
Global Comparative Literature in a World of Pandemics¹

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Abstract: Ours is a world of pandemics. Intersecting with and frequently exacerbated by responses to the coronavirus pandemic have been numerous pandemics with much longer histories, including pandemics of other communicable diseases, as well as pandemics of non-communicable diseases, mental illness, addiction, systemic racism, social injustice, gender-based violence, and misinformation, all of which have been deeply intertwined with environmental degradation and climate disruption. In our era of multiple intensifying pandemics, not to mention often anemic humanities enrollments, it is crucial that comparative literature go more global: engaging more deeply with a broader array of texts, pathways, and processes than ever before with a focus on providing insights into global challenges and crises as well as possibilities for amelioration on a vast scale. This essay focuses on two examples: the connections between disease and stigma; and the connections between environmental crises and gender-based violence.

Keywords: medical humanities, health humanities, environmental humanities, gender-based violence

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Ours is a world of pandemics. Grabbing the most headlines since the early days of 2020 has been COVID-19, which as of 11 March 2022 had killed 6 million people and left 10 to 30 percent of the nearly 450 million infected with the virus with long COVID, a varied and often debilitating set of symptoms that adversely impact health and wellbeing. Intersecting with and frequently exacerbated by responses to the coronavirus pandemic have been numerous pandemics with much longer histories, including pandemics of other communicable diseases (e.g., HIV/AIDS, malaria) as well as non-communicable diseases (e.g., coronary heart disease, autoimmune diseases), mental illness, addiction, systemic racism, social injustice, gender-based violence, and misinformation, all of which as with COVID-19 have often been deeply intertwined with environmental degradation and climate disruption. For centuries, literatures around the world have grappled with these and other pandemics and shadow pandemics, among many additional global challenges and crises, creating a tremendous corpus of what I identify in *Global Healing: Literature, Advocacy, Care* as “global literature.”² Yet the field of comparative literature has been slow to go global, geographically, linguistically, and conceptually.

For most of its history comparative literature, as practiced in much of the world, focused largely on certain privileged European literatures. In recent years, interest has blossomed in Western-language writings not only from previously marginalized European literatures but also from former European colonies in Africa, the Americas, the Middle East, Oceania, and South and Southeast Asia. And fields such as comparative East Asian, Asian, and Asian-African literatures are growing steadily. But even today, scholars working on non-Western-language literatures—the creative texts of billions of people with thousands of years of literary heritage—remain a disproportionate minority in most departments of comparative literature in Europe and the Americas.³ Most notably, although Asian peoples make up more than half of the world's population and have thousands of years of literary history, departments of comparative literature in Europe and the Americas generally have at most just a few members with expertise in East or South Asian languages; they rarely include anyone with even a basic understanding of a Central or Southeast Asian language, even though Central and Southeast Asia together have nearly the population of Europe. African literatures also tend to be marginalized in departments of comparative literature, particularly African literatures written in non-Western languages.

There is also the question of relevance: scholarship on comparative literature has remained relatively silent on many matters of global significance. To be sure, comparatists have long engaged with certain fundamental social and political concerns. But with several notable exceptions, comparative literature scholarship has not fully addressed the relationship between literature and such global pandemics as disease and other health conditions/illnesses, environmental degradation and climate change, human rights abuses, gender-based violence, migration, poverty, racism and ethnocentrism, slavery, trauma, warfare, and similar challenges and crises. After several generations of concern with the tensions and problems of the Cold War, neocolonialism, and neoliberal economic expansion, it is now appropriate for comparative literature scholarship to engage more rigorously with a broader range of global issues. Deeper involvement with burgeoning humanities fields such as environmental humanities and the medical and health humanities, as well as social science fields engaged with the world's myriad inequalities and injustices, will enable comparative literature scholarship to connect more meaningfully and explicitly with life on the ground. In our era of multiple intensifying pandemics, not to mention often anemic humanities enrollments, it is crucial that comparative literature go more global: engaging more deeply with a broader array of texts, pathways, and processes than ever before with a focus on providing insights into global challenges and crises as well as possibilities for amelioration on a vast scale.

This essay focuses on two examples: the connections between disease and stigma; and the connections between environmental crises and gender-based violence. As much scholarship in the medical and health humanities has revealed, individuals with certain adverse health conditions regularly face prejudicial attitudes and unfounded assumptions, beliefs, biases, and implicit/automatic as well as conscious/outright moral judgments.⁴ Even more destructively, building on these prejudices, societies frequently subject individuals with certain adverse health conditions to discriminatory and often devastating treatment such as silencing, labeling, othering, stereotyping, devaluing, bullying, ostracizing, socially excluding, isolating and abandoning, disenfranchising, imprisoning in institutions or closer to home, and physically attacking if not murdering. This abuse—which often both fuels and is fueled by structural violence—devastates people's familial, social, and economic lives and further compounds the challenges of living, healing, and attaining a sense of wellbeing.⁵ Global literature on

disease—including writings on HIV/AIDS, which to date has claimed more than 36 million lives—has long highlighted the devastating impacts of stigmas on disease prevention, treatment, and care, not to mention healing and wellbeing.

For its part, research in public health and diverse social science fields has discussed the vulnerability of women and girls to increased gender-based violence in the wake of environmental crises such as those caused by climate change. Already, according to The World Bank, more than one-third of women worldwide “have experienced physical and/or sexual intimate-partner violence or non-partner sexual violence,” and even greater numbers suffer verbal and psychological abuse (web). During and in the aftermath of disasters, when women and girls frequently have less agency and access to resources and are placed in more vulnerable positions (e.g., needing to travel farther to collect water, increased caregiving responsibilities), psychological, physical, and sexual violence regularly increase (Memon 65-85). Global dystopian fiction on gender-based violence has elaborated on these risks, imagining an even more encompassing totalitarian future with draconian policies that ensnare virtually everyone. The interplays between disease and stigma, between gender-based violence and environmental crises, and ultimately among environmental crises, gender-based violence, stigma, and disease are connections to which global comparative literature can draw our attention, increasing understanding of the deep imbrication of the multiple challenges facing our planet and pointing to potentials for healing.

AIDS Stigmas, Fear, Care: Aldin Mutembei’s *The Dry Stump* and Carolyne Adalla’s *Confessions of an AIDS Victim*

The high mortality rate of untreated HIV/AIDS, the fact that transmission of the virus occurs primarily through behaviors that are commonly stigmatized (e.g., extramarital sex, homosexuality, intravenous drug use), and the reality that many of those most vulnerable to the disease are already highly stigmatized (e.g., gay men, women, intravenous drug users, sex workers) all mean that stigmas against people with HIV/AIDS developed quickly and continue to remain strong in many parts of the world, even in communities where HIV/AIDS is largely a chronic condition managed by medication. As Alan Whiteside explains, “HIV/AIDS mixes sex, death, fear, and disease in ways that can be interpreted to suit different prejudices and agendas. AIDS was (and is) used to stigmatize groups” (85). Furthermore, Whiteside continues:

A person with HIV has either done something to cause the infection: had sex with an infected person, used a contaminated needle, or had a needle-stick injury. Or they have had something done to them: been raped, born to an infected mother, or received infected blood. This leads to concepts of innocence and guilt. (117-118)

In many communities, even “innocent” individuals with HIV/AIDS (i.e., those who contracted the disease through no “fault” of their own) are marginalized if not outright ostracized. These adverse social responses frequently cause self-stigma, where a person internalizes the negative attitudes and behaviors to which they have been subjected. Stigmas, both social and self, have severely increased the psychological and physical distress of individuals with HIV/AIDS. Stigmas have also

tremendously complicated efforts at prevention, care, healing, and attaining wellbeing.

Global literature has engaged rigorously with the stigmas surrounding HIV/AIDS, revealing their devastating toll on individuals, families, communities, and societies around the world. This writing highlights how stigmatization, although often triggered by fear of disease and prompted by an attempt to defend against disease, instead frequently has the opposite effect, aggravating disease rates and intensity, causing increased physical and psychological suffering for everyone. Much global literature exposes what can happen when fear of the stigmas surrounding disease, including the stigmas against certain behaviors and communities, is even greater than the desire to reduce the prevalence and severity of the disease itself. These writings, including Tanzanian Aldin Mutembei's Swahili-language novella *Kisiki kikavu* (The Dry Stump), portray fear of stigmas as blocking everything from activism to education, obstructing opportunities for better care and better lives for people with HIV/AIDS. Other global literature, such as Kenyan Carolyn Adalla's epistolary novella *Confessions of an AIDS Victim*, reveals fear of being stigmatized as paradoxically leading individuals to continue to engage in risky behaviors. These novellas are only two of countless HIV/AIDS narratives that depict stigmas against the disease as even more devastating than the physical symptoms of the disease itself.

Mutembei's *The Dry Stump*, Tanzania's first extended prose work on HIV/AIDS, makes clear the costs of fear of the stigmas surrounding HIV/AIDS overpowering commitment to fighting the disease. Written originally in Swahili for language classes in East Africa, *The Dry Stump* opens in Kagera (northwest Tanzania) at the end of the brutal Uganda-Tanzania War (1978-1979).⁶ The narrator contrasts the extreme poverty of most people of this region with the wealth enjoyed by government leaders, businessmen (primarily Indian), poachers, and smugglers, all of whom have benefited from the war and continue to thrive as others suffer.⁷ He reveals that soon after the war, people from different villages began reporting the presence of a "strange disease" and "strange deaths." People say that a bloodsucker called *ihembe* is attacking people. One village leader proclaims that because the larger hospitals do not know how to treat those who fall ill, "Huu si ugonjwa" ("This is not a disease"). Instead, those who are dying have committed fraud, and this is "revenge" (Mutembei, *Kisiki* 31). And he urges everyone to make sacrifices. Traditional healers and shrewd soothsayers benefit from the villagers' desperation. But the deaths of the young businessmen only continue, and people are ordered to stay far away from them. At church, the preacher declares that what is affecting these young men is not witchcraft but instead God's punishment (38). And the narrator describes how his family fumigated their home after a visit from a former friend of his who now has this disease.

Conditions quickly go from bad to worse: "The church saw them as young sinners.... In rural areas they were said to be cursed, and they were feared and isolated lest they infect others. In bars they were not given glasses because their curse would have befallen the bar" (40). Meanwhile, the protagonist Kalabweli's girlfriend Christina dies, which the priest blames on her having committed "sin," and then Kalabweli too falls ill. Terrified, his family keeps his disease a secret: "They did not want to believe that it was slim [AIDS], the disease of Kikomela youth. To say Kalabweli had slim was to shame and curse to the house of *Mzee Kakwezi*. What will people think about him? He will have no honor in his village!" (47). As the narrator later comments, "People were willing to die rather than accept that they had the disease" (55). In other words, fear of stigma against the disease prevents people from trying to learn anything more about it, ignorance that then increases their risk of contracting the disease.

Stigmas against the disease are reinforced when a preacher from the United States comes to Dar es Salaam, Tanzania's largest city, to "save" the country. He proclaims, in English that is translated for his audience into Swahili: "Standing here I can see AIDS amongst you. (Hivi nilivyosimama ninauona UKIMWI miongoni mwenu)... But what does the Word say? (Lakini Neno linasemaje). We're going to read from Romans six, twenty-three (Tutasoma kutoka Warumi, sita ishirini na tatu)" (Mutembi, *Kisiki* 65), the passage that declares, "the wages of sin are death." The American preacher also has his interpreter read from Galatians 6:7-8, which asserts that people reap what they sow, and that those who indulge in the flesh will reap corruption (57).⁸

Kalabweli eventually dies of AIDS, but not before infecting his final six girlfriends and cruelly giving one a parting gift of money for her coffin. At its end, *The Dry Stump* switches briefly to the story of Mazaki, a friend of Kalabweli, who returns home from Dar es Salaam to die. His parents fast and pray to God to heal their son; his mother brings him the alcohol he demands to dull his pain while his father worries that drinking will prevent him from going to heaven. At his funeral, no one speaks of HIV/AIDS, save for an individual with mental illness. Reminding those present that a woman who was raped while walking home now has HIV, as does an orphan, this speaker makes clear what no one else is willing to say, that everyone is vulnerable (67). At Kalabweli's funeral his sister speaks of his dying "at the hands of foreigners" and his bones as "sucked by [the international city] Dar es Salaam" (70). She also talks about the stump next to his grave, the stump that was once their beloved coffee tree whose seeds funded her brother's education, which ultimately was to support hers. Kalabweli's sister asserts that the light this tree provided is lost, that the family is now lost. *The Dry Stump* concludes soon thereafter with the narrator noting that after everyone departs, the termites "began to regroup and continue their work [gnawing at the stump]" (71). In other words, even the brother's physical remains soon will crumble and disappear. The characters in Mutembi's novella are startling in their lack of interest in learning how to prevent the spread of HIV/AIDS, in their determination to continue to see this disease simply as a "curse," despite all the evidence to the contrary, and the deadly consequences of doing so. Fear of stigma against disease directly impedes education about disease, intensifying suffering and leaving little room for healing.

Whereas Mutembi's *The Dry Stump* depicts refusing to learn about disease prevention and care a significant consequence of pervasive stigma against HIV/AIDS, other narratives on HIV/AIDS focus even more intently on condemning the social stigmas that lead to prevention being scorned, testing anathematized, treatment refused, and healing impeded—everything from stigmas that arise within families to those that far transcend local communities and permeate a nation, a continent, and the globe. These include Adalla's *Confessions of an AIDS Victim*, which balances calls for personal responsibility with denunciation of disease stigma.

Catherine, the narrator of Adalla's novella, is a young, educated Kenyan woman who had planned to move to the United States to obtain a postgraduate degree at a university in Texas but has just tested HIV-positive. *Confessions* is the letter Catherine writes her longtime friend Marilyn, alerting her that she no longer is able to travel abroad and providing her and others who read this letter with enough information on HIV/AIDS that they "may benefit and avoid the mistakes I have made" (4). Eventually, she hopes that she might "transform the sexual behavior of a section of our Kenyan society" (83). Catherine declares her writing "a cry for the masses who fall victims yearly, and a decry for those among us who stick to high risk behavior. It is like a cry of a nation which has been defeated at war" (4).

Catherine condemns how people with AIDS have been stigmatized in society, how they are stripped of their humanity:

You know the scorn with which people treat the AIDS victims—as though they were suffering from leprosy. . . . Have you ever stopped to ask yourself how lonely these people get? . . . Don't we still pass for human beings deserving love, attention and company . . . or have we degenerated so much as to drop the human status? (Adalla 51)⁹

Catherine fears the day, not long to arrive, when she too “will be faceless and nameless,” as has been the case with so many others who have contracted the disease (2). The likely reactions of her community frighten her far more than do the physical symptoms of the disease, and she predicts that the stigma will wreak physical damage of its own. In other words, not only are stigmas worse than the disease but they make the disease worse. Catherine writes to Marilyn, “The rumour [about my disease] will make its rounds at a speed which lightning will envy. . . . This is the stage I fear most and I do not think I will be able to bear the scandals and scorn, for mine is a delicate heart. It could quite easily break into pieces, or give way to a heart attack” (3). Social stigma also can trigger suicide. Catherine laments that not only do HIV/AIDS patients have to come to terms with their shattered dreams, “you have to bear the scorn of the society. . . . Little wonder many such patients opt for a suicidal outlet” (82).

These sentiments echo those of many Kenyans who have tested positive. For instance, in a 2011 interview with CNN, Patricia Sawao, a pastor and AIDS activist in Kitale, Kenya, who tested positive in 1999, revealed that “the stigma was the painful part of it. After I went public, within one week, I lost my job, my husband lost his job . . . the landlord wanted us out of his house. If I'd died in those days, I was not going to die of AIDS. I was dying of the stigma.” Sawao also notes that before she tested HIV-positive, she had believed that HIV was “a disease for sinners,” that it was “about people outside the church” (“Dealing with the Painful Stigma” web). Similarly, in Adalla's *Confessions*, Catherine admits that she too had once thought of people with AIDS as “those” people, individuals “far removed from healthy, intelligent and beautiful persons like myself,” but that now she understands the indiscriminating power of the virus and the injustice of discrimination (2).

In her letter to Marilyn, Catherine speaks explicitly of the tremendous burden placed on women. She blames her parents for her disease and declares that had they only permitted her to marry Brian, the love of her life and the father of her son, “chances are that I would not have met such a tragedy” (68). She reveals that after she told her boyfriend Alex that she tested HIV-positive he beat her severely and refused to accept that he might have been responsible for infecting her. More broadly, Catherine deplors the lack of appropriate sex education in many Kenyan families, the silences that prevent young teenage women from becoming comfortable with the changes to their bodies and leave them vulnerable to sexually transmitted diseases (17). And she decries how women are treated in Africa as a whole, claiming that in some cases, “the African man still regards the woman as some sort of sub-species which was created to serve him in all capacities in the house, entertain him in bed and procreate the number of children he would want” (39).¹⁰ The prejudice and violence against women in their homes, communities, nations, and far beyond increases significantly the likelihood of their contracting diseases such as HIV/AIDS, which in turn pushes them further to the margins.¹¹

Stigma and fears of stigma deter advocacy, activism, and education; prevent timely testing and

care; forestall support; and impede healing and wellbeing. Global literature that tackles HIV/AIDS spans a broad range of societies, languages, and experiences, yet it repeatedly makes clear the stubborn roadblocks to effective care that stigmas create and the urgent need to prioritize creating and restoring meaningful human connections.¹²

Environmental Catastrophe and Controlling Reproduction: Bina Shah's *Before She Sleeps* and Margaret Atwood's *The Handmaid's Tale*

Just as copious as literature on highly stigmatized diseases such as HIV/AIDS is creative writing on the pandemic of gender-based violence, including reproductive violence, non-partner sexual violence, domestic violence, and intimate partner violence. Some of this writing highlights the increased vulnerability to gender-based violence faced by women in societies devastated by environmental catastrophe. While HIV/AIDS narratives such as Adalla's *Confessions* speak regularly of gender-based violence as accelerating disease, dystopian narratives such as Pakistani Bina Shah's *Before She Sleeps*, Canadian Margaret Atwood's *The Handmaid's Tale*, and Chinese British Ma Jian's *The Dark Road* (Yin Zhi Dao, 阴之道) depict environmental catastrophe as intensifying reproductive violence. In this context, reproductive violence is understood as "behavior that undermines autonomous decision-making in areas of reproductive health" (Fay and Yee 518) and "acts which affect the victim's reproductive system, organs, process, or capacity to reproduce" (Altunjan 9), including both forced pregnancy and forced prevention and termination.

Forced pregnancy—also termed enforced procreation, forced impregnation, forced continuation of pregnancy, forced childbearing, forced maternity, and forced motherhood—is a global phenomenon and one that has taken place for much of history to subjugate and control women, increase birthrates, and/or assimilate and subjugate enemy, minority, and slave populations (Altunjan 10; Carpenter 223). To give several examples: the ancient Athenians forcibly impregnated enslaved Melian women to obliterate their cultural unity; in the United States, enslaved Black women were referred to as "breeders," not mothers, and were valued in part by their ability to have children, particularly after the US Congress abolished the African slave trade in 1807; under the Khmer Rouge, the Communist Party of Kampuchea (CPK) forced couples into marriage, sometimes sight unseen, to produce children "who would become vital additions to the regime's workforce and revolutionary ranks"; during the Yugoslav wars, Serbian militias established "rape camps" in part to impregnate Bosnian and Croatian women; and the Imbonerakure, the youth wing of Burundi's ruling party, is believed to have called for forced impregnation of opponents (Altunjan 79-92; Brownmiller 156; Carpenter 242; Lobato 13; Patton 14, 164). Coerced pregnancy and childbirth also occur regularly in nations and communities where women are denied access to reliable contraception and safe, legal abortion. The most frequently cited example is Romanian leader Nicolae Ceaușescu's ban on abortion for most women younger than 40 (1966-1989); the Romanian government also implemented a range of pronatalist policies, including not only significant financial and social benefits to couples with children and financial and social penalties targeting those without children, but also invasive monitoring of women of reproductive abilities (Johnson et al. 521; Kligman 379).¹³ In 1993, Jodi Jacobson wrote of the "global increase in coerced pregnancy and motherhood," noting that "women's basic human rights are under siege in virtually every country" (34). Three decades later, abortion remains prohibited or highly restricted in

much of South and Southeast Asia, Africa, as well as in parts of the United States and most of Latin America and the Middle East, causing women to resort to illegal, frequently unsafe abortions that have high rates of maternal mortality and morbidity. And, as noted above, even in some countries where abortion is legal the procedure is highly controversial and becoming increasingly inaccessible.

Creative writers have grappled with coerced pregnancy and childbirth of many types and scales. Some narratives describe future societies, including Pakistani creative writer, journalist, and activist Bina Shah's dystopian *Before She Sleeps*, which imagines a 22nd century world of extraordinary brutality and complete subjugation of women and control of their reproduction. Shah's novel takes place in Green City, identified as the former Mazun, site of today's Bahrain, Qatar, United Arab Emirates, and northern part of Oman. The narrator explains that in the mid-21st century devastating climate change in South Asia caused torrential flooding, mudslides, and avalanches. Militant groups absconded with nuclear weapons from the region's destabilized nuclear facilities, and the resulting wars created a nuclear winter that destroyed much of today's India, Pakistan, Afghanistan, Iran, and the Gulf Peninsula, the poisoned atmosphere choking people to death "in revenge for what they had done to it" (Shah, *Before* 34). Green City's coastal location and strong monsoon winds spared it from obliteration. But mere months after Green City was named capital of the new "Sub-West Asia Region," the female population, already beleaguered by sex-selective abortions and infanticide that long predated climate change (22), was decimated by the Virus, a lethal and easily transmitted cervical cancer. Leadership declared a Gender Emergency, established the Agency, and then the Perpetuation Bureau, which together controlled every aspect of women's lives and reproduction. Women were forced to have up to six husbands. They were denied access to birth control and abortion, their menstrual cycles and ovulation patterns were monitored, they were pumped full of fertility drugs, and many had high-risk pregnancies and gave birth to multiples: "Before they knew what had happened, the remaining women in Green City found themselves put on an eerie pedestal to bring an entire nation back to life. . . . Refusal to obey the new rules would result in an accusation of reluctance or revolt, a swift trial, and elimination. . . . Within five years, no woman voiced opposition when she was directed to marry once, twice, thrice, as many times as the Bureau told her to" (35).

Women might not have "voiced opposition," but a small number resisted. Some bribed their physicians to declare them infertile, exempting them from the requirement of multiple husbands. And a few—including Sabine, the protagonist of *Before She Sleeps*—escaped to the Panah, a small community of women living in a technologically sophisticated bunker deep beneath the outskirts of Green City. Women of the Panah, labeled as among the "disappeared," spend their days hiding underground and nights in the beds of the Panah's Clients, wealthy and powerful Green City men. Although some women drink and have sex with their Clients, alcohol and intercourse are forbidden; instead, women and their Clients are to "share sleep, a type of contact and comfort that had become impossible decades ago" (158).

Without question, the Panah offers women an escape from compulsory marriage and childbirth. This is true of Sabine, who at age sixteen fled to the community shortly before her father fast-tracked her into the "Perpetuation scheme" (24). Yet Sabine reveals that she is uncomfortable being "the sandpaper to smooth a man's rough edges," even though so doing is "better than being an entire nation's incubator" (56). In addition, life in the Panah is highly regulated. As Ilona Serfati, founder of the Panah, remarked even before her niece Lin took over as leader, Lin's "like a little dictator with

the other girls” (Shah, *Before* 83). Sabine notes that Lin “knows the ins and outs of our bodies . . . the days of our cycle . . . We’re racehorses she sends off into the night and takes us back into her safekeeping in the morning. . . The rules of the Panah provide a halfway house between the strictures of Green City and the complete freedom that exists in places I can’t even imagine” (15, 17).

Even more important, the women in the Panah, including Sabine, are misled and even abused by one another, Lin, and their Clients. To begin with, Rupa, another woman in the Panah, slips alcohol into Sabine’s flask, believing it will make Sabine more amenable to their client Joseph. Also unbeknownst to Sabine yet attempting to relieve Sabine’s severe insomnia, Lin mixes the new drug Ebrietas into the tea she regularly prepares for Sabine. Lin determines to tell Sabine about the drug only if it works, believing that “Sabine’s gratitude would outweigh her annoyance at being helped without knowing” (46). Yet Ebrietas is contraindicated with alcohol, leaving Sabine vulnerable to Joseph, who not only drinks champagne with her but then rapes her after she falls unconscious. Ebrietas is also contraindicated with pregnancy, leading to an ectopic pregnancy that proves nearly fatal. Sabine is fortunate to land in Dr. Julien Asfour’s operating room, and Julien and his colleagues ultimately smuggle her out of Green City. It is not until she crashes through the cage-like border fence separating Green City and Semitia and is reassured by the Semitia Border Guards who rush to her aid that she now is safe that Sabine can finally breathe.

Shah’s *Before She Sleeps* depicts a society where girls have virtually no choice but to become wives and mothers. Both men and especially women are at the complete mercy of one another and of the authorities, and virtually any form of resistance results in being eliminated.¹⁴ Although an imagined future dystopia, Green City shares much in common with many communities present and past, including in South Asia:

forced marriage, extremes of control, poor education, no control over reproductive rights, large families, a life in the home while their men inhabit “society” . . . Shah’s description of girls’ . . . dreading the inevitable future that awaits them, the ending of their childhood with marriage and with bodies swollen with babies has been described by hundreds of South Asian women living in the UK today to those of us who will listen. (McCurley 46-47)

As Shah herself has declared, “I write with purpose, in order to educate and inform people about the status of women in this country, and in the world” (“Why I am a Feminist” web).

Before She Sleeps is frequently likened to Canadian writer Margaret Atwood’s prize-winning, bestselling, and widely translated and adapted dystopian *The Handmaid’s Tale*.¹⁵ Atwood’s novel takes place in an imagined late 20th-century New England where environmental disasters and takeover of the United States government by a totalitarian theocratic Puritan-like regime (Republic of Gilead) have resulted in reproduction being controlled entirely by the state. The few women who have not lost their fertility are forced into surrogacy. Imprisoned as Handmaidens, they are raped monthly by the Commander to whom they have been assigned until they become pregnant. As many including Atwood have emphasized, although *The Handmaid’s Tale* is set in the future, there is nothing imaginary about the gender-based violence the novel describes; for many women, *The Handmaid’s Tale* echoes their reality (Williamson 267).¹⁶

One significant difference between Shah’s and Atwood’s novels are the numerous flashbacks in

The Handmaid's Tale to the gradual erosion of women's reproductive and other freedoms before the official inception of the Gileadean regime and the squandering of many opportunities for resistance. In contrast, *Before She Sleeps* is relatively silent regarding society before the anthropogenic environmental disasters that led to current conditions. Part of this difference has to do with the longer timescale of Shah's narrative, given the even greater environmental catastrophes described, as well as disparities between women's lives in North America and Pakistan. But this difference also reflects the emphasis throughout *Before She Sleeps* on how rapidly everything can and does change and the consequent need to be far more prepared to revolt against authoritarianism in all its forms when and wherever it appears.

Banning reproduction is sometimes a matter of national policy. Beginning in the early twentieth century, preventing individuals from reproducing was often done in the name of eugenics, the "science of improving the human race by better breeding" and a form of "instrumental and selective procreation" to reduce the population of "unfit" and "undesirables" (Otsubo 225; Robertson 191). The United States has a long history of forcibly sterilizing individuals from marginalized populations, especially impoverished, mentally ill, and incarcerated Blacks, Latino/as, Native Americans, and Puerto Ricans. In 1907, the United States passed the world's first eugenics sterilization law—the Indiana Eugenics Law—authorizing the involuntary sterilization of "confirmed criminals, idiots, imbeciles and rapists."¹⁷ As part of broader "racial hygiene" and extermination campaigns, in early 20th-century Europe the Nazis systematically sterilized hundreds of thousands of Jewish and Eastern European men and women, in addition to those deemed "hereditarily diseased" and otherwise likely to have "inferior" offspring (Altunjan 80-82). In wartime Japan, individuals with intellectual or physical disabilities, mental illness, and diseases such as leprosy and alcoholism, as well as members of other stigmatized groups, including *burakumin* and "comfort women" (the Japanese military's 200,000 sex slaves from across Asia), were targeted by Japan's National Eugenics Law (1940-1948). For its part, Japan's postwar Eugenic Protection Law (1948-1996) allowed for forcibly sterilizing and inducing abortions in people with certain hereditary diseases as well as mental illnesses and intellectual disabilities to "prevent the birth of eugenically inferior offspring" (Hovhannisyan 1-5; Robertson 196).

In the recent memoir *Skin*, Spanish writer Sergio del Molino speaks of his 20 years with severe psoriasis, an autoimmune condition that can cause large patches of skin to develop thick, silvery scales and painful lesions. From the beginning, del Molino describes himself as a "monster" ("monstruo") and a "witch" ("bruja"). This is not surprising given that for much of history, those with disfiguring skin conditions, and especially with leprosy (Hansen's disease, the world's longest stigmatized condition), for which psoriasis is often mistaken, were highly stigmatized and treated as less than human. Psoriasis is treatable, and after del Molino begins regular injections of Adalimumab (Humira), a powerful biologic, his skin rapidly begins to clear up, and he recognizes that he will grow accustomed "to telling my life in a different way" (228). Yet ultimately, he declares, "I am still a leper with a cowbell around his neck that should not stray far from the lazaretto [leprosarium]. . . . The only part of the illness that will persist is the shame" (229). Historically, social stigma and self-stigma both have persisted long beyond effective treatment, for autoimmune conditions such as psoriasis, as well as for a range of pandemics, including HIV/AIDS and gender-based violence, causing untold damage to individuals, communities, and the nonhuman world (Brewis et al. web). Broadening and creating pathways among what often have been taken as relatively discreet linguistic and cultural entities,

comparative literature scholarship—particularly when it goes global geographically, linguistically, and conceptually—can give us a much better sense of how diverse societies around the world have engaged with global challenges. This understanding is crucial if we are to address these problems more effectively and work toward facilitating healing and enabling wellbeing in a world of pandemics.

Notes

1. This essay draws from Thornber, “Comparative Literature, World Literature, and Asia.” *Futures of Comparative Literature: ACLA State of the Discipline Report*, edited by Ursula K. Heise, et al., Routledge, 2017, pp. 156-161, and *Global Healing: Literature, Advocacy, Care*.
2. The term “shadow pandemic” is often used to refer to harmful impacts of responses to COVID-19. I use the term “global literature” to refer specifically to texts that grapple with challenges and crises that have global implications or counterparts globally, whether at present, in the past, or likely in the future. See Thornber, *Global Healing*, p. 10. World literary engagement with environmental degradation dates at least to the *Epic of Gilgamesh* (second millennium B.C.E.; Thornber, *Ecoambiguity* 12, 448).
3. To be sure, many European languages are also not well represented in departments of comparative literature, but the training of most scholars in these literatures overlaps significantly with that of scholars of the more dominant West European literatures, as opposed to the training of scholars with expertise in non-European languages such as Arabic, Chinese, Sanskrit, and Swahili, who have access to a vastly different canon.
4. Medical humanities have both clinical and scholarly components. It can be understood as “an inter- and multidisciplinary field that explores contexts, experiences, and critical and conceptual issues in medicine and health care” (Cole et al. ix, 7). The term “health” in health humanities points to the broadening of the field from the healthcare setting and physician-patient relationships to connections among patients, family care partners, health professionals of all ranks, society, and even the planet.
5. Mahajan et al.’s observations on HIV/AIDS stigma are true of many disease stigmas.
6. Translations of the Swahili are my own.
7. Although the English translation of *The Dry Stump* talks repeatedly of “Asians,” the Swahili version more frequently refers to “Wahindi,” or Indians.
8. Both the Swahili- and the English-language versions of *The Dry Stump* render this passage in Swahili and English.
9. No health condition has a longer continuous history of stigmatization and social and physical segregation than leprosy. See Thornber, *Global Healing*, pp. 43-94.
10. See also Catherine’s comment that wives depend “on the good will of the men not to infect them with AIDS and other venereal diseases” (Adalla 77). Sometimes Catherine speaks specifically of conditions in Kenya, and at other times she refers to Africa as a whole.
11. Adalla’s novella *Confessions* does not speak explicitly of sexual abuse, but this type of violence appears prominently in many other HIV/AIDS narratives. One important example is German-Dutch writer Lutz van Dijk’s German-language novel *Township Blues* (English translation *Stronger than the Storm*), where learning she is HIV-positive as a result of being gang raped, the first-person narrator, Thinasonke, fears not the physical symptoms of the disease but instead the social consequences, given that it is taboo even to speak about AIDS. Upon learning that her daughter is HIV-positive, Thinasonke’s mother screams, “The Shame! [...] Shame, Shame, Shame.” And Thinasonke fears that she will have “no family, no friends,” and nowhere to call home (107). See also van Dijk’s novel *Themba*, which addresses sexual violence against men. First, the mother of Themba’s friend Siphon dies of AIDS but Siphon tells Themba it is better that people do not know about this because then they will “drive us out of here” (83). Then Themba discovers his own mother is dying of AIDS, and he wonders why people treat AIDS as “some evil curse” rather than the disease that it is; he recognizes that more than anything, his mother needs love and care (150). Finally, Themba, by now a professional soccer player, learns he too is HIV-positive, having been raped by the same man who infected his mother.
12. Iweala speaks of the urgent need to “focus on restoring the human connection that the disease tears asunder” (207).

13. Contraceptives were not banned in Romania under Ceaușescu, but they could be obtained only via black-market connections (Kligman 379).
14. Extreme male-on-male violence, including rape, is another hallmark of Green City.
15. Parallels also have been drawn with Chinese American Maggie Shen King's *An Excess Male*, British Sophie Mackintosh's *The Water Cure*, and American Leni Zumas's *Red Clocks* (Sehgal).
16. Atwood's novel took off in the United States after Donald Trump was elected president; total book sales number more than five million, 3.5 million of which were purchased between 2017 and 2018 (Alter). In addition to having been translated into more than forty languages, *The Handmaid's Tale* has been adapted into various media, including ballet, film, opera, podcast, radio, and an on-demand television series. Atwood's sequel *The Testaments* has also been critically acclaimed.
17. See Adam Cohen, *Imbeciles: The Supreme Court, American Eugenics, and the Sterilization of Carrie Buck*, Penguin, 2016; Paul A. Lombardo, *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome*, Indiana UP, 2011; Maya Manian, "Immigration Detention and Coerced Sterilization: History Tragically Repeats Itself," *ACLU News and Commentary* online, 29 Sept. 2020, www.aclu.org/news/immigrants-rights/immigration-detention-and-coerced-sterilization-history-tragically-repeats-itself; Sanjana Manjeshwar, "America's Forgotten History of Forced Sterilization," *Berkeley Political Review* online, 4 Nov. 2020; Sally J. Torpy, "Native American Women and Coerced Sterilization: On the Trail of Tears in the 1970s," *American Indian Culture and Research Journal*, vol. 24, no. 2, 2000, pp. 1-22.

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