SOCIAL FICTIONS SERIES

October Birds

A Novel about Pandemic Influenza, Infection Control, and First Responders

Jessica Smartt Gullion

SensePublishers

OCTOBER BIRDS

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A Novel about Pandemic Influenza, Infection Control and First Responders

By

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SENSE PUBLISHERS
ROTTERDAM / BOSTON / TAIPEI

A C.I.P. record for this book is available from the Library of Congress.

ISBN 978-94-6209-588-5 (paperback)
ISBN 978-94-6209-589-2 (hardback)
ISBN 978-94-6209-590-8 (e-book)

Published by: Sense Publishers,
P.O. Box 21858, 3001 AW Rotterdam, The Netherlands
https://www.sensepublishers.com/

Printed on acid-free paper

TABLE OF CONTENTS

ACKNOWLEDGMENTS

A project of this scope does not happen in isolation. First and foremost, I would like to thank Sense Publishers Social Fiction Series Editor Patricia Leavy for her support of this book. Its publication came about by a strange synchronicity that will be a story I'll tell forever. Thank you also to Peter de Liefde and everyone at Sense Publishers.

The initial draft of this story was written during National Novel Writing Month (www.nanowrimo.org). I have to give a big thanks to all of the folks involved in that project. Because of your work I'll never be a 'one day' novelist again.

Thanks to my first readers, Dona Perkins and Elrena Evans.

Finally, thanks to Greg, Renn, and Rory. You are my love and my light.

PREFACE

October Birds was born in the overlapping space between science and art.

In 2003, in the wake of 9/11 and the anthrax letters, I was hired to be the Chief Epidemiologist of one of the largest county public health departments in Texas. The funds for my position originated through federal concern over bioterrorism, and I was tasked with planning and preparing for bioterror response. Luckily, it didn't happen.

Overtime, bioterrorism seemed less an immediate threat, and public health became increasingly concerned with emerging and reemerging infectious diseases. The SARS outbreak was a frightening realization of what could happen. Ease of world travel, coupled with a susceptible population, are kindling for a new infectious disease. People were put into isolation and quarantine, and public health legal powers were used to a level many of us have never seen.

SARS died out, but while the experience was fresh, public health professions wondered what would have happened had the SARS fire blazed more widely.

Another likely scenario to consider, similar in nature to SARS, was pandemic influenza. A pandemic is a world-wide disease outbreak. Our statistical models, based in part on SARS and on the 1918 Spanish Flu pandemic, were frightening. I spent a good portion of my work days strategizing and writing response plans for coping with such a catastrophe.

And then it happened.

In the spring of 2009, I began to receive reports of unusual flu activity. A new strain of flu, an Influenza A (H1N1) – dubbed 'swine flu' by the press – emerged in Texas and California. Was this the pandemic we'd prepared for? We had no idea how deadly this flu would be. Fortunately, it turned out to be relatively mild, but we had no way to predict that. For a while, public health responded as if our fears had materialized. We took many of the actions portrayed in *October Birds*. While our goal was to prevent as much illness and

death as possible, we were accused of over-response and our actions criticized.

While a work of fiction, *October Birds* is grounded in real-life public health practice, sociological research, and emergency management. The novel a/r/tographical research, a sociological inquiry within the science/art intersection. This novel is an accumulation of my knowledge and experiences with infectious disease outbreaks. I draw on scientific literature from medical, infection control, public health, and sociology journals. I also draw on personal experience. Many of the scenarios in the novel, while fictionalized, are based on actual events. But *October Birds* is more than a story – it is also a sociological theory of community-level response to health threats. Using fiction as a mode of representation, I hope to reach a larger audience than I could by focusing on a traditional academic one, a goal important to me as an applied sociologist.

I believe that in writing social fiction, we also engage in the writing of social theory. This work is a representation of my theorizing on community-level health threats, from the perspective of public health, hospitals, and emergency services.

A community-level health threat is one in which every member of the community is theoretically susceptible. While pathology may vary person-to-person, all residents are threatened. I have fourteen years' experience as an applied sociologist, helping communities cope with such threats. I have worked on outbreaks of vaccine-preventable disease (such as whooping cough and rubella), food borne outbreaks (including contaminated vegetables and peanut butter), contaminated medical devices, flesh-eating bacteria, and other diseases. I have also run and managed shelters for people fleeing natural disasters (including Hurricane Katrina), and have assisted in disaster recovery. Four years ago, I joined the sociology faculty at Texas Woman's University. While I am actively engaged in a research agenda on community-level health threats, I have shifted my focus from infectious disease to environmental health threats, such as from toxins in the air and water, and I research and teach on these issues.

October Birds takes place in the fictional city of Dalton, Texas. Using a hypothetical population of 115,000, I conducted statistical modeling to project morbidity and mortality rates similar to the 1918 Spanish Flu pandemic. Each chapter is equivalent to about one week of the outbreak. Dalton has one hospital – Memorial – and I used my knowledge of mid-sized regional hospitals to construct it. The number of beds, ventilators, and negative air-flow rooms is about what is typical for this size hospital. Patient overflow, shelters, and points of dispensing medication are all likely to be found in most disaster plans.

Dalton has a city health department with infectious disease and disaster professions. Most cities are not so well-staffed in reality, but it was necessary for the story. It is more likely that this size department would serve an entire county or perhaps even region of a state.

While I find the technical details interesting, it is the social interactions which make community-level health threats interesting. The medical sociology literature is ripe with research on power and dominance in the medical profession, patterns which play out in the novel. Clashes between licensed healthcare professionals and traditional healers are well-documented in the literature as well. No matter how prepared a community is for disaster, things go wrong. Professionals and volunteers responding to the event become overwhelmed and they burn out. Their mental health is often overlooked in the midst of the response. These themes and others are explored in the novel.

Fiction was used in the very first sociology course I took, and I use fiction in courses I teach today. Through fiction, we can imagine alternatives to our current social structure. We can explore what happens when the structures that seem concrete crumble around us. We can answer the question: 'What if?' using sociological research and practice.

This novel can be read as a supplementary text in a number of disciplines, including sociology (such as in courses on collective behavior or medical sociology); nursing, public health, and health studies; emergency management; and psychology (in courses on critical incident stress management and crisis counseling). It can also

be used interdisciplinarily in courses on qualitative research methods. I hope it will also be read simply for pleasure, and instill the question: 'What if?' What if a devastating pandemic does emerge? How will we respond as a society? The question is real. Recent reports on Pro-MED (the Program for Monitoring Emerging Diseases, www.promedmail.org) on avian influenza in Asia hint at the possibility of a new pandemic. How will we respond?

Jessica Smartt Gullion

INTRODUCTION

"What's next on the board?"

Dr Stratford leaned against the large U-shaped desk and looked for his nurse. The heart patient (chief complaint: chest pain, history of stent) had been referred to the on-call cardiologist and the attempted suicide (chief complaint: drug overdose) sat moaning to the hospital psychologist about how her boyfriend had dumped her via text message. Her throat still sounded hoarse from the stomach pumping. He tried not to be rough with them, the suicides, but it really pissed him off, having to spend time saving someone who wanted to die while other patients waited for his attention, scared, hurting, or just plain ready to get out of the emergency room and on with their lives.

"You've got a five year old with a fever in exam room one. Adult male complaining of vomiting and jaundiced in room two. Wait till you see his eyes, they're freakishly yellow. His wife's all upset, she's being belligerent. I can't get a good history from her. Her English is terrible," the nurse said. He opted for the kid.

The child lay still on the exam table, folded into a curl on his side, his eyes closed. His mother swiveled on the rolling stool, turning her hips from side to side, holding on to his hand. Dr Stratford liked working with kids. He had almost become a pediatrician, but he loved the adrenaline and drama of the emergency room even more.

"You look like you don't feel well," Dr Stratford said. The boy opened his eyes and stared at him. They were an old man's eyes, dark and tired. His cheeks and ears had a bright scarlet hue.

"He's been running a fever all day. A hundred and three at the highest," the mother said. She placed her palm on the boy's forehead for emphasis.

"Any other symptoms? Coughing? Sore throat?"

"No, nothing." She shot Dr Stratford a concerned look, and then her eyes darted away, not wanting to prolong eye contact with the doctor. A lot of people did that.

"Hey buddy. Can you sit up?" Dr Stratford put his stethoscope in his ears and warmed up the base with his hands while the boy reluctantly, and rather dramatically, sat up in a slouch.

"Just breath in normally," Dr Stratford said. The boy's lungs sounded clear. Healthy. No problems with the heart, that sounded fine. He looked into the boy's eyes. "Watch my finger without moving your head." The boy's eyes followed, up, down, to either side.

"Can you touch your chin to your chest? Like this?" Dr Stratford demonstrated. The boy bent his neck. "Does that hurt at all? No?

"What about your tummy? Does your tummy hurt?" The boy shook his head no. "Can you lay down? Let me check it?"

The boy lay back and curled himself into a ball. Dr Stratford gently rolled him onto his back and straightened out his legs.

"I just don't know what's wrong with him. He's been acting really tired all day. He says nothing hurts, but then there's this fever. I don't know what to do."

"It sounds like you are doing all of the right things. Does this hurt?" He palpitated the boy's abdomen. Everything felt fine. No obstructions. No abscesses. "Does it hurt when you go potty? When you pee?" The boy shook his head.

"I'm going to move your legs around, ok? Do they hurt? Does it hurt when you walk?" He bent the boy's legs at the knee and then pushed them into his abdomen. The boy had no signs of meningitis. His cell phone rang. "Excuse me for just a minute," he said to the mother.

"Your patient over in room two is not looking so hot," the nurse told him. "His wife is demanding you get in there."

"Ok," he replied. He hung up on her. The man could wait.

"Did they give him any fever medicine in triage?" he asked the mother.

"No," she said. That irritated him. A child with fever; they were supposed to give Tylenol, start to make him comfortable instead of making him suffer while waiting to be seen.

"Alright. We'll get him some Tylenol and some Motrin. I want you to give him both, alternating every three hours. Tylenol.

Wait three hours. Motrin. Wait three hours. Then Tylenol again. Ok? If he doesn't get better in a couple of days, see his pediatrician." He watched the boy curl himself up again. "This looks like a viral infection, nothing serious, but keep an eye on him. If he gets worse, bring him back. If he develops any more symptoms, call your pediatrician or just bring him back. We are here to help. The nurse will bring you a print out of instructions, things to watch for. Do you have any questions?"

"No, I don't think so. I was really worried about meningitis. You don't think it's meningitis?"

"No. He doesn't have signs of it."

"Thank you for looking at him."

"I'll have the nurse bring you some medicine and then you can take him home, ok?"

Outside the exam room, Dr Stratford pumped the alcohol-based hand sanitizer from the wall-mounted container and cleaned his hands. A burning sensation reminded him of the small cut he'd gotten earlier, scraped it while scrambling on the heart patient. An intense burning sensation. He found his nurse working a crossword puzzle. "If it's not too much trouble, get the kid in exam one four mills each of Tylenol and Motrin."

"Four mills each? That seems high," she said.

He glared at her.

"Besides," she continued, "we only have infant Tylenol, not children's. You'll have to order it from pharmacy." She filled a word in to her puzzle.

He took a deep breath and told himself to relax. "Are you telling me that we are an emergency room and we can't give a kid with a fever some Tylenol?"

"That's right," she said, looking up from her puzzle. "You'll have to order it from pharmacy."

"I have worked in this emergency room for fifteen years," he said, his voice rising. "And in that time I have seen thousands of kids with fevers and I have given them all Tylenol. And now you are telling me that that is not how things work in my ER?" He realized he had caught the attention of most of the people in the room. "Get the kid the Tylenol. Now."