



DIS-EASE

a film by MARIAM GHANI

EDUCATIONAL RESOURCES

SYNOPSIS

DIS-EASE is a feature-length documentary about how we imagine disease, and how that affects what we do when we encounter illness, outbreaks, treatments, doctors, sick people, and disability in real life.

It dives deep into the weird, wild archives of medical imaging, public health messaging, and pop-culture outbreak narratives to understand how ideas have moved between science, science fiction, and political ideology over the past century.

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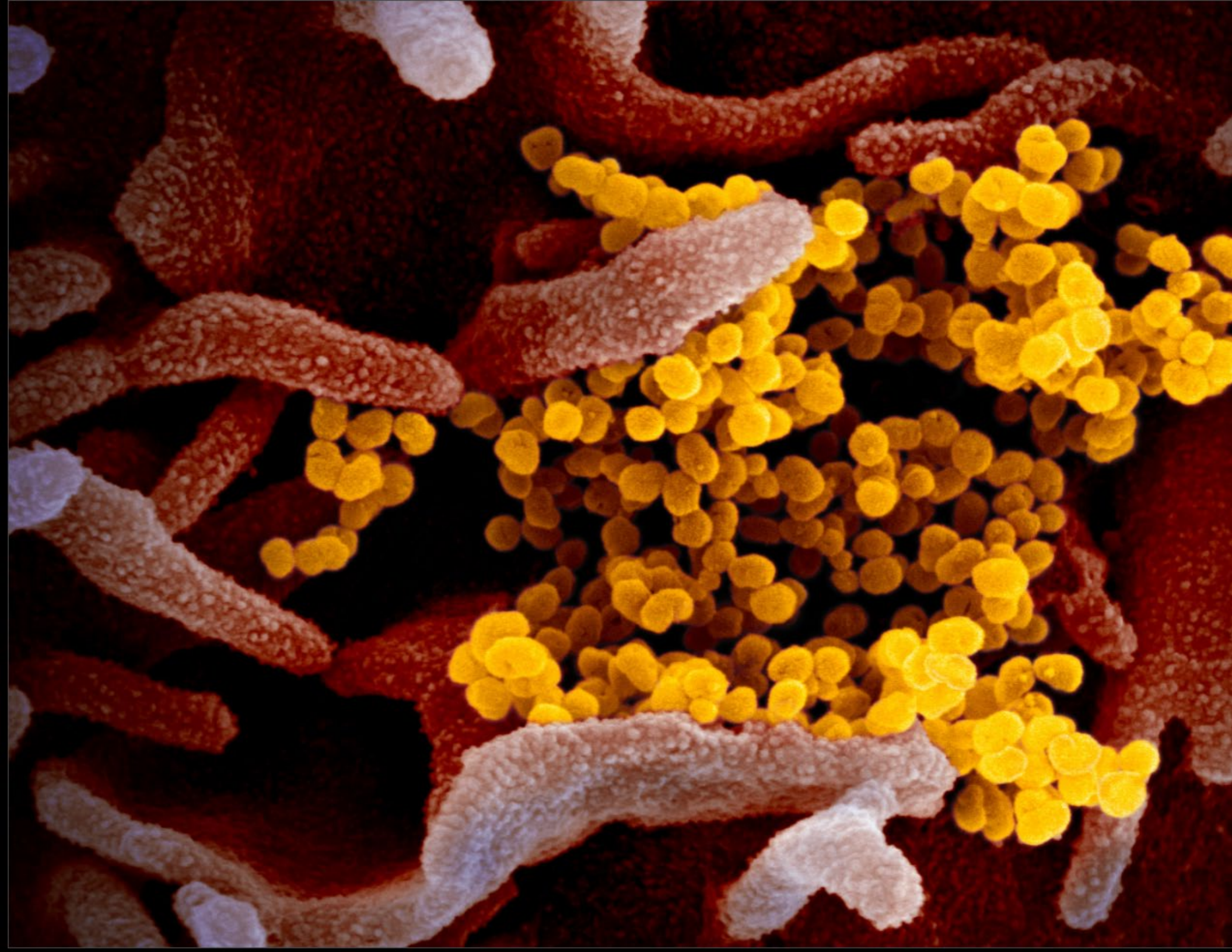
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CHAPTER 1: THE CONSTANT INVADER

00:00 - 12:00



In Chapter 1, germ theory arrives, along with images of enemy bacteria invading nation-state-bodies. The “magic bullets” of antibiotics transform medicine and the doctrine of “specific toxicity” lays the groundwork for large-scale biochemical transformations. It features science journalist Sonia Shah, sociologist Hannah Landecker, epidemiologist Keiji Fukuda, and literary scholar Priscilla Wald.

CHAPTER 2: THE GOSPEL OF GERMS

12:00 - 22:30



In Chapter 2, germ theory spreads through ads for soap and Listerine, and through the moral messaging of the early 20th-century crusade against tuberculosis - both aimed at modifying individual health through individual behavior. It features historian Nancy Tomes, philosopher of health ethics Sridhar Venkatapuram, and writer/musician Johanna Hedva.

CHAPTER 3: DEFENDING THE BODY POLITIC

22:30 - 31:20



In Chapter 3, national borders and community norms are enforced through the policing of public health standards, used to exclude both specific immigrant bodies and “deviant” citizens. It features Nancy, Priscilla, historians Nayan Shah and Dora Vargha, and legal scholar Patricia Willams.

CHAPTER 4: THE BODY SNATCHERS

31:20 - 38:55



In Chapter 4, alien invasion, infection, and inner space as outer space films, like *Invasion of the Body Snatchers* and *Fantastic Voyage*, explode in the wake of new discoveries surrounding viruses, but also reflect paranoia around Communist infiltrators. Featuring Priscilla and Dora.

CHAPTER 5: EPIDEMIC EMPIRE

38:55 - 48:50



Chapter 5 rewinds from the founding of the World Health Organization in a moment of widespread decolonization to retrace how the white savior dynamic of global public health echoes and extends the colonial “care” that justified empire. It features literary scholar Anjali Raza Kolb, historian Sanjoy Bhattacharya, medical anthropologist Edna Bonhomme, and sociologist Lioba Hirsch.

CHAPTER 6: TOTAL ERADICATION

48:50 - 57:30



Chapter 6 looks at early debates over the core mission of WHO: equitable access to health care for all, or global eradication campaigns like the “wars” on smallpox and polio. We assess the successes and failures of the model adopted with Anjali, Sanjoy, and Lioba.

CHAPTER 7: THE SPRAY-GUN WAR

57:30 - 1:02:55



In Chapter 7, DDT spray-gun teams fan out across the world in a Cold War-fueled attempt to eradicate malaria within 5 years. Spoiler alert: they do not succeed. Featuring Sonia Shah and femme fatale, bomber pilot mosquitoes embodying insect resistance.

CHAPTER 8: DOOM PATROL

1:02:55 - 1:14:20



Chapter 8 asks how we imagine the end of the world as the result of a pandemic (zombies very much included) and discusses the form, power, and biopolitics of outbreak narratives. It features Priscilla, Anjuli, and medical anthropologist Christos Lynteris.

CHAPTER 9: POWER PLAYS

1:14:20 - 1:24:10



In Chapter 9, we move from fictional outbreak narratives to real ones, examining the power dynamics at play in the Ebola outbreaks in West Africa in the 2010s, and the links between health justice and environmental justice made ever more clear by the climate crisis. It features Sonia, Keiji, Lioba, sociologist Patricia Kingori, and environmental justice activists Jacqui Patterson and Rev. Leo Woodberry.

CHAPTER 10: AFTER THE END OF CURES

1:24:10 - 1:43:50



In the final chapter, the rapidly approaching post-antibiotic future leads us back into the pre-antibiotic history of the TB sanitarium, in search of more expansive definitions of “cure.” Medical anthropologists Bharat Venkat and Iona Walker, cognitive linguist Elena Semino, health equity activist Dana Brown, and physician Shantanu Nundy join our previous experts to help us imagine alternative metaphors, more-than-human health, and future models for continuous, collective, everyday care.

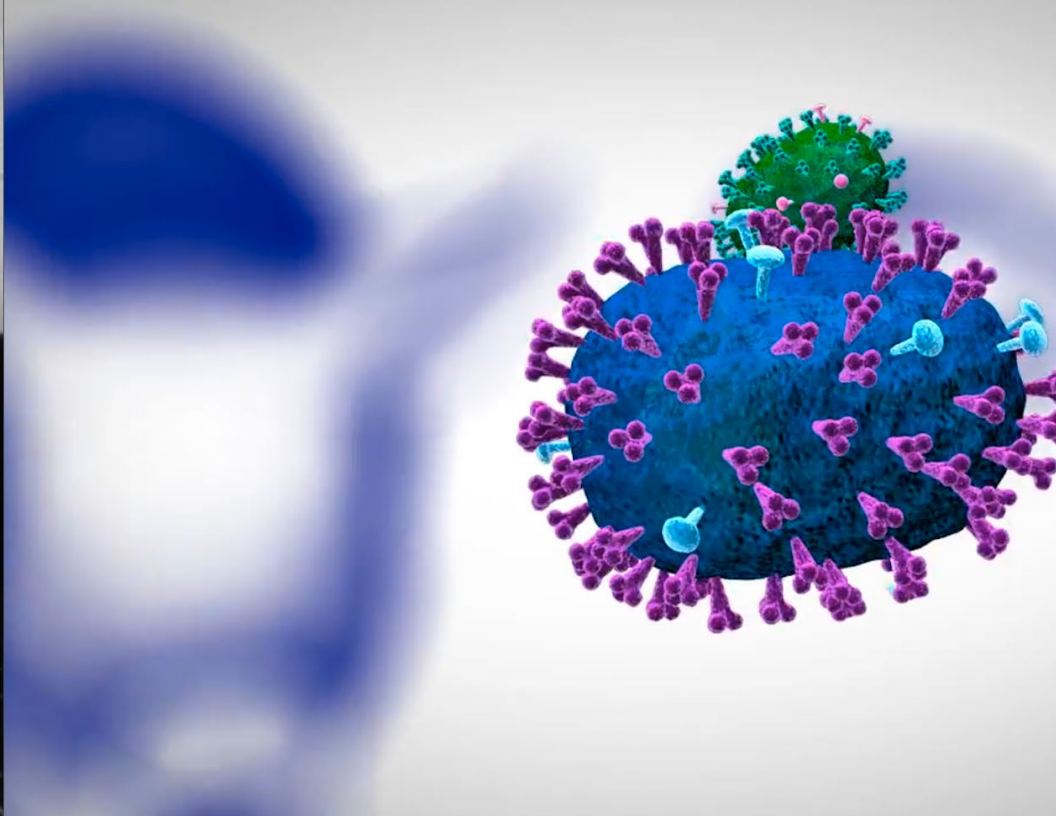


FILMMAKER Q&As

A conversation with curator Saisha Grayson and biological anthropologist Sabrina Sholts about work in progress on *Dis-Ease* and *The Fire This Time* (March 2021)

An interview with Marisa Mazria Katz and the *New Models* podcast about the ideas behind *Dis-Ease* (November 2019)

An interview about and glimpse into the research process for *Dis-Ease*, for the Wellcome Collection in September 2018





Expiration Date:
DEC 10 '43

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PLAYLIST

Ace Johnson, Influenza

Victoria Spivey, Dirty T.B. Blues

Sweet Honey in the Rock, More Than a Paycheck

Woody Guthrie, Dust Pneumonia Blues

Chris Vallillo, The Cholera Cemetery

Nina Simone, When I Was a Young Girl

Patti Smith, Death Singing

Laurie Anderson, Love Among the Sailors

Prince, Sign o' the Times

Book of Love, Pretty Boys and Pretty Girls

Suzanne Vega, Blood Makes Noise

Suzanne Vega, 99.9 F

Siouxsie and the Banshees, 92 Degrees

Jimmy Somerville, Read My Lips (Enough is Enough)

Lou Reed, Halloween Parade

Meredith Monk, New York Requiem

Michael Callen, Living in Wartime

John Musto, Litany

Pauline Oliveros / Deep Listening Band, Epigraphs in the Time of Aids

Diamanda Galas, This Is the Law of the Plague

Wu-Tang Clan, America

The Fall, Mr. Pharmacist

Jonathan Coulton, Bacteria

Bob Gibson & Shel Silverstein, Still Gonna Die

DISCUSSION GUIDE FOR FILM/FILM STUDIES CLASSES

Discuss the film title. What is the distinction between disease and dis-ease? Why do you think the filmmaker chose this title for the film? How do the ten chapter titles interact with the film title?

The film is structured in ten chapters. They are roughly chronological, beginning with the emergence of germ theory in the late 19th century, and ending with visions for the future. However, editors Emily Eberhart and Mariam Ghani have described the “secret structure” of the film as moving visually from microscopic views, to individual bodies, to collectives and communities, to global health as instituted through the WHO and NGOs, to planetary health as currently understood through a lens of interdependency and ecosystem thinking (with a brief detour to outer space in the middle of the film). The sound design of the film, when heard in surround or ambisonic mixes, also moves from narrowly focused sound effects and soundscapes based on underwater recordings and internal bodily sounds in the early chapters, to wide environmental soundscapes in the later chapters. Did you notice this while watching the film? If not, does this information make you understand the film in a different way?

While the film is roughly chronological, it does make one significant jump in time, in the chapter Epidemic Empire, when it rewinds from a discussion of global health to a segment on colonial medicine. Why does the film frame colonial medicine within the brackets of global health, rather than placing it chronologically at the beginning of the film?

DIS-EASE devotes significant time to examples and analysis of pandemic outbreak narratives, including post-apocalyptic, alien infection, and zombie films, as well as nonfiction objects like animated contagion vector maps. Various kinds of outbreak narratives are actually seeded throughout the film, leading up to chapter 8, Doom Patrol, where they are explicitly discussed and broken down. Per the film, what are the significant features and drawbacks of outbreak narratives? How does this affect your understanding of the outbreak narrative as a genre?

The experts interviewed in the film are shown onscreen once, when they first appear, and then are not seen onscreen again (or in most cases, identified onscreen when speaking) until they make their final appearances in the film. Why do you think the choice was made to show them only twice, rather than every time we hear them speak, or not at all? Were you able to distinguish between the various speakers when their voices were used only as audio? If not, did you feel that was a problem?

The archival footage in DIS-EASE comes from a wide range of sources and periods, in a variety of formats and aspect ratios. How does the film bring these different sources together, and in particular, how does it deal with transitions between different sources?

Archival footage is used in several different ways in the film, most obviously to illustrate points made in the interview audio, but also in longer passages with no voiceover. What is the function of the archival footage in those moments?

The film moves between fictional and nonfictional sources fairly continuously. Do you think you clocked all of these transitions while watching? How did the mixing of fiction and nonfiction affect your perception of the truth value of either or both kinds of sources?

DISCUSSION GUIDE FOR FILM/FILM STUDIES CLASSES

Filmmakers working with archival material in recent years have many formal choices to make (given what is possible with current techniques), including to what degree they want to restore the original footage, how much color grading to deploy, whether to keep/alter/remove the original soundtrack, and whether to crop or retain elements like visible sprockets. Which way did the filmmakers of DIS-EASE go, and why do you think they made those choices?

Archival material can also present a number of ethical challenges for filmmakers, a scenario which did arise multiple times during the making of DIS-EASE, particularly around material drawn from the history of colonial medicine. Can you point out any formal strategies used in that section of the film that might have been developed to address these challenges?

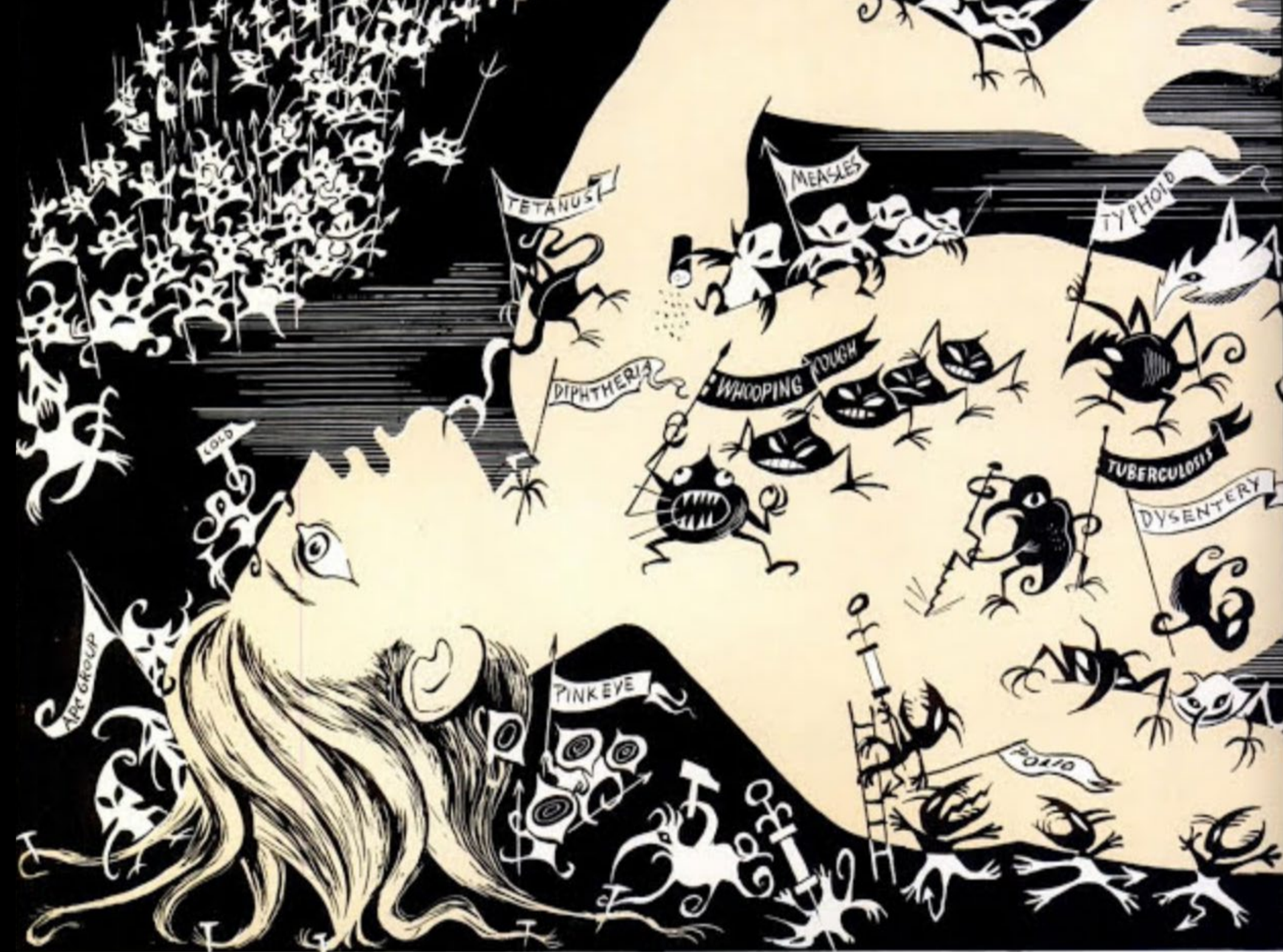
DIS-EASE has been described as “intellectually experimental” rather than formally experimental. It’s also been described as an essay film, even though it includes interviews, which are not traditional hallmarks of the essay film form. Would you agree with either of these descriptions? Why or why not?

In many ways, DIS-EASE is itself a work of media studies, in that it is concerned with how popular culture imagines illness, and synthesizes existing research from multiple disciplines with original research into primary sources. What kind of knowledge does the film produce in this regard?

The sound design of the film has been described as “visceral” and “squishy.” The sound design also includes ambient sound for every interior and exterior location shown - in many cases soundscapes or room tone sourced separately from the footage. In the surround or ambisonic mixes, individual sounds move with their visual sources, for example a mosquito buzzing around your head or pills swishing around the pan of a sorter. Why was it important to the filmmakers to build out the sound design of the film in such specific detail?

The score of the film is composed and performed entirely on synthesizers, but it changes from analog synthesizers to digital synthesizers as the chronology of the film moves from the era of analog to the era of digital. Tape delay is used to process both kinds of signals, however. Did you notice this while watching the film? Why do you think the composer made these choices?

Director Mariam Ghani has noted that DIS-EASE is paced more slowly than her previous feature, WHAT WE LEFT UNFINISHED, and attributes the difference to her decision to plan for accessibility features early on in the editing process. She created temp audio description for the visually impaired (AD) for the second rough cut, and has said that adding the AD to the cut before it was finished made her much more aware of when the film moved too quickly for adequate description, and when it moved so slowly that she had more than enough time to cut the AD in, meaning the pacing was uneven. She has also noted that having to choose which visuals are described helped her understand which material was most crucial to the film. Can you think of other films where the pacing was at least partially determined by accessibility concerns? (This is fairly common in films about disability, for example.) If you have added captions or audio description to your own work, how did that affect your approach to the edit, if at all?



LIKE GULLIVER, MAN IS ASSAULTED BY A LILLIPUTIAN HORDE—THE DISEASE-CARRYING VIRUSES AND BACTERIA. VACCINES HAVE STOPPED SOME, LIKE YELLOW



FEVER, AND PARTIALLY CONTROLLED OTHERS LIKE TYPHOID. BUT MANY KNOWN VIRUSES REMAIN TO BE CONQUERED WHILE UNKNOWN ONES TAKE UP THE ATTACK

DISCUSSION GUIDE FOR MEDICAL HUMANITIES CLASSES

Discuss the film title. What is the distinction between disease and dis-ease? Why do you think the filmmaker chose this title for the film? How do the ten chapter titles interact with the film title? Bonus: if you've read Georges Canguilhem, how might this relate to his writing on diseases and disease (maladie and malaise, in the original French)?

DIS-EASE traces how ideas have moved between science, science fiction, and political ideology over the past century. What are some specific examples of these translations in the film? Can you think of any examples that are not included in the film? (For example, we had to cut a section reading Bram Stoker's *Dracula* as a cholera narrative - the gist of that interpretation can be found in Anjali Raza Kolb's book or book excerpt.)

DIS-EASE argues that the metaphors we use around disease - how we name, describe, and visualize illness, outbreaks, doctors, treatments, sick people, and disability - affect what we do when we encounter it in real life. Essentially, problems described incorrectly will be understood incorrectly, thus solved incorrectly. (This is an acknowledged phenomenon in politics, for example, where deliberate efforts are made to rebrand immigrants as illegal aliens and government shutdowns as "fiscal cliffs.") DIS-EASE is particularly concerned with the use of military metaphors in medicine and public health, and suggests that they reflect an outdated scientific paradigm (germ theory still dominating the popular imagination, despite newer thinking around the microbiome). Why do popular culture and mass media lag behind scientific knowledge and resist scientific consensus? How might strategic interventions be made to close these gaps?

DIS-EASE devotes significant time to examples and analysis of pandemic outbreak narratives, including post-apocalyptic, alien infection, and zombie films, as well as nonfiction objects like animated contagion vector maps. Various kinds of outbreak narratives are actually seeded throughout the film, leading up to chapter 8, Doom Patrol, where they are explicitly discussed and broken down. Per the film, what are the significant features and drawbacks of outbreak narratives? How does this affect your understanding of the outbreak narrative as a genre?

While fictional outbreak narratives have clearly defined beginnings and endings, the dramaturgy of real outbreaks is rarely so tidy. In particular, there is often disagreement about what constitutes the end of an outbreak. (Film participants Dora Vargha and Patricia Kingori have both published on this topic.) What does it mean to say a pandemic or epidemic has ended? Who has the power to declare an ending? How does this decision affect people dealing with long-term consequences, like permanently reduced function or PTSD?

Which piece or type of archival footage in the film most surprised you, and why?

DIS-EASE brings together experts across a wide range of disciplines, including the medical humanities. What specific dimension did the medical humanities experts bring to the film?

At the end of the film, Bharat Venkat and Johanna Hedva suggest that we should entirely rethink the idea of “cure” and find a new paradigm that abandons the binary of sick and well, accepting that we all need some degree of care at some time. How does this relate to current thinking in disability activism and/or around rising antimicrobial resistance? What do you imagine comes after the end of cures?

COLORED PEOPLE

Do You Have Bad Blood?

Free Blood Tests
Free Treatment

By
County Health Department
and Government Doctors

YOU MAY FEEL WELL AND STILL HAVE
BAD BLOOD

**COME AND BRING ALL
YOUR FAMILY**

WEDNESDAY

10:00 A.M. to 12:00 P.M.
1:00 P.M. to 3:00 P.M.

Every Week at the Same Time

JULY 27/AUGUST 3, 2020

HOW TO DEFINE A PLAGUE

The way we talk about contagion matters. It shapes how our society responds—and how many of us will survive.

SONIA SHAH



DISCUSSION GUIDE FOR PUBLIC HEALTH CLASSES

Why does DIS-EASE begin with the emergence of germ theory in the late 19th century, and end with ideas around the microbiome and more-than-human health (ecosystem thinking, planetary health, and/or One Health models)? What relationship or symmetry is implied by this choice of beginning and ending?

How does DIS-EASE demonstrate the difference between the “lifestyle model” of public health, with its emphasis on individual responsibility, and the social determinants model, with its more collective focus? Which segments of the film most directly invoke each model?

DIS-EASE builds a critique of global health in its current incarnations, as being built on neocolonial foundations. Do you agree with this critique? Why or why not?

Part of the critique of global health offered in the film turns on the histories of successive eradication campaigns and their intersections with the WHO’s turn away from its early focus on strengthening primary care structures in member countries (as stated in the Alma Ata Declaration on Primary Health Care, referenced in the film) and the IMF’s imposition of austerity measures on indebted countries. According to the film’s experts, which lessons were not learned from the successful smallpox campaign and the failed initial push to eradicate malaria? How did austerity affect the rollout of polio eradication?

Tuberculosis appears twice in the film, once in the second chapter (The Gospel of Germs, covering early 20th century health “crusades”), and once in the final chapter, After the End of Cures.

What makes tuberculosis a particularly important disease through which to look at the possibility of a world where antibiotics no longer work? How does the history of the Tambaram Sanatorium in Chennai exemplify the changes in tuberculosis treatment over the past century?

In the first chapter of the film, local organisms are globalized and industrialized to manufacture antibiotics and antiseptics at mass scale. In the final chapter of the film, industrialization and globalization transform local organisms into massive pandemics and overuse of antiseptics produces rising antimicrobial resistance. How is this fearful symmetry acknowledged in science? How is it allegorized in apocalyptic fiction?

DIS-EASE argues that the metaphors we use around disease - how we name, describe, and visualize illness, outbreaks, doctors, treatments, sick people, and disability - affect what we do when we encounter it in real life. Essentially, problems described incorrectly will be understood incorrectly, thus solved incorrectly. (This is an acknowledged phenomenon in politics, for example, where deliberate efforts are made to rebrand immigrants as illegal aliens and government shutdowns as “fiscal cliffs.”) DIS-EASE is particularly concerned with military metaphors, which reflects when it was made, during the COVID-19 pandemic, when those metaphors were being used and debated frequently. Can you think of any other examples from public health that support or counter this argument?

At the end of the film, Bharat Venkat and Johanna Hedva suggest that we should entirely rethink the idea of “cure” and find a new paradigm that abandons the binary of sick and well, accepting that we all need some degree of care at some time. How does this relate to current thinking in disability activism? What do you imagine comes after the end of cures?

CELL WARS

About one trillion strong, our white blood cells constitute a highly specialized army of defenders, the most important of which are depicted here in a typical battle against a formidable enemy.



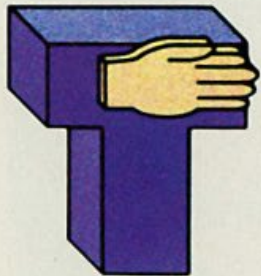
VIRUS

Needing help to spring to life, a virus is little more than a package of genetic information that must commandeer the machinery of a host cell to permit its own replication.



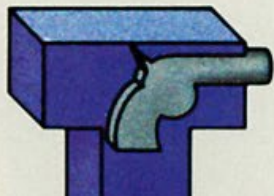
MACROPHAGE

Housekeeper and frontline defender, this cell engulfs and digests debris that washes into the bloodstream. Encountering a foreign organism, it summons helper T cells to the scene.



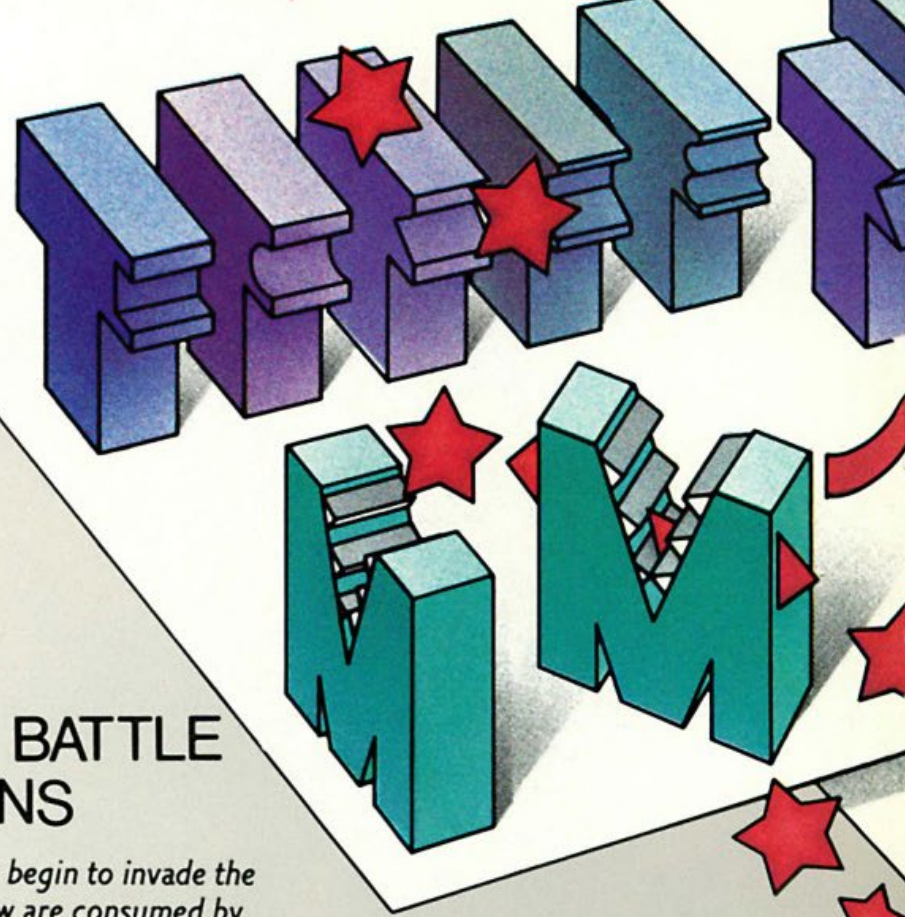
HELPER T CELL

As a commander in chief of the immune system, it identifies the enemy and rushes to the spleen and lymph nodes, where it stimulates the production of other cells to fight the infection.



KILLER T CELL

Recruited and activated by helper T cells, it specializes in killing cells of the body that have been invaded by foreign organisms, as



1 THE BATTLE BEGINS

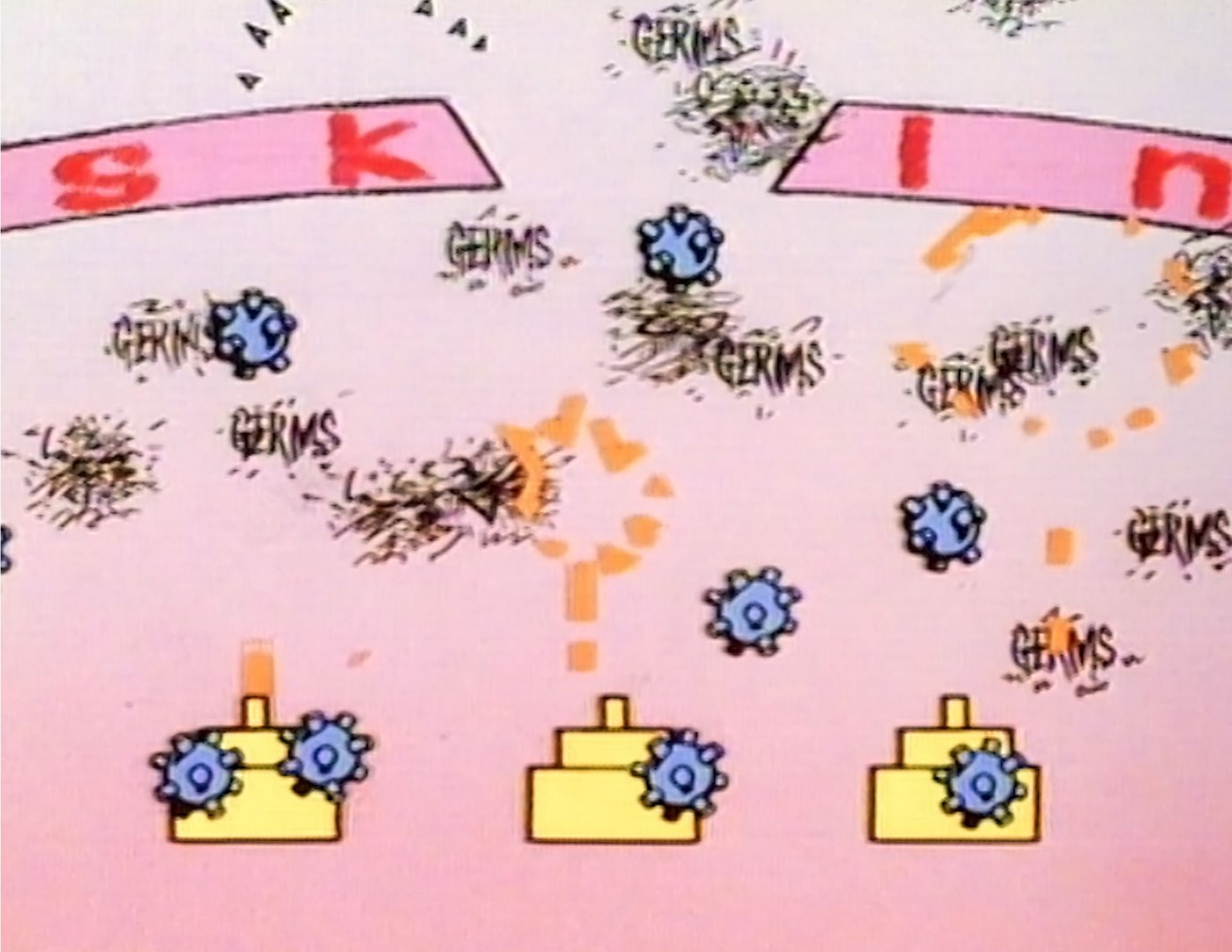
As viruses begin to invade the body, a few are consumed by macrophages, which seize their antigens and display them on their own surfaces. Among millions of helper T cells circulating in the bloodstream, a select few are programmed to "read" that antigen. Binding to the macrophage, the T cell becomes activated.

2 THE FORCES MULTIPLY

Once activated, helper T cells begin to multiply. They then stimulate the multiplication of those few killer T cells and B cells that are sensitive to the invading viruses. As the number of B cells increases, helper T cells signal them to start producing antibodies.

3 CONQUERING THE INFECTION





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PUBLICATIONS & TALKS BY FILM PARTICIPANTS

*bold were key references for DIS-EASE



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PHILOSOPHER OF HEALTH ETHICS SRIDHAR VENKATAPURAM

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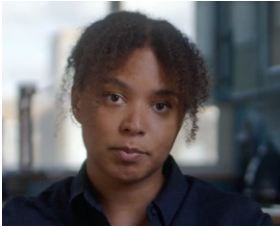
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“**In the Wake: Interpreting Care and Global Health through Black Geographies**” (Area, 2019)

“What Is the Impact of Racism and Colonialism on Healthcare?” (LSHTM Viral podcast, 2020)



HISTORIAN SANJOY BHATTACHARYA

“**A tale of two global health programs; smallpox eradication’s lessons for the antipolio campaign in India**” (American Journal of Public Health, 2009)

Global Health Histories podcast series



MEDICAL ANTHROPOLOGIST EDNA BONHOMME

Tending to Our Wounds (Haymarket, 2026)

A History of the World in Six Plagues (Dialogue Books, 2025)

“**Pandemics show us fear of disease is colored by prejudice**” (The Guardian, 2021)

“**When Africa Was a German Laboratory**” (Al Jazeera, 2020)

“Troubling (Post)colonial Histories of Medicine: Toward a Praxis of the Human” (Isis, 2020)

Substack [here](#)



MEDICAL ANTHROPOLOGIST CHRISTOS LYNTERIS

Visual Plague (MIT Press, 2022)

Human Extinction and the Pandemic Imaginary (Routledge, 2020)

“Pestis Minor: The History of a Contested Plague Pathology” (Bulletin of the History of Medicine, 2019)

“On ‘Pandemic Imaginary’: An Interview with Christos Lynteris” (Soc & Culture in South Asia, 2021)



SOCIOLOGIST PATRICIA KINGORI

“Making global health ‘work’: Frontline workers’ labour in research and interventions” (Global Public Health, 2022)

“Experiencing everyday ethics in context: frontline data collectors perspectives and practices of bioethics” (Social Science and Medicine, 2013)



ENVIRONMENTAL JUSTICE ACTIVIST JACQUELINE PATTERSON

“**Climate Conversations S2E11: Intersectionality and Climate Justice**” (MIT Climate talk, 2018)

ENVIRONMENTAL JUSTICE ACTIVIST REV. LEO WOODBERRY

“South Carolina pastor helps bring safe drinking water to community in need” (CBSN Climate Changemakers, 2021)



MEDICAL ANTHROPOLOGIST BHARAT VENKAT

At the Limits of Cure (Duke, 2021)

“In a world of fading antibiotic efficacy, will TB-free India remain a dream?” (Times of India, 2023)

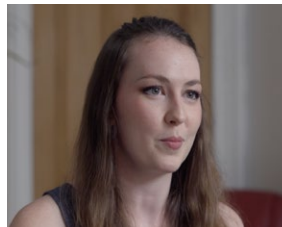
“Studying tuberculosis in India, I saw the problem with cures” (Psyche, 2022)

“**A Vital Mediation: The Sanatorium, before and after Antibiotics**” (Technology & Culture, 2019)

“**Of Cures and Curses: Toward a Critique of Curative Reason**” (Public Culture, 2018)

“**World without antibiotics**” (Public Books, 2017), “**Cures**” (Public Culture, 2016)

“**Awakenings**” (Somatosphere, 2016)



MEDICAL ANTHROPOLOGIST IONA WALKER

“**Beyond the Military Metaphor**” (Medicine Anthropology Theory, 2020)

“**(Re)Imagining AMR: Military Metaphors and Artistic Attention**” (Beyond Resistance Colloquium, 2020)



COGNITIVE LINGUIST ELENA SEMINO

“**‘Not Soldiers but Fire-Fighters’ – Metaphors and Covid-19**” (Health Communication, 2021)

“**Using Military Language to Discuss Coronavirus Is Dangerous and Irresponsible – the US Must Stop**” (The New Statesman, 2020)

“Whether You ‘battle’ Cancer or Experience a ‘Journey’ Is an Individual Choice” (The Conversation, 2015)

“How We Talk About Illness” (English Talks, 2016)

PUBLICATIONS & TALKS BY FILM PARTICIPANTS

*bold were key references for DIS-EASE



HEALTH EQUITY ACTIVIST DANA BROWN

“All Health Is Public Health: Busting the Myths of Choice and Commodity” (TheNextSystem.Org, 2021)

“Medicine For All: The Case for a Public Option in the Pharmaceutical Industry” (The NextSystem.Org, 2019)



PHYSICIAN & TELEHEALTH PIONEER SHANTANU NUNDY

Care After COVID: What the Pandemic Revealed is Broken in Healthcare and How to Reinvent It (McGraw Hill, 2021)

“Hospital-at-home to support COVID-19 surge - time to bring down the walls?” (JAMA Health Forum, 2020)

“**COVID-19 brought healthcare into the 21st century. Here’s what we need from telehealth next**” (Boston Globe, 2021)

PRIMARY SOURCES FOR ADDITIONAL RESEARCH

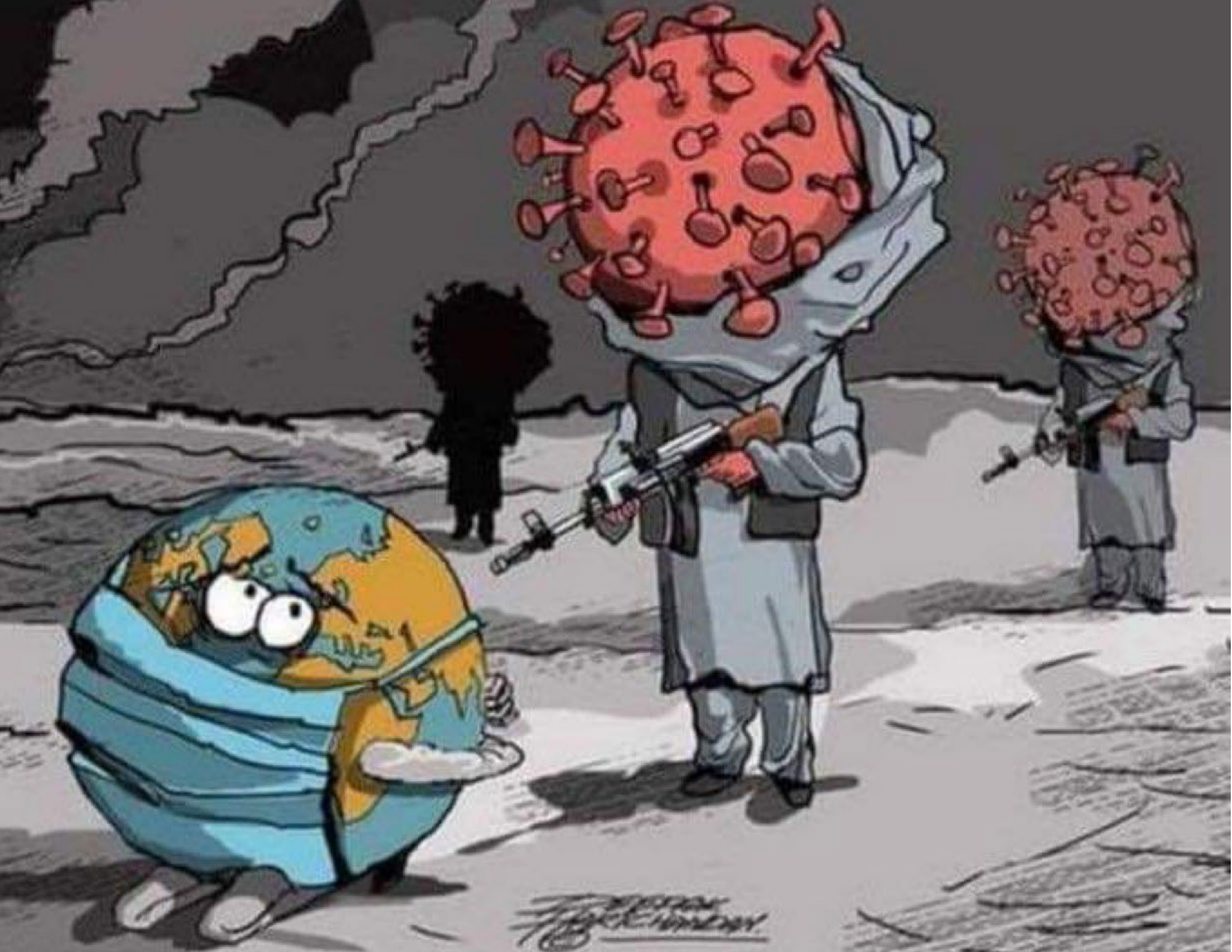
Cholera in New York collection at CUNY’s American Social History Project

Visual Representations of the Third Plague Pandemic at Cambridge

Medicine and Madison Avenue special collection at Duke University Libraries

Metaphor, Cancer and the End of Life project at Lancaster University

#ReframeCovid

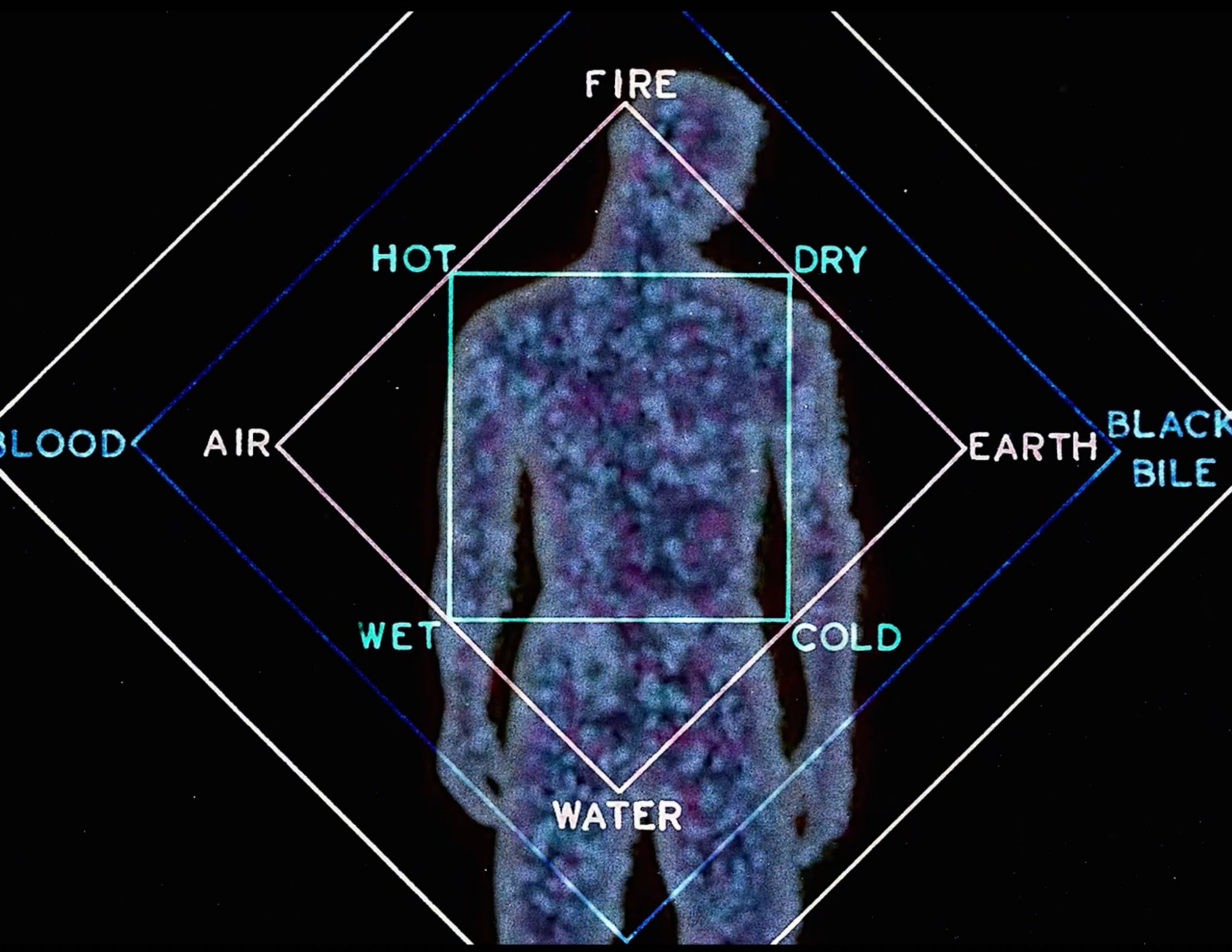


BACKSTORY

Mariam's 2018 short film DIS-EASE was originally commissioned by the Wellcome Trust for the multi-city project *Contagious Cities*, on the centenary of the 1918 influenza pandemic, and developed through residencies at the New York Public Library and CUNY Graduate Center for the Humanities. She started work on expanding it into a feature film in 2019, shot the interviews in 2021, and completed the film in 2024, when it premiered at the Tate Modern.

Field of Vision commissioned a second related short, *THE FIRE THIS TIME*, about three historical intersections of pandemics and riots. It can be streamed at <https://fieldofvision.org/shorts/the-fire-this-time>.

At various points in the editing process, the feature-length version of DIS-EASE included (now deleted) segments on Dracula as a cholera narrative, the origins of the Patient's Bill of Rights in the Young Lords' occupation of Lincoln Hospital (explained through interviews with Johanna Fernandez and Cleo Silvers), the AMA's mid-20th-century campaign to defeat nationalized health care, polio vaccination efforts across the Iron Curtain, people living with long-term effects of pandemics after they are officially declared to be ended, and the phenomenon of low to middle income countries with excellent health outcomes, explained through an interview about Rwanda's health system with Agnes Binagwaho, and even more wacky/disturbing archival material.



FIRE

HOT

DRY

BLOOD

AIR

EARTH

BLACK
BILE

WET

COLD

WATER

PHLEGM

BILE

