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# Medical and Social Diseases: Can the Former Moderate the Latter?

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Abstract. This article describes how medical disease may moderate social disease in an era of globalization.

The current rubric, era of globalization, often denotes an increasingly interdependent physical and social world. A threat in such a world is the increasing ease with which medical disease can be transmitted through social vectors. An opportunity in such a world is the need for these social vectors to be appropriately influenced and how such influence may moderate social disease.

As one example, viruses may spread through common social vectors. These vectors include seasonal labor movements, economic and social immigration, immigration for asylum and other refugee movements, tourism, social and cultural ventures for education and collaboration, rapid and uncontrolled urbanization, international commerce including the food trade and various services and commodities, and the many variants of environmental degradation. The more distal routes of transmission may vary in social loading--e.g., coughing, eating, sneezing, sexual practices, drug use and abuse, and so on.

To moderate these social vectors, one might most reasonably engage in collaboration on a global basis with significant state and non-state political actors. Yet, collaboration is often impeded by social processes that are frequently labeled with a metaphor: that of social disease. This metaphor alludes to negative stereotyping, malignant nationalism, ethnic and racial hatreds, xenophobia, and certain variants of false consciousness. The metaphor also can allude to the notion of the individual or group as somehow divorced from the environmental and other consequences of that individual's or group's cognitive, emotional, motivational, and behavioral processes.

One might posit, then, that successful ventures to confront global medical disease through moderating social vectors may well successfully confront the intermediaries of social disease as well. As with the external politico-military threat with which political leaders can induce domestic political homogenization to maintain domestic political power, the global medical threat may force a dissipation of heterogeneity that maintains noxious domestic and international political conflict. The surplus value of such success may comprise more peace and less war. (See Bell, D. C., Atkinson, J. S., & Carlson, J. W. (1999). Centrality measures for disease transmission networks. *Social Networks*, 21, 1-21; Donaldson, P.J. (March 27, 2000). Queens virus outbreak. *The New York Times*, p. A26; Potterat, J. J., Rothenberg, R. B., & Muth, S. Q. (1997). Network structural dynamics and infectious disease propagation. *International Journal of STD & AIDS*, 10, 182-185; Sallam, S., et al. (1997). Sociocultural considerations in schistosomiasis control: Focus group data from 3 Egyptian villages. *International Quarterly of Community Health Education*, 17, 147-159; Thomas, J.C. (1999). The social ecology of syphilis. *Social Science & Medicine*, 48, 1081-1094; Watts, D.J. (1999). Networks, dynamics, and the small-world phenomenon. *American Journal of Sociology*, 105, 493-527.) (Keywords: Globalization, Medical Disease, Social Disease, Virus.)