

A New Threat to America's Health:

Bobitis (*Inflicum Marshallictus*)

The following article from the *Journal of American Medicine* examines a new infectious disease that is terrifying in its intensity and apparent incurability. The National Institute of Health (NIH) and the National Center for Disease Control in Atlanta have initiated emergency research efforts to study the disease and develop possible treatment approaches.

Symptoms and Effects of the Disease

Bobitis is characterized first and foremost by an intense and aching desire to be in the Bob Marshall Wilderness (“The Bob”), which pervades the infected person’s entire being at every waking moments and most of his/her dreams.

All other aspects of life become subjugated to the disease, and decisions are made from only two perspectives:

- a) “It increases the time I can spend in The Bob.”
- b) “It interferes with my spending time in The Bob.”

Only option a) is considered viable; decisions that fall into category b) are rejected out of hand. Decisions that fall into neither category are of no interest to the infected, and are typically not made – to the utter bewilderment and infuriation of those involved with the diseased.

Any suggestion to the infected that not all is well, and that he might seek treatment is met with hostility and angry outbursts: “There’s nothing wrong with me! It’s a spiritual thing; I feel sorry for you that you don’t get it!,” or “I can handle it,” or “I can stop anytime, I just don’t want to,” etc.

Thus **Bobitis** wreaks havoc on the life of the afflicted and his/her family, something that the infected is totally unaware of and cannot be made to care about.

Examples follow:

Career Decisions

The infected will typically reject major promotions and professional opportunities with the following reasoning: “What do I care if it’s three times the money? It’s more responsibility, and I couldn’t get away for a ten-day packtrip.”

Financial Matters

Financial and investment decisions become irrational. An infected person, for instance, might overpay enormously for plain grassland, with the explanation: “So what? It’s close to the Pyramid trailhead.”

Family Life

Once a person is infected, everything revolves around getting to The Bob. On family vacations the sufferer will stubbornly visit the same obscure hamlet year after year, “because it’s easy to get into The Bob from there,” ignoring the desperate pleadings of his wife and children for some variety or for trips to places that **they** are interested in, where there are restaurants serving edible food, and cultural and tourist attractions abound.

Since no such places are near The Bob, the infected person is unable to understand why anyone would feel a need to visit them.

Effects on Spouses

People who are married to or involved with ***Bobitis*** victims face very unattractive choices.

1. They can go along on the pack trip, but they must be careful to show bubbly enthusiasm. Anything less will create major resentments. “You’re spoiling my trip into The Bob!” is the most damning accusation a ***Bobitis*** sufferer can make.
2. They can develop a hobby that can be practiced during a pack trip, like fishing or crocheting.
3. They can let the victim go on the trip by him/herself.

The last option is **extremely** risky, because ***Bobitis*** victims have a powerful magnetic attraction for one another. The single (or, worse, temporarily single) infected alone in The Bob is an accident waiting to happen. Countless times have the flaps on those tents noiselessly unzipped the gates to tragedy!

A lobbying group has sprung up, called ***Spouses Opposed to the Bob (SOB)***. They are lobbying Congress for legislation that would effectively extend the Chinese Wall around the entire wilderness and prevent any kind of access and, therefore, infection.

“Calendar Shift”

The victim of ***Bobitis*** starts to measure time in a totally different manner than healthy people. While outwardly he still subscribes to the Christian calendar, in secret his mind ticks to a different clock: his reference point is the date of his next trip into The Bob.

The date of the next pack trip is point zero for him, and he then counts *backwards* from that date. So while for the rest of humanity it may be August 12, he thinks of it as day “minus 270,” the following day (August 13) would then be day “minus 269,” etc.

As the count drops into double digits, his spirits improve, and as he gets to less than 10, his mood approaches euphoria. Conversely, in the higher numbers serious depressions are common.

As the inflicted leaves The Bob, he/she experiences profound grieving and a sense of wrenching loss. While the healthy members of his party cheerily look forward to their return to the conveniences of civilization, the *Bobitis* victim is consumed by deep resentment and often clinical depression.

Levels of Infection

One of the least understood aspects of the disease is the extraordinary range of susceptibility to infection. While some people seem totally immune and show no signs of infection even after a ten-day pack trip, others readily succumb within hours.

Clinical studies at Columbia University in New York and Harvard Medical School suggest that the level of antibodies to the disease (“*no-bobs*”) varies greatly from person to person. Some individuals carry practically no antibodies and become helpless victims with little exposure, while others are remarkably fortified and appear totally immune to infection. An interesting correlation is that the latter group also invariably shows a complete lack of humor.

Although the disease progresses through a number of intermediate stages, researchers have identified three major levels of *Bobitis* infection:

Level One

Level one is also called the *latent stage*. The individual is infected, but the disease can only be diagnosed by a skilled physician. The initial infection is usually contracted during a brief first visit to the Bob, typically on a day-ride.

Subtle attitude changes take place. Prior to infection, a *Bobitis* victim might say to the suggestion of a camping trip: “What? Camping? Me? You gotta be out of your mind! There are no showers, and I can’t get a Café Latte in the morning! Over my dead body!!”

After having contracted the disease, a latent stage victim would typically respond as follows: “A pack trip into The Bob? That doesn’t sound like such a bad idea. I guess I should try it at least once.”

At this stage the sufferer is highly susceptible to a full Level Two outbreak.

Level Two

Level Two is full-blown *Bobitis*. The infected becomes totally obsessed with being in The Bob, and little else matters to him/her any more.

Progression to Level Two is typically triggered by a trip into The Bob itself. It occurs suddenly and explosively. The Level One victim may be on a trail ride, relaxing in camp, or sitting on a mountaintop, when the seizure occurs. Victims have reported it as “sort of a white light” that suddenly blinds them with the realization that much of their life has been wasted and that the only thing that makes sense from here on is to devote the rest of it to spending as much time in the Wilderness as possible at whatever the costs.

Almost immediately the new Level Two infectee starts to map a total restructuring of his life, talks about quitting his profession to become a wrangler, plans to retire within the next two years, and mutters phrases like “Nothing makes sense any more.”

Woe to the spouse or family member who is perceived to stand in the way of this sudden conversion!

Level Three

Level Three is the most devastating stage of the disease: the infected becomes a carrier and is thus able to infect others.

Level Three requires a high degree of susceptibility. Hereditary pre-disposition and/or intense exposure at a young age will often lead to Level Three infection. Such individuals end up moving close to The Bob, and often become outfitters, considering it their mission in life to spread the disease.

They lure the unsuspecting with innocuous sounding slogans like “Relax a While in Cowboy Style” into so-called “ranch vacations.” As long as the naive visitor stays close to the ranch, he/she is reasonably safe, but the diabolic outfitter will typically urge a trip to Pyramid or Crescent Lake, because “the fishing is great” or “the views are spectacular.” Little does the ranch guest realize that if he agrees to such an excursion, his fate, more often than not, is sealed, and he will return from that day trip with a Level One infection, softened up for a longer pack trip and the tragedy of full-scale, Level Two, *Bobitis*.

Treatment Approaches

Sadly, there is no known cure for *Bobitis*. So far, not a *single* case of recovery has been reliably reported, although foundations and government agencies are funding an increasing number of clinical studies at major medical centers around the country.

Temporary Relief

The only temporary relief from *Bobitis* is a trip into The Bob itself. During the visit the inflicted experiences a palpable sense of relief from the desperate craving and misinterprets such a journey as an actual cure.

Nothing could be further from the truth! Just like heroin, the pack trip itself only **intensifies** the disease as soon as the effects of the trip wear off (typically on the last day of the pack trip – at the latest upon crossing the border between The Bob and the rest of the world). The *Bobitis* victim is worse off than before!

Treatment Centers

The National Institute of Health (NIH) has funded experimental treatment centers modeled partly after alcoholism clinics and partly after the re-education camps of the Chinese Cultural Revolution.

At these centers (one in Newark, one in Toledo) patients are taken on extensive visits to refineries and steel mills in an attempt to re-educate them to the beauty of industrial processing.

So far the results have not been encouraging.

Self-Help Groups

Twelve-step programs have sprung up in major urban centers, such as *Bobaholics Anonymous*, originally founded by Bill P. in a small northeastern state.

At a typical BA meeting, a Bobaholic will raise his hand and proudly exclaim: “My name is Joe, and I haven’t been on a pack trip for 60 days!” Whereupon the room erupts into thunderous applause.

Reports indicate, however, that the rate of recidivism hovers at about 98%.

Centers of Incubation

The Atlanta Center for Disease Control has narrowed the hotbed of infection to the Swan Valley in Montana, with deadly concentration around the area of Seeley Lake, Montana.

Travel Advisory

Travelers are cautioned to avoid the Swan Valley area altogether, and to shut all windows tightly, lock the doors and drive through Seeley Lake swiftly and without stopping.

If circumstances make a brief stop in Seeley Lake inevitable, tourists are advised under no circumstances to approach jolly-appearing individuals dressed in cowboy

garb who drive stock trailers. They are highly contagious and even the slightest contact with such persons can lead to ***Bobitis*** infection, and aberrant social behavior like habitual and constant hugging, etc.

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