From Madeleine Waites:

“Thank you so much for the great visit! Here is my response to the following question:

How do the stories we tell about disease and medicine affect reality and contemporary culture more broadly?

The narrative of fear and the horror template that we place diseases in prevents meaningful and intelligent discussion of disease that would help find preventive measures and cures. It works to build up barriers between people; the idea of the microbe as a terrifying monster causes infected populations to be viewed similarly, causing problems of racism and prejudice that prevent open communication between groups and individuals. In the film “Outbreak,” they discuss killing the people in an infected area to prevent Ebola from spreading to the rest of the country. This horror narrative of disease forces us to think in terms of the population as a whole rather than just us as individuals. This larger view of the group as a whole reduces the emphasis that is placed by society on the liberties of the individual. For example, nurses returning from West Africa who helped during the Ebola outbreak were forced to stay quarantined for a period of time before being able to return to the rest of society and return to their normal lives. Individual liberties are limited in order to protect the well-being of the population as a whole.”

From Isabela Vazquez:

“In the face of tragedies there are always those that make fun of it. There is something humorous in watching terrified people scramble for security especially if there is no way to be safe. It is part of human nature to laugh at the misfortunes of others because we are glad it did not happen to us so we can just stand back and laugh. No matter the severity of the situation there is always a way to make fun of it. It has been occurring since the 1340s with the bubonic plague and probably even earlier
than that. The children’s song “ring around the rosy” was first made to describe the symptoms of the plague but after years of being passed down it was made into just a little nursery rhyme that children sing now without thought of the past connotations. Yet even when/if they learn about the connotation they continue to sing it and laugh while they play it because they are unaffected by what happened. That is why people laugh at the misfortunes of other. They could be the most educated people in the universe but they would still laugh at others.

Thank you so much for the lecture. It was incredibly interesting and I hope that at whatever college I end up in there is a course like it. You are an incredibly enthusiastic educator.”

From Rowan Mueller:
Response to prompt #3:
“The Historical artifacts that I viewed at Fondren library gave me a visual perspective on how far medicine has come. Before, I didn’t really grasp the extent to which medical practices used to harm rather than help patients. I was especially shocked to see the old fashioned surgical equipment. Before seeing it I knew that most surgical equipment was mostly used for amputations, but when I heard that there were no efforts to sterilize them, I was shocked. Going from patient to patient without even wiping off the instruments they used seems against common sense. The 3D wax copy of a tumor being removed was also really intriguing. Looking at it was nauseating, but I couldn’t look away. It was interesting to see how medical students used to learn medical practices without standard textbooks or digital technology. The glass eyes were my favorite artifact at the exhibit. I had no idea that they differed in eye color. There were so many beautiful options to pick from. I also previously thought that glass eyes spheres instead of over sized contact lenses. Now I can fact check most pirate movies, when they take out their glass eyes and show off the spheres. Overall I found the exhibit to be really fascinating, I had never been exposed to medical artifacts before.”
From **Bennett Johnson:**

“Here I am. In the dark cave. It gets so lonely. Down here. Only the elephants come to visit me. When the elephants come they scrape their tusks on the walls of the cave making my home sharper. Today I can see a light coming down the dark tunnel. Life is so endlessly messy. I did not mean to harm anyone but I am what I am. But what was I supposed to when he came into my and cut himself on my walls. The harm was already done so I took a chance and infected myself in him. Once I was inside his bloodstream, I took a nap. Quietly dormant I stayed until I woke up on the plane and I met someone amazing. Another strain named Ebolanina, she was beautiful. We met by complete coincidence. My host’s band aid covering the small wound where I had entered brushed against Ebolanina’s host arm. And just like we joined together to form something more than we were. As our host’s insides melted we saw our creation go on its own journey.

*Fade out on the plane flying away. The super virus had a life of its own now. Never to be stopped from feeding until it eventually runs out of warmth to keep alive.*

From **Trevor Stoneburner:**

“The historical artifacts we viewed at Fondren Library has changed my understanding of medicine by showing how far medicine has come over a relatively short amount of time. Just since the 19th century, nurses have become jobs that require a healthy amount of education, glass eyes are no longer used, and humans understand what the human body is made of. At the end of the 19th century nursing was not really a career and did not require much education to be a part of, nursing was considered a glorified servant. Today nursing requires training and certification and is a real career that is respected. Glass eyes used to be commonplace and many people worked to create the eyes but today glass eyes are not apart of our lives. Further back from the 19th century humans did not know what the inside looked like and used pig parts and cow eyes to create the human body. Times have changed and medicine has changed with it.”

From **Lynn Huynh:**
How do the stories we tell about disease and medicine affect reality and contemporary culture more broadly?

“Stories about disease and medicine are more often fabricated than made realistic. The news segments we watched about ebola were significantly exaggerated than reality.Ebola is incredibly hard to contract in a modern Western world where sanitary practices are more in use and there aren't traditional African customs that first spread ebola rapidly (such as the funerary practice of touching the deceased in an affectionate way).

News outlets magnified the danger of ebola, making the possibility of contraction seem very realistic when in reality (as Jon Stewart pointed out) it was highly unlikely that anyone outside of the hospital environment the first American patient was in would contract ebola. These news outlets fabricate such realities because that is their business: they thrive on the panic that their audience may fear. The news segments keep the audience on the edge of the seat: how did the nurse contract ebola? How can we prevent the spread of ebola? Where else could patient zero have gone that would have enabled the possibility of ebola spreading? The cliffhangers the news outlets leave for the audience keep the audience members tuned in to watch tomorrow's headlines in order to find the answer to yesterday's exaggerated question. The audience relies on these outlets as primary sources to gain information so the outlets' exaggerations really heighten the hype.

Fictional tellings such as Outbreak while fictional still have some believable aspect to it. Outbreak featured a form of superebola, a fictionalized version of the very real ebola. Outbreak attracted audiences because it provided an inside aspect of how a super disease can spread and what measures governments and scientists are reaching to stop the spread of ebola. In this way, a very real disease is integrated into pop culture, made into moneymaker. The media involved makes money by feeding off the fear movies and tv shows create.

In conclusion, the stories we tell about disease and medicine are exaggerated to heighten the public's reaction to diseases. They are made to believe that diseases are very real and in close proximity when in reality, possibilities of contracting a disease like ebola in a first world environment are very slim.”
From **Erica Kelly:**

“In general, we remember the strange and exciting. Just like with every other new event, our attentions are drawn towards sensational and horrifying viruses. For that reason, the media does it's best to blow up events in order to increase their audience base. The news stories about the ebola outbreak– which were manipulated to try and say that no one was safe, or that there was no way to stop the "pandemic"– were extremely overstated. They created mass anxiety about something that really wasn't much of a threat.”

From **Jonathan Trujillo:**

“Hello Ms. Goode,

My name is Jonathan Trujillo, and I was part of the Carnegie AP Art History class that Rice University hosted a few weeks ago. I would like to thank you for setting up the Field Trip for my class. We all enjoyed it, and I think we really gained a lot from the experience.

Here is my creative essay that we were asked to write:

**Prompt 2:** How do the stories we tell about disease and medicine affect reality and contemporary culture more broadly?

The stories we tell about disease and medicine affect reality and contemporary culture by setting up possibilities for future events. For example, the Hot Zone was widely cited following the recent Ebola outbreak. The sense of paranoia that followed the Ebola outbreak was largely fueled by gory stories of previous and fictional Ebola outbreaks. As we learned in the Civic Humanities program, stories about disease and medicine, whether fictional or nonfictional, greatly impact society. This is to due the fact that disease by its very nature scares humans. Unlike other sources of destruction, disease is mainly invisible. We cannot see we are being harmed until it is too late.
Because of this, stories of disease, which mainly are fictional, really get into humans minds."

From Elizabeth Hoskins:

“The stories we tell about disease and medicine, more than anything, create senses of both fear and safety. In a post–9/11 society, America has become driven by fear, and in the media, this is often capitalized on via the outbreak narrative. It’s not just the idea of a deadly disease, but the idea that such a microscopic organism can cause such terror in an incredibly advanced country. However, these stories frequently have medicine play into the story, the protagonist to the antagonist disease. Hollywood can then create two cliché storylines: horror story and superhero adventure. We see medicine attempt to combat the evil disease, only to fail and try again, ending with the victorious medicine saving the day, and often saving the country, or even the world. This not only ends with a “feel-good” sentiment, but also makes the human in charge again, restoring the balance that we, as humans, are used to in day-to-day life, proving mankind can overcome whatever comes in its way.

It’s not to say this fear-based storyline exists only in movies. Tune in to any news station in 2014 and you would have seen news stories told in a way that looked like a horror movie. This not only generates fear in the public, but in the eyes of the television stations, it’s a story that will make money. Chances are, any given American will not contract Ebola unless in direct contact with someone who already carries the disease, but the news made it seem as if it was the new Black Plague, daunting, unforgiving, and everywhere you turn. More often than not, the medicine, in this way of storytelling, stays more on the inept superhero side. The disease is spreading, but the medicine either is not guaranteed to work, or it does not exist. In both of these ways, we see diseases going Hollywood, being hyperbolized for entertainment and personal gain of major corporations. In reality, the idea of a “true” epidemic film doesn’t exist, because in most situations, the ultimate goal is more focused on entertainment than education.”

From Elizabeth Hartzell:
“We’ve come so far since the horror-inducing days of sawing off limbs in a battlefield hospital and using ice picks to perform medical procedures, but the media would lead us to believe otherwise. The media thrives on the mass hysteria and mystery they can produce. They generate such fear and uncertainty because their “experts” reporting factual information—are fiction novelists. Moreover, the public is a gullible creature that is easily whipped into a frenzy.

Modern medicine is science and research. It is painstaking trial and error, it is breakthrough innovations and long-term disappointments. Medicinal science does not deserve to be reduced to such a cesspool of fear and ignorance every time the words “epidemic” or “unknown source” are thrown around. The people involved in medicine know that now, and every new day, we know more about the human body. We know more about viruses and diseases and infections than we did the day before. Unfortunately, and ironically, the cultural view of medicine is more anxious and concerned than it has ever been.

With all the up close scrutiny medical issues receive, the public remains shockingly ready to criticize without fixing any of their actual behaviors. For instance, who actually washes their hands after every time they use the restroom? Who coughs into their shirt instead of on their hands or takes care not to let exotic animals escape into the city? The public will not take social responsibility for their actions, yet they jump at any sign of trouble on the research side.”

From Anna Blome:

“Deep in the valley, near the Kinshasa Highway, a power player slumbered. From it's sleep it grew stronger and stronger, aided by moneys, on it's journey towards humanity. The forest had been its cradle and nest. From this womb, the virus had arisen to rebalance nature, allowing the trees to again flourish in its natural habitat. The humans had come with their saws and dirt and crops defiling the beauty and sanctity of the environment. The virus was a dutiful child and reared its head in protest to the destruction. The valley had raised it up and the virus would strike out. Out of the shadows, the virus came with certainty and force. It spread through the village, taking down its foes with out malice, merely meticulous in its purpose. The people called foul, but they forfeit their lives when they slaughtered the trees and the
plants. The virus acted in merely a manner of retribution: a grim reaper come to collect what was due to him. The virus wasn't without compassion, for there was one man quite unique. the village shaman had know the error in their ways, that the anger of their forest gods had been brought down on them by their own actions. The virus was judicious in how it dealt with the man, saving him from perishing. The shaman remained standing, weighed down by his celestial knowledge. His comrades had fallen, to pay for what they had done. environmental destruction wasn't consigned to just this small village but was mirrored in the world at large. The virus had his work cut out for him: when the humans perish, nature can again flourish.”