responsible for enforcement. As Richard J. M. Blackett, an expert on the Fugitive Slave Law, points out in a 2021 interview, punishing people for failing to act as enforcers is one key similarity: "The language is the same in today's law. Anyone from an Uber driver to friends or relatives who, say, gives somebody a ride to an abortion clinic, they can be sued for \$10,000 for aiding and abetting."<sup>20</sup> The comparisons Blackett draws out for National Public Radio's audience between the Fugitive Slave Law and the Texas Heartbeat Act have been playing an important role in how people understand the significance of this rule regarding fetal cardiac activity and other such laws in other states. It is not much of a leap from history to literary history as being useful in this way, too.

Blackett's emphasis on the costs associated with aiding and abetting those whom the law has defined as excludable from accessing medical care brings to mind

*Our Nig*'s engagement with the Fugitive Slave Law. Wilson's novel foregrounds the kind of zero-sum game her protagonist Frado must navigate in which people who would otherwise not have any animus toward one another find themselves pitted against each other. Specifically, by the time Wilson invokes the Fugitive Slave Law at the end of her novel, it is in the context—and the apotheosis—of how care for Black people is systematically disincentivized. Throughout the novel Frado has relationships with many people who want and try to care for her, but who tend to find their own financial, personal, or health interests placed in competition with her needs. Her husband Samuel's work takes him away from her, rather than being a means of familial support (ON, 128). Professed abolitionists nevertheless refuse to house, feed, or even sit next to her (ON, 129). One of the Belmont children, Jane, tries to protect her, but is often prevented by her own invalidism. Jane and her siblings Jack and James secure marriages, which take them away from Frado and leave her to fend for herself against Mrs. Belmont's tyrannies.

Perhaps most telling in this regard is when Frado cares for a sick James when he returns to the Belmont family home as an invalid, much to her own detriment:

The calls upon Frado were consequently more frequent, her nights less tranquil. Her health was impaired by lifting the sick man, and by drudgery in the kitchen. Her ill health she endeavored to conceal from James, fearing he might have less repose if there should be a change of attendants; and Mrs. Belmont, she well knew, would have no sympathy for her. She was at last so much reduced as to be unable to stand erect for any great length of time. (ON, 81–82)

James's chances of recovery rely on receiving the kind of care Frado willingly supplies to someone who has tried to be her friend and protect her from the violence of his mother. But it matters that Wilson shows us how that care is extractive in nature, and in that sense, is another instance of how having property in the self as one's only resource often results in working at one's own expense, literally, while others benefit. Frado expends herself and the last vestiges of her health to try to help James. She gives up her sleep so he may rest. She sacrifices her physical abilities to lift, stand, and move in hopes that he might recover the ability to do so. Despite Frado's benevolent intentions, the novel makes clear that her resourcefulness in this moment fails to be meaningfully different from the financial gain kidnappers seek to garner from selling her into slavery under the bounty economy enabled by the Fugitive Slave Law. In either case, her body's lack of well-being becomes a kind of currency for other people to acquire gains benefiting themselves.

While we would certainly accomplish something in the field of literary study by continuing to unfold a close reading of the relationship between *Our Nig*, bounty economies, and extractive practices of racial capitalism, what I'm suggesting is that we might also consider how such engagements with our literary past might begin to form the basis for furthering a growing epidemiological project invested in making direct connections between these kinds of structural conditions and patterns of infection. A novel such as *Our Nig* ultimately asks readers to understand how these disincentives regarding Frado's care made her susceptible to lifelong disability



in adulthood, endangering herself and her child as well as ensuring generational poverty in her family line. Some of those factors are quite familiar, such as violence, abuse, physically debilitating labor, and low wages. Others are less so, such as the disproportionate degrees of kindness evidenced in the relationship between Frado and James in which his instrumentality in a few averted beatings was recompensed on her part with near complete physical incapacitation or the consequences of having property in the self as one's sole resource for surviving in American economies. Reading this book during the coronavirus pandemic and alongside studies devoted to demonstrating the disproportionate impacts of COVID-19 on racial and ethnic minority peoples makes me wonder: To what extent are we capable of collecting data on the kind of disincentivizing factors Wilson saw as essential for understanding the disproportionate exposure to debility and death experienced by Black people? How might those versed in literary history help us do this work better?

Felski likely did not have biomedical applications in mind when she penned the *Uses of Literature* in 2008, and it may seem far-fetched to suggest that a book such as Saidiya Hartman's *Scenes of Subjection: Terror, Slavery, and Self-Making in Nineteenth-Century America* might be useful reading for those working in fields such as epidemiology and public health if they want to understand racialized economic realities' impact on well-being when a monograph such as Wald's *Contagious: Cultures, Carriers, and the Outbreak Narrative* has a much more self-evident tie to these fields.<sup>21</sup> But, as Felski herself argues, "our engagements with texts are extraordinarily varied, complex, and often unpredictable in kind."<sup>22</sup> *Our Nig* may be an odd novel to which to turn for insight on a pandemic, given its only cursory mentions of communicable disease. Yet, as we have seen, its very deemphasis of outbreak plots for Samuel's and Frado's storyline gives space to the kind of narrative, which shows how disproportionality extends beyond being more likely to contract and die from disorders. In addition to a disproportionate exposure to dangerous pathogens and a disproportionate level of employment in low-wage service jobs, Wilson's novel suggests we should be on the lookout for disproportionate expenditures of the self as resource when seeking to create a healthy society. Overextending herself on behalf of James was the turning point to lifelong disability for Frado, and the symbolism of such a moment should not be lost on us. It is not just Mrs. Bellmont's violence that proves detrimental to Frado's health. It is also the parasitism of those who sought to be her allies.<sup>23</sup> In short, literary knowledge can add to our ability to collect the right data needed to combat racial inequity amid health crises. When we open ourselves up to the forms of recognition that reading allows while pursuing epidemiological goals, we can enhance our ability to dismantle structural oppressions, which are key in our fight against emerging infections.

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## Notes

- 1 Kendi, "Why Don't We Know Who the Coronavirus Victims Are?"
- 2 See Tai et al., "Disproportionate Impact of COVID-19"; Clark et al., "Disproportionate Impact of the COVID-19 Pandemic"; Kirby, "Evidence Mounts"; Boserup, McKenney, and Elkbuli, "Disproportionate Impact of COVID-19"; Wilder, "Disproportionate Impact of COVID-19"; Phillips et al., "Addressing the Disproportionate Impacts of the COVID-19 Pandemic"; Millett et al., "Assessing Differential Impacts of COVID-19"; and Gur et al., "Disproportionate Burden of the COVID-19 Pandemic."
- 3 Tai et al., "Disproportionate Impact of COVID-19," 704.
- 4 Tai et al., "Disproportionate Impact of COVID-19," 703–4.
- 5 Felski, *Uses of Literature*, 29.
- 6 Felski, *Uses of Literature*, 29.
- 7 This reading is informed by Mary Poovey's work on statistics and modern facts as belonging to representational systems of signification. See Poovey, "Figures of Arithmetic, Figures of Speech"; and Poovey, *History of the Modern Fact*.
- 8 Equiano, *Interesting Narrative*, 107–8.
- 9 Timmreck, *Introduction to Epidemiology*, 4.
- 10 Silva, *Miraculous Plagues*, 4.
- 11 Barthes, *Mythologies*, 1957.
- 12 Wald, *Contagious*, 2–3 (hereafter cited as C).
- 13 Tai et al., "Disproportionate Impact of COVID-19," 705.
- 14 For other examples of health humanities analyses that consider the literary histories of medicine, see Silva, *Miraculous Plagues*; Wisecup, *Medical Encounters*; Otis, *Membranes*; Ostherr, *Cinematic Prophylaxis*; Davis, *Bodily and Narrative Forms*; and Browner, *Profound Science and Elegant Literature*.
- 15 Wilson, *Our Nig*, xxvii–xxix (hereafter cited as ON).
- 16 Gilmore, *Golden Gulag*, 28.
- 17 On imaginative experimentation, see Altschuler, *Medical Imagination*.
- 18 Hartman, *Scenes of Subjection*, 112.
- 19 Hartman, *Scenes of Subjection*, 115–24.
- 20 Herships and Woods, "Do You Want to Live in a Bounty Economy?"; Blackett, *Captive's Quest for Freedom*.
- 21 Such applications have not been lost on other scholars. See, e.g., Jurecic, *Illness as Narrative*, 3–18.
- 22 Felski, *Uses of Literature*, 8.
- 23 This has been eloquently illustrated in *Parasite*, directed by Bong Joon-ho, 2019.

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