

Intervals - Episode 1

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Indians, and the Contagion of Colonialism in
North America, Pre-Contact to 1621"

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Introduction

CHRISTOPHER BRICK: Hi there, I'm Christopher Brick, and welcome to Episode 1 of *Intervals* -

So, when you're a historian and people learn this important biographical detail about you, I have found in my own professional life it's not uncommon to be asked a question so often it's become almost predictable:

"So what do you think about *Guns, Germs, and Steel*?"

It's true. Students ask about it. Dad-book enthusiasts ask about it. And in a 2019 interview with *The Guardian*, Malcolm Gladwell called it the

book that he considered the most underrated out there, even though it also won a Pulitzer for non-fiction -- so Gladwell paired these flattering comments as well with a revealing critique of the historical humanities, noting somewhat infamously that: "the problem - or at least the limitation of history is that it is written by historians... so along comes someone who knows a lot about geology and geography, and history looks completely different."

Well, this episode is anchored by a terrific young historian, Josh Irvin, and we at the *Intervals* pod feel strongly the content is better for it.

Josh is a 3rd year doctoral student at George Washington University pursuing his PhD in Native American history with David Silverman. Having recently passed his comprehensive exams we are getting Josh right at that moment in a young historian's life when you've just spent a year reading everything; you're more well-read than you ever will be - for the rest of your life. And so you're in a position to draw on an extensive array of intellectual resources to bring us into this space and bring us into the story being told; and Josh certainly does that.

His dissertation research addresses questions pertaining to Native sovereignty in the late eighteenth and early nineteenth century as filtered through the historical experience of the Grand River Iroquois community. He has done research in the past on the Tuscarora nation and their dispossession in the post-Revolution period. Josh currently lives with his partner Mikayla and their fourteen-month old son Aiden.

Kariann Yokota will be joining me afterward for the Q+A, so be sure to stick around for a fantastic discussion.

And with that I give you Josh Irvin with, "A Haunted Land: Epidemics, Indians, and the Contagion of Colonialism in North America, Pre-Contact to 1621"

Lecture

JOSH IRVIN: Roughly a year ago, life around the world ground to a halt when Covid-19 became the first significant pandemic in about a century. People around the world with little to no immunity found themselves at the mercy of pathogens they could not see, did not understand, and could do little to resist. Pandemics are anomalies today. In the *longue durée* of history, they are more common but no less devastating. Covid-19 is hardly the first contagion to reach the Western Hemisphere. Disease has a long history in North and South America. Indigenous peoples across both continents were no strangers to disease when Europeans arrived at the tail end of the fifteenth century. However, the newcomers brought diseases unlike anything Natives had ever experienced on a scale they could hardly imagine. What I want to explore today is the role disease played in the precontact and colonial Americas. Disease paved the way for colonization, and while Europeans might not have understood their role in spreading these pathogens, they certainly took advantage of the devastation their diseases wrought. Native life changed as well as Natives attempted to adapt to both the empires on their

doorstep and to the diseases which had invaded their home.

North America is haunted. The story of contact, often told as one of exchange, trade, warfare, and a pageantry of colonial pretention was set in a land of skulls, sun-bleached bones, and carrion fowl. When English Puritans, better known as Pilgrims, landed off the coast of Massachusetts in 1620, the Indians they met were survivors. Tisquantum, the Indian often called Squanto in Thanksgiving pageantry, was an emissary from the local Wampanoag tribes and served as a liaison for the new European arrivals. He was also a former captive who had been kidnapped from his home among the Patuxet Indians by the explorer Thomas Hunt in 1614, and had lived in England for nearly five years before escaping back to his homeland in 1620 onboard another English. When Tisquantum returned, the Patuxets were dead, killed by an epidemic that swept the East Coast while he had been in England. All along the coast villages sat empty. Historian David Silverman describes the "once thronging, now empty villages with undergrowth creeping into their recesses; skeletal remains lying above ground right where death occurred - to the people who had survived the epidemic and lived constantly with the memories of loved ones they had lost, the place probably was haunted." Skulls and bones picked clean by carrion birds littered the ground. Villages sat abandoned. Bodies lay along the ground, unburied for "Crowes, Kites, and vermin to pray upon." Plymouth resident Thomas Morton called

the place a "newfound Golgotha," in reference to the execution and burial site where the Romans killed Jesus Christ. To be sure, there were survivors. Thousands of them lived in the areas around these deserted communities. But those survivors were forever scarred and refused to speak of the event. Terrified of their Narragansett neighbors who eyed the disease-weakened Wampanoags for captives and plunder, when Tisquantum came with the sachem Massasoit to the newcomers to form an alliance, they did so on behalf of a people haunted by a disease brought by people they had never met and by the memories of those they had lost.

The Wampanoags were one of many peoples struck by new maladies and forced to reorient their entire lives to limit the damage diseases could do. This meant making alliances, putting distance between themselves and sources of disease, and remaining alert for any signs of a new infection. Indigenous peoples were no stranger to illness prior Europeans' arrival. According to osteologic data reviewed by Debra Martin and Alan Goodman, diseases like tuberculosis, giardia, hepatitis, herpes, pertussis, and a host of others were already present in the Western Hemisphere.

Prior to European arrival, Native communities were far from isolated. Peoples in the precontact Americas had regular contact with their neighbors, who often had contact with neighbors even further away. This led to slow, but clearly connected networks of trade, communication, and warfare. While there is little evidence to suggest that pre-

contact diseases caused any significant collapse among Native communities before 1492, high density population centers like the Native cities of Cahokia, Chaco Canyon, and Tenochtitlan were far from safe from outbreaks. Goodman and Armelagos' review of bone densities and structures of remains from Mississippian mounds pre-1492 shows that places like Cahokia suffered from nutritional deficits after switching to maize-centered agriculture. While they experienced sharp population booms, that decline in nutrition meant disease also had a better chance spread. In this case, tuberculosis and treponematosi, a disease related to syphilis, spread in these close contact conditions.

However, disease of this sort fits a scale. Cities with high populations were far more common in Europe prior to contact. By comparison, Cahokia's estimated population reached a height of over 10,000 by 1200 CE. At that same time Paris was home to over 200,000. However, London was comparable in size sitting at around 20,000 residents. By 1500, long after Cahokia's prime, the Aztec city of Tenochtitlan housed over 200,000 people when Cortes arrived. Demographically, Europeans had the numbers, however, Native populations remained significant. A point of contention here: these population numbers do not accurately reflect the situation in North America at Contact. Well into the seventeenth century, Europeans lived in the Americas at Native behest. While the Spanish succeeded in depopulating most of

Central and South America, aided greatly by disease, they still remained a tiny colony of a few thousand against a sea of Natives. Roanoke colony was destroyed, or vanished as some might say, because its residents failed to fit into Native frameworks. New France was surrounded by Natives on all sides and constantly under threat of isolation or destruction if it did not play its part in the Native world. This "middle ground" which Richard White describes, and on which Michael Witgen has expanded, places power firmly in the hands of indigenous peoples. Disease and increased immigration from Europe tipped the scales in the colonizers' favor as Native populations had little chance to recover.

Proximity to animals also made a difference in these population centers. Most Natives had not domesticated any animals aside from dogs, turkeys, or occasionally alpacas, meaning zoonotic diseases like influenza, smallpox, and the bubonic plague (more commonly known as the Black Death) were far more frequent among European arrivals than Natives. The latter disease is often attributed to the loss of nearly 1/3 of Europe's total population, though those Europeans who survived enjoyed enhanced immunity to the disease which they could pass on to their children. Natives did not have this immunological advantage. So while Natives were no strangers to disease, the kind of disease and the rapidity with which they spread when imported from Europe made Native America almost completely unprepared for this threat. While the death toll in

Europe was staggering, it pales in comparison with the devastation wrought by "Old World" diseases on "New World" shores. Andres Resendez has argued that at initial contact, particularly with the Spanish, if "left to their own devices, the Native peoples of the Caribbean would have limited their exposure to illness, coping like many other human populations before and after them." They were not left alone, however, and persistent contact with Europeans through trade, warfare, and enslavement meant colonialism ensured a productive breeding ground for pathogens and an unprecedented health crisis for Natives.

The story of disease after European contact is tragic, and by now well known. High-end estimates place indigenous population in the western hemisphere at around 50 million prior to contact. By 1900, that number had dropped to around 4 million with only around 600,000 Natives in the United States according to the census. This represents a decline of over 90% of the Native population over the course of roughly four hundred years, and while not all of this can be attributed to disease, epidemics were certainly the quickest and most efficient killers. In 1976, Alfred Crosby dubbed these events "virgin soil epidemics," and the name has since stuck. In Crosby's words, virgin soil epidemics "are those in which the populations at risk have had no previous contact with the diseases that strike them and are therefore immunologically almost defenseless." Natives' lack of immunity and relatively low resistance to new

pathogens meant entire villages could fall ill at the same time, leaving few if any to care for the sick. The social and cultural implications of mass illness are highlighted in David Jones' piece revisiting Crosby's thesis. Jones' argues, I think successfully, that "the epidemics among American Indians, despite their unusual severity, were caused by the same forces of poverty, social stress, and environmental vulnerability that cause epidemics in all other times and places." Jones goes on to state that a host of factors contributed to Native mortality, but concludes that the relative lack of Native immunity certainly did not help matters.

The loss of human life was devastating to Native communities, but that loss went far deeper than simply mourning the dead and shook the very fabric of Native communities touched by disease. Native culture operated on terms of kinship that had clear obligations and duties for every member of the community. There were warriors to fight, women to tend land and agriculture, clan matrons who advised and guided tribal leadership, shamans and spiritual leaders to intercede with the supernatural world, and hereditary chiefs who led their communities and represented a rough consensus of opinion. Any death set off ripples throughout this network of relationships, often along familial or clan lines, and left disruptive gaps that interrupted everyday life. One death was hard enough for Natives to endure, but the onset of virgin soil epidemics meant entire tribal kinship

networks could be ripped apart within the space of a month. As James Merrell put it, "generations of collected wisdom could vanish in a matter of days if large numbers of old people succumbed to illness." Unfortunately, we have been able to watch this process unfold in real-time as Covid-19 has disproportionately affected indigenous communities, particularly elders who are primary knowledge-holders. In October 2020, the Washington Post reported that the Yawalapiti, an Amazonian tribe, lost one of three people who still knew their traditional language, and the other two "are well into their 70s" placing them at risk of infection and death.

With this backdrop, contact set in motion a series of events that would come to define life on two continents. Disease had come and showed no signs of leaving. In response, Europeans, Natives, and eventually enslaved Africans applied a variety of cures trying to stem the tide of each epidemic. The most common thread between these groups' understandings of disease and health is that none of them knew exactly why disease happened or how to stop it. To some degree, each sought a spiritual explanation. Europeans viewed disease, in part, as a punishment from God sent to strike the unholy. The Plymouth colonist Thomas Morton attributed the epidemic which laid low so many Wampanoags to the wrath of God, proclaiming, "The hand of God fell heavily upon them...the place is made so much the more fit, for the English Nation to inhabit in, and erect in it Temples to the Glory of God." French

and Spanish Catholic priests explained disease as the "secret, but ever adorable, judgments of God." When Natives and non-Christian Africans contracted these deadly pathogens while Europeans enjoyed immunity, they saw it as the result of their faith, not of differential immunities.

Enslaved Africans turned towards rituals and practices brought with them across the Atlantic, eventually blended with Christianity appropriated from their captors. Natives likewise tried to explain their suffering in spiritual terms. They used dances, rituals, objects like copper with spiritual power, and other means to commune with spirits to end their suffering, and often depending on appealing to the right spirit to fix what was wrong. While few if any accounts remain of the 1616-1619 epidemic among the Wampanoags, they may have viewed the disease as sent from an angered spirit, Kiehtan, usually associated with crops, the sun, and good weather. David Silverman states that the source of illness mattered greatly to Wampanoags. "Maladies from other sources were treatable," he writes, "as when Cheepi had sent the affliction 'for some conceived anger against them.'" If Kiehtan was the cause, the disease might be incurable. Paul Kelton's article on Southeastern Natives' response to disease shows a similar process in which the Cherokees explained smallpox as an affliction from an evil spirit. While each of these groups developed systems to react to disease and their own ways of understanding its cause, without germ theory or an understanding of

epidemiology, Europeans, Natives, and Africans often chased an elusive killer with treatments which at best could make a patient comfortable, or at worst, speed their death.

Of all three groups, European medicine proved most deadly. Perhaps one of the best glimpses into European practices during colonization comes from J.R. McNeill's work, *Mosquito Empires*. While Europeans had been practicing quarantine since the days of the bubonic plague, if containment failed, their reactions often did more harm than good for the victims. Based mainly on Galen's theories from the second century, Europeans who practiced medicine saw illness as an imbalance of fluids or humours. For instance, fevers, they believed, resulted from an excess of blood which could be remedied through bleeding the patient (or victim, depending on your relation to the person). Emetics, diuretics, and a healthy application of mercury and other poisons joined bleeding. Thomas Jefferson once wrote on Galenic practices "The patient, treated on the fashionable theory, sometimes gets well in spite of the medicine." Europeans practiced preventative medicine to a certain degree. McNeill states, "Rigorous hygiene could check dysentery and typhus, inoculation usually worked against smallpox, and citrus proved highly effective against scurvy, for example."

However, these practices would not catch on until the 1700s, meaning those who fell ill prior to this had to suffer through their torturous treatments, or otherwise drown their symptoms in

alcohol or opium, which often seemed preferable to the alternative.

Native and African cures often proved no more effective, but often focused on mitigating painful symptoms if nothing else. Enslaved Africans brought with them cures and knowledge of herbs combined with appeals to the spiritual world to fight disease. While effective against wounds, these herbs and prayers often did little to stem the tide of disease, particularly viruses like yellow fever.

Native cures fell into a similar category. Wounds, childbirth, and familiar diseases and infections could be cured by a host of herbal and natural substances known to Indian healers. For instance, when French explorer Jacques Cartier ventured up the St. Lawrence River in 1536, a Native cure saved many of his sailors from scurvy. Natives identified the cure from a "tree of life," better known today as arborvitae, which can be found at your local home improvement store or in your neighbor's landscaping. A study in 2009 confirmed that high quantities of vitamin C and arginine in the trees' bark and leaves provided a ready cure for scurvy, though potentially toxic otherwise. Other Native practices like sweat lodges and rituals for bodily purification might have purged other ailments, though they often did little for Old World epidemics and often exacerbated their symptoms.

That practices that comprised what we might call an early form of public health were abysmal. Quarantine was the preventative measure of choice

for Natives and Europeans. Having survived the Black Death through cordoning off infected communities, Europeans understood how to at least limit the spread of disease. However, quarantine at this time could only be practiced when a given population showed symptoms. In many diseases, smallpox for example, infected people often do not present any symptoms in the early stages or during recovery, and might remain contagious. Therefore, Europeans might unknowingly carry viral or bacterial hitchhikers on their belongings or person when they entered Native communities. Natives, for their part, also practiced a form of quarantine. While shamans, healers, and the community at large often tried to help the sick, they would flee an area for the duration of an outbreak if too many became sick at once. This is largely how the Wampanoags survived the epidemic of 1616-1619. Fleeing to the hills, far away from infected bodies, Natives might ride out the illness. Smallpox made this difficult again because of the early uncertainty if an individual was infected or not. Quarantine, however, was not an option for enslaved Africans, save for some Cimarron communities in the Caribbean and those who fled to the Seminoles or other nearby Native villages in North America. Chattel slavery meant that enslaved Africans had little ability to distance themselves from contagions for any meaningful space of time and often suffered with little recourse. Generations of proximity to Europeans, however, meant that enslaved Africans and those in West Africa itself had developed resistance to some

diseases as people in Europe did. That resilience made Africans more attractive as a labor source when Europeans later sought to expand their enslaved labor pool as Natives continued to die at a staggering rate.

Amid the chaos and increasing mortality rates, European colonialism gained a foothold in the western hemisphere. With nearby Natives suffering from disease, and believing it the will of God, Europeans capitalized on the situation. The most famous, or infamous depending on your present company, work on how colonization unfolded in European favor is Jared Diamond's *Guns, Germs, and Steel* which has become a classroom staple across the country at this point. The book developed significant controversy that seems to grow by the day. To be sure, Diamond's work is reductionist, oversimplified, and runs roughshod over the historical context in which epidemics occurred. However, Diamond is correct in his assertions that disease paved the way for colonization. What Diamond misses is that Europeans were aware the opportunities disease presented, even if they were unaware of what caused those diseases. The newcomers became, in the words of John Murrin, "beneficiaries of disaster." Indeed, Murrin states contemporary intellectuals in eighteenth century Europe recognized the cost of their colonies, regarding what occurred in the Americas as "one of the greatest moral monstrosities of all time." However, moral outrage could not undo the damage, and colonization not only continued, but

intensified. Disease vacated lands, and per the European definition of land ownership, popularized by the British policy of *Terra Nullius*, if the land's previous occupants were no longer alive or able to improve the land, empires could claim it. While Natives resisted with physical violence, diplomacy, and by acculturating to try to meet white European standards for civility, disease partially had weakened their claims to the land in the eyes of Europeans. To this day, Natives still proclaim that they survived these diseases to keep their lands, and still those empires and their successors refuse to listen.

Enslavement and warfare present the clearest indications of Europeans' intent to capitalize on disease and its effects. Epidemics and their resulting death tolls expedited captivity and slavery in ways never seen before in the Western Hemisphere. Natives practiced captive taking long before Europeans arrived, as did societies across the globe. Whether captives were taken to repair gaps in kinship networks, supply a form of labor, or to prove the strength and spiritual favor of a tribe's warriors, captives formed a central part of indigenous life. Tribes weakened by disease would have had less military strength to resist another war party out for captives, plunder, and glory. Indians, as well as Europeans, had no idea that colonization would continue and eventually cover the continent with settler states. So when they took captives, Natives were perpetuating a way of life they had practiced for generations, although

European goods and markets certainly increased the volume of captives leaving the interior.

Contact altered captivity and captive-taking in several key ways. Rampant disease meant that tribes closer to contact zones, mainly along coasts, were subject to epidemics and were thus weakened. Europeans and Natives alike could take advantage of this to take Indian slaves. For Europeans, particularly in New Spain and Brazil, this meant workers for mines, plantations, and house servants. Enslavement meant proximity to Europeans, and therefore disease, particularly among Natives enslaved for mine work or on encomiendas for forced labor. For Natives in European households, that disease could also be venereal. As Andres Resendez points out, many slaves trafficked both to New Spain and then even back to Europe were women and children. Resendez explains this trend; he writes, "Children were more adaptable than adults, learned new languages quickly, and they could be trained and molded with greater ease. Women were less threatening than men and could be sexually exploited." When taking captives, Natives also focused on taking women and children, but for a few different reasons. In Native culture, men were dishonored if they were taken captive, and could regain that honor only by dying in a dignified manner, or, on rare occasion, being adopted into a new tribe or people to "requicken" a dead family member. Women and children, while initially enduring violence and degradation, normally were adopted into their captor's tribe. Children could

adapt to new families, women could marry and have children to help add to the captors' numbers, and, as a result of contact, both met European demands for slaves in exchange for metal, firearms, and other tradable goods. These systems existed simultaneously, and disease set the pace for these relationships.

The high mortality rate among Natives who contracted European diseases also led to the first instances of African slavery in the New World. When indigenous slaves died, there were often fewer and fewer captives to replace them. Europeans, unwilling to give up their luxuries and previous metals, imported labor from Africa and from their own streets. Chattel slavery would outpace indentured servitude as land became scarce, and profits favored enslaved labor which required no quit pay or wages, and carried no legal protections. Indentured servants proved susceptible to tropical maladies like yellow fever and malaria; diseases to which enslaved Africans had some immunity. In his account of the rise of racialized labor on Barbados, Simon Newman accounts for the shift towards enslaved labor as "masters generally sought to extract as much labor as quickly as possible, for the smallest outlay of expenses, in order to maximize profits." Enslaved Africans who survived their earliest bouts of European diseases and the tropical viruses that ran rampant in the Caribbean and North American Southeast were able to pass on their immunities to their children. Those who emerged from the winnowing of hard labor,

terrible conditions, constant abuse, and debilitating illness were considered "seasoned" by European masters, and their value outpaced white or Native labor. Indians or indentured servants were more likely to die before making profits to offset the cost of purchase in the case of Natives, or the costs of housing and transport for indentures. Europeans began to see this inherent resistance to disease as an example of how Africans were fit for labor, underpinning ideas about race that developed from the late seventeenth century on. The cold calculus of colonial extraction and production rested to a fair degree on the effects of disease and partially created a system of racially based chattel slavery as a result.

Europeans weren't the only ones to take advantage of the devastation wrought by disease. While colonization destabilized Native communities throughout North and South America, Some Native peoples concluded the best way to make up for their losses and to prevent future destruction was to expand. Take for example, the Haudenosaunees or Six Nations Iroquois - technically Five Nations until 1722 when they welcomed the Tuscaroras back from the Carolinas. The Haudenosaunees are united by a series of relationships, rituals, ceremonies, and a shared culture and government structure. That structure limited violence within member nations and redirected that violence outwards at their neighbors and enemies. While the Iroquois had some contact with New France and later New Netherland and New England, their contact with Europeans was

fairly limited until the end of the sixteenth and early seventeenth century. There were some early infections and epidemics such as the one observed by Jacques Cartier in 1535 at the village of Stadacona which was later abandoned perhaps due to disease. However, by the early 1600s, epidemics had begun to take their toll. With kinship networks in tatters, Haudenosaunees began what later were called "mourning wars" to take captives to replace their dead. While these raids were often costly for Iroquois war parties, they were more so for their victims. Often facing disease of their own, communities and villages targeted by Haudenosaunee raids often fell apart unless they too were part of a larger network of villages or chiefdoms. Those displaced communities then often received offers from the Iroquois to move from their locations to the lands just below the Iroquois homelands in what is today New York and upper Pennsylvania. These "props to the longhouse" served as a buffer for European expansion, a ready stream of potential adoptees to replace losses from disease, and a system of, albeit begrudging, allies.

For Haudenosaunees, their mourning wars emphasized their alliance with one another and strengthened their standing as a regional power. However, for Natives outside of the Confederacy, the Iroquois posed a significant threat. Their raids were calculated and proceeded like clockwork on an annual basis. Despite disease, their population remained significant, to the point where New France was forced to broker peace treaties and

ceasefires between Haudenosaunees and other tribes around the Great Lakes, often subject to Iroquois captive-raiding. A similar process of disease leading to conglomerate Native groups taking power through captives unfolded in the Southeast with the Catawbas and Creeks, in the Southwest with the Utes, and eventually in the Midwest with the Comanches later in the eighteenth century. Disease, therefore, created a health crisis for which Native policy could become expansion and warfare, if not to stop the infection, then to replace the losses it caused.

Today, as we live through what we might compare to a virgin soil epidemic, it is easy to believe what we are experiencing is unprecedented. Adjusting a modern world to a problem that has existed as long as microbes have been on the face of the earth has been no easy task. As the global death toll climbs, we get a sense of what it may have been like to live on the North American continent on a yearly basis. Disease and death stalked the land and became as much a part of the scenery as the plants, animals, and resources Europeans so desperately sought. Today as then, Native populations suffer disproportionately. Less access to healthcare, compromised health due to poverty, and lack of support from white Euro-American states among other factors have exacerbated the effects of Covid-19 in Native communities. The pandemic comes at a time when many tribes and peoples were actively reviving traditions and languages long thought lost. The

damage the virus has already done is irreversible. Perhaps it is nothing new, but it makes it no less devastating. Our present situation also brings up another question: were Europeans responsible for epidemic disease and its countless victims in the western hemisphere at Contact and after? Yes and no. Europeans had no idea that they were bringing diseases with them to which no Native could possibly have an immunity. Europeans did not set out to depopulate North and South America by way of disease. They had no idea what a virus or a bacterium even was to begin to have that idea.

However, Europeans still bear responsibility for what came after. They knew what disease looked like. They knew, in part, how to slow its spread. They also observed on multiple counts, that Natives suffered at a disproportionate rate. However, their choice was to explain it away as an act of God, continue to enslave and dispossess Natives whose ability to resist was compromised by disease, and then claim that they had extinguished Native sovereignty in the process. When Natives died at a rate that outpaced European demands, they imported new people, enslaved in a brutal fashion to carry on the work. Today, descendants of those Europeans still bear responsibility for what is unfolding in front of us, to become informed and make better decisions with more advanced knowledge of disease and its effects. Covid-19 has introduced Europeans to a portion of the fear and uncertainty that comes from rampant infectious disease that Natives experienced time and again. It should become a time of reflection, not only on our current public

health policies, but also to the past to see the possible damage if those policies fail. We sit at an advantage today, but the stakes are as high as ever. To be brutally honest with our pasts, acknowledge where responsibility falls, and redress what wrongs we can are our only courses to avoid doing even further damage. If we don't, this land will continue to be haunted, and our own ghosts might join the chorus.

Q+A

[segue from lecture]

CHRISTOPHER BRICK: And if you thought that was great, you will be amazed at what Josh is able to cite from memory in this Q+A that follows. Kariann and I were blown away, and we hope you will be too. Here it is.

[beginning of group conversation]

CHRISTOPHER BRICK: Josh Irvin, welcome to the podcast!

JOSH IRVIN: Thank you for having me.

CHRISTOPHER BRICK: Well, I am thrilled to have you, and it's a special day because I'm also thrilled to have with me here the chair of the Marketing & Communications committee, my friend and our brilliant leader, Kariann Yokota. Kariann Yokota's in the house - - welcome Madame Chair!

KARIANN YOKOTA: Hi! Thank you so much for welcoming me, it has been a pleasure working with you, and I am

looking forward to embarking in this new podcast adventure, so thanks for having me.

CHRISTOPHER BRICK: Me too, me too, we hope all our listeners enjoy and take away as much from this experience as we have... I am doing a little breaking of the fourth wall here, if you'll allow me, just to say that even if this is the first content-oriented episode in this series, it is actually one of the last ones we are recording - So we sort of know where this goes at this point, but nobody else does yet. It's there. It awaits then. I just wanted to again thank you and thank Josh for making this experience so pleasurable.

Josh, if I could, this is so far afield from what my day job entails historically, and so you taught me a lot here. I wanted to thank you for that. I'm wondering if I could ask you a little bit about---you mentioned Tisquantum, at the opening of the talk. He is a very important figure who surfaces in our early national origin story, in a very distorted kind of way. I feel like I still have in many ways the kind of kindergarten-Thanksgiving-mythology backstory to Tisquantum, and then you come in with your talk and you tell me: he just sounds like the most marvelously cosmopolitan figure in colonial North America. I mean, he spoke the language, he was rooted in the Native communities in the Northeastern United States--what becomes the Northeastern United States--he spent time in London, so he speaks the language of the English settler-colonizers as well---

JOSH IRVIN: Very fluently

CHRISTOPHER BRICK: Very fluently -- so when he comes back over, and this is where you pick up the story, he is able to facilitate this interchange between these two communities unlike anyone else? So, am I out on a limb here in thinking he sounds like the most marvelously cosmopolitan person in this time and place?

JOSH IRVIN: A lot of what I got on Tisquantum comes from my advisor, David Silverman, in his book that he published in 2019, on the origins of Thanksgiving, or the real Thanksgiving story called "*This Land is Their Land*". Tisquantum has this interesting history, but he is not actually the only Indian going through this process. There were multiple accounts of Abenakis being captured by English explorers or whalers or fishermen and being taken back to England and then eventually finding their way back at some point. There is a humorous story where one of them tricks the captain that he knows where all this gold is in Maine and to those who have visited Maine, there are lots of trees but not gold. And they sail into this bay and all of his kinsmen swarm the ship, free him and then basically capture this ship and are able to take what they want from the European off of it. There's another account of the Spanish multiple times, both in Central America and then in the Southeastern United States, taking Natives from missions and then taking them back to Spain, training them in the Spanish language and training them to be Catholic missionaries and bringing them back. And the Natives would retain so much of this indigeneity, they would basically hold on to who they knew they were, and they would take the information they gained while in Spain, so like: how many Europeans there are, what kind of technology they have, what do they want. And they would bring that back to their people. There

is an instance where the Spanish, I forget exactly where, but there was a mission in Virginia they'd set up, and they took a Native, took him to Spain, trained him in the language, but he came back and informed his tribe what the Spanish were doing, and what they wanted. Now a couple of years later some Spaniards come by and they find this tribe that can somewhat speak Spanish and communicate with them. And the interesting thing is they were wearing black Jesuit robes, suggesting that the last Jesuits who visited met a similar fate. Tisquantum is interesting but he is far from the only one who is having this experience at this time.

CHRISTOPHER BRICK: Do we know more about him than those other figures because there are more records that have survived or is it just because he was an Anglophone, an English speaker as opposed to a Spanish speaker, and that's the primary language in which American history gets written?

JOSH IRVIN: Well I would say for sure there are more records probably relating to the Puritans in New England and the Plymouth company than there are to other colonies that came up in North America. I think a lot of why we know more about him is the popularity. Because for so long this sort of "founding myth" and the Pilgrims has been woven into our identity as Americans. People pay more attention to it. It's why we know more about the Revolutionary War than say the Seven Years War or the War of Jenkins' Ear. It's not that the information is not there, it is that most people are not reading it because it hasn't been popularized. Like you said, you hear about Tisquantum (or Squanto) from the time you are in first grade up

until you graduate high school. So the majority of people out there are going to have heard of him, but they might not hear about these other Natives that had this similar experience or the four-and-a-half million Natives that went to Europe as slaves prior to 1619/1620, and with the breadth of it up until the 1800s. It's comparable to the trans-atlantic slave trade but we don't really talk about that because it's not popularized in the narrative we give when we educate.

CHRISTOPHER BRICK: Yeah, I mean, it's definitely not... like you said, I only ever knew him as "Squanto" until, I guess graduate school was the first time. Squanto sounds like an anglicization of Tisquantum. Is it true that he facilitates the first Thanksgiving? Is there any accuracy to that? Or is it all just, you know, kind of useful fiction of a sort for kindergartners? Socialization into American mythology.

JOSH IRVIN: So Tisquantum, he absolutely does facilitate this early alliance. The first Thanksgiving that we think of isn't exactly the way it's portrayed in pageantry, of course, but it does happen as more of an alliance feast between pilgrims and the Wampanoags. The Wampanoags are desperately trying to secure this alliance because they've been devastated by these epidemics that have swept up and down the east coast. The Narragansetts are growing in power and they're starting to go after local tribes who have suffered more from disease than they have. So Squanto and Massasoit, when they approach the pilgrims in this thing that we now call "Thanksgiving," was establishing an alliance to secure his people's survival. Because Squanto originally came from the village of Pawtuxet,

which wasn't there when he came back. So, he's in this new place acting as a liaison because of the skills that he's gotten. He does have a big role in that early alliance, but it's absolutely not the way we teach it.

CHRISTOPHER BRICK: Which certainly doesn't surprise me. What do you say Madame Chair?

KARIANN YOKOTA: Well, I was really interested in learning more about the scientific evidence that you mentioned in your lecture, for those of us who don't work on your period, some of these bodies of evidence -- no pun intended -- might be new. So, can you talk more about, for instance, you mention osteo-forensics and how scientists are seeing what types of diseases were here --

JOSH IRVIN: Right, like you mention, this new body of evidence -- and I absolutely intend the pun -- comes from a combination of interdisciplinary studies. Native history in the 1970s, when it sort of broke off as part of this new left history in American Studies, it was really relegated to textual records. Meanwhile, anthropologists, archaeologists had been doing this kind of work for years, but they didn't have the historical context. So it didn't have -- it had a large body of data -- but not exactly the direction that history tends to give things.

So, really starting in like the '90s, and now really taking speed in the 2000s, and today it's almost essential to studying things pre-contact. We look at things like these anthropologic and archeologic studies, looking at bone densities, looking at things that's going into what someone might have eaten, conditions they lived in, what was their nourishment like, what

were the conditions like when they lived, and a lot of this stuff kind of winds up in the bones. So archaeologists -- and this is way beyond me, I can read what they wrote, I can't reproduce the studies, which is why this is a kind of need that we've actually branched out -- but they've compiled a lot of this data and we've been able to determine certain things like population numbers due to shifts in agriculture, like maize-based agriculture is something huge that changed.

Prior to contact, we think of corn as being this staple crop throughout all of North and Central America, but once it became that, it led to this nutritional deficit, like I mentioned a lot of the studies note this, especially from Mississippian mounds. These Mississippian mound cities were large communities, they were largely subsisting on agriculture as opposed to hunting and gathering. What would happen is they would basically be eating corn while they traded away all of the luxury goods like meats and things that they might find or otherwise harvest. So they create, sort of, this singular diet that leaves a lot of room for things like disease to grow, and that's what some have noticed. There's a disease very similar to syphilis, but it's not venereally contracted, that spreads very commonly throughout these societies. Nothing like zoonotic diseases -- diseases that are passed between humans and animals that Europeans are getting -- but, really, these early population centers are breeding grounds for disease. We don't usually think about that, because the narrative that we have been told is one where Europeans brought the disease. The difference is what kinds of diseases. And that's something that we try to use these studies to bring out, is that to make this picture seem more human, rather than something that's protracted as

something like "Europeans arrived therefore Indians were doomed to disappear," and that's absolutely not the case.

KARIANN YOKOTA: Well, you know, I think that's great, because I believe in the value of interdisciplinary work. I was wondering if you feel that in your subspecialty or your field of history, if it's more open to interdisciplinarity and do you have conferences where you talk to anthropologists and archaeologists? I'm wondering if it's just more open to that or more necessary to work between fields and disciplines?

JOSH IRVIN: Absolutely. When you deal with Native History, you're dealing with a smaller body of sources than you would in, say, just regular European History. There's no written record outside of those produced by Europeans, so to get the other side of the story that isn't biased by Europeans trying to justify why they took Native land, we have to look at a whole bunch of different sources, try to understand the context, try to understand what was going on that led to this happening.

So, anthropology and history sort of marry together very early on as something called ethnohistory, that still remains one of the central parts of this field, combining both these cultural and human studies with the records that we can find. Again, largely this is just due to the fact that there are far more records for other types of history than ours, so we have to be more open to interdisciplinary studies to kind of create a picture of something that a lot of people would say that you can't. But these similar things, like what I mentioned in the lecture, are proving that you absolutely can reconstruct these stories.

CHRISTOPHER BRICK: You raise these questions, I have written down in my notes, I wanted to ask you about this transition to, you said, maize-centered agriculture as facilitating, I guess was that away from hunter-gatherer modes of subsistence and the like, or is it an innovation that's building on something else?

JOSH IRVIN: So maize is huge. The agricultural revolution that occurs in the Western hemisphere to maize allows for a massive population boom prior to contact.

Prior to this, yes, there were many hunter-gatherer groups, there were agriculturalist societies, to be sure, but they weren't as efficient before maize. Maize and, later it's the cult of our corn, becomes central to indigenous life. You may have heard of from the Hodinoshoni or Iroquois, the three sisters, corns, beans, squash; they can each grow together in the same plot of land, nourish the ground at the same time, as each one dies off, or add some nutrient to the ground as it takes another nutrient. These modes of agriculture allow Natives to form population centers, and this is really important when you consider disease as well because now you're not talking about small bands of Natives traveling around after a food source like deer or bison or what have you, but now you have large groups of Natives which largely are in one population center, or move between one to two depending on the seasons. So in the summer you might have, especially along the East Coast, Natives living more towards the coast when the fishing and all that is better and then moving more inland towards where they have food stores, in the winter, or back and forth depending on the tribe.

CHRISTOPHER BRICK: So, yeah, you had -- thank you for bringing in that connection to urbanization and increased urbanization in these pre-contact spaces because -- the connection you describe between, on the one hand, urban expansion being facilitated by this progression in agricultural production, even as it diminishes the nutritional quality of the diet most of these cities dwellers - (right, I guess we would call them?) -- have access to -- which seems so counterintuitive to me.

I mean you would think that populations would be able to thrive in greater numbers with a stronger nutritional foundation, but you're talking about something that indicates the opposite?

JOSH IRVIN: Well, it's not too far out there. If you look at Europe most of the peasantry wasn't eating large feasts of varying different foods, they were largely subsisting on cereal grains and small plot vegetables that they could grow or obtain. But when you compare that to what Natives are doing, things like furs, pelts, and the meats that provided the pelts are trade goods. You trade them away to another tribe or another people to secure an alliance, to end a war, to cover a debt, to cover a death. When you're doing that you're basically taking the best that you have and giving it to someone else. And then when the best of what they have comes in, that largely stays at the top.

Now these societies that form these large agricultural bases, places like Cahokia and Chaco Canyon, they're stratified, not in the same way European society might be stratified, you know, you don't have the peasantry, the clergy, the knights, the lords, you don't have the feudal structure. What you do

have are people like the chief and his family, you have shamans and other people who interact with the spiritual world, and they're going to take a larger degree of these, sort of, better things coming into the city or town -- these might be described as larger towns. But when they come in, they're largely going to these people because these are the people who seem to need those things the most, as opposed to the vast number of people who are living there can subsist off of corn meal, who can subsist off of maybe occasional meat coming in. It really just depends on what your role in society was to how much access you would have to these things. As in Europe, most Natives would not be in the category that might have better access to more diversity in their food.

CHRISTOPHER BRICK: And you -- the idea of agriculture, the concept of agriculture brings in the soil, and the soil, you talk about that quite a bit, bringing in the work of Crosby, that you kind of familiarize us with a little bit with respect to this terminology "virgin soil epidemics." That's a concept introduced by Alfred Crosby and then you kind of walk us historiographically a bit to -- by the time we get to *The Book*, right? -- The Jared Diamond volume *Guns, Germs and Steel*, which you quibble a bit with in your talk, which I appreciated as well. Is Diamond just kind of just distilling a very simplified version of Crosby down into some kind of trade paperback?

JOSH IRVIN: I would say Crosby -- I mean, sorry, not Crosby -- I would say that Diamond is taking Crosby and taking it out of historical context. Diamond's book is largely trying to explain things by geographic origin. In other words, some places are more "geographically

blessed," so you can win the birth lottery and be born in one of these places and have a better shot at life than other places. Europe was geographically blessed to have all these different resistances through hardship to things like disease and poor nutrition so when they arrived in the Western hemisphere they were better off than the Natives who had no resistance to these diseases.

Diamond simplifies it down to this "resistance, no resistance" thing which doesn't accurately explain the demographic collapse, because you can have massive numbers of death from disease without a civilization collapsing -- Europe's a great example. The Black Death kills nearly a third of Europe's population, but last I checked Europe is still there. The difference is colonialism, and this is what Diamond misses and what a lot of historians have critiqued him on, and I am one of many voices adding to this course, but things within colonialism are contributing to Native population collapse.

So, in other words, Europeans aren't just leaving Natives alone once they realize they're catching these diseases, they're continuing contact for trade to try to get to, the Spanish particularly, for gold, the French and English, later, for furs, mainly. They're also looking for captives, they're looking for slaves to take back, the Spanish and Portuguese, to work in Natives in mines. New France is contributing in this Native captive trade where they're sort of forced to be this facilitator between Native groups, passing captives from one place to another and even taking some of their own to avoid insulting other Native nations that are trying to give them captives as a form of securing an alliance.

The English themselves, too, as we mentioned with Tisquantum earlier, are taking people from the coast and taking them elsewhere. So when you have a sustained contact, especially through enslavement, as Andres Resendez has noted in his work *The Other Slavery*, this is keeping up the pressure of disease, there's constant re-infection, constant contact to further that infection, and then it doesn't allow Native populations time to recover. So, if Natives were able to cut themselves off, if they were able to separate themselves out, there's a really good chance that population could recover; because "virgin soil epidemics", the way they work is when they go in the entire population can fall ill at once, and when that happens there's no one to take care of the sick, there's no one to perform the duties necessary of gathering food, making fires, doing anything that's absolutely necessary for the tribe.

But given time, there are survivors. Natives would leave a place completely. They would quarantine themselves or flee a village that was infected, go into the hills, wait for it to be done and then come back. So, given enough time, these populations might have recovered, but things like colonization meant that they never got that chance.

KARIANN YOKOTA: Josh, can I follow up on that? I thought it was an interesting point in your lecture when you liken the current situation -- you use "virgin soil epidemics" to perhaps describe what the globe is going through at this moment. I think listeners would be very interested in hearing how you're making those connections.

JOSH IRVIN: I'll excuse myself now for not being an epidemiologist, but absolutely. One of the first things we talked about when COVID hit was this idea of "flattening the curve." Now, COVID-19, no one had latent resistance to it, so this isn't like the chicken pox; you can't get it as a kid and then be resistant to it later in life. With COVID-19, everyone sort of shared this risk factor.

I mean, obviously, some populations were affected more than others, but what happened was the idea of "flattening the curve" was to prevent what caused collapse in Native communities. The idea that their health care resources, as we might call healers, and the women in the communities that would take care of the sick, collapsed because they too fell ill and they were overwhelmed by the number of sick. When we talked about flattening the curve, that's the same thing. We talked about protecting our first responders, protecting our essential workers and health care providers. And then we also talked about not overwhelming the hospital. So, if you had COVID, and I had it once confirmed by tests, twice before the tests were actually good and reliable; both times I was told to stay home, because I wasn't at risk, I wasn't someone who needed a ventilator. And that's part of what we did, we determined who did and did not need that treatment to allow our system to effectively help those who needed it.

A lot of things match up in terms of comparing "virgin soil epidemic," but the difference is our understanding of disease and epidemiology now means we had a much better chance of surviving it, as we have. We also have things like vaccines that we have now developed, even if they're imperfect, which increase our chance of survival much better. Not to mention our

infrastructure is stronger. But just imagine, sort of, the chaos that has engulfed the world over the last year. We might look to some communities in less well-off places to see how they have suffered, and you might get a better sense of how Native communities would suffer. And Native communities are included in that; Natives and other minority communities have suffered disproportionately to COVID, largely due to not only the unavailability of health care, but also things like poverty, these food deserts that occur where people aren't able to get the nutrition they need. Those populations have suffered disproportionately under COVID.

CHRISTOPHER BRICK: The disease ecology of Vast Early America -- actually, you know what, back it up a second. Could you explain what that means? That's a very popular hashtag, I mean it's a heuristic device, it's a historiographic concept that's become very, very prominent in the last ten, twenty years. What is "Vast Early America?"

JOSH IRVIN: So, it depends on who's saying the term. Early America is really -- it's almost a misnomer, you can't really say there's an "early America" until you get into probably, I'd say, at least the 1770s or 1760s after the Seven Years War. Until then, you have a group of colonies, at best, and those were dwarfed by the size of the Native nations that are in the interior of the continent.

You figure, up until around the 1720s, colonization in North America only went as far as the fall line on the east coast, which, if you imagine places like Great Falls in Virginia, or even up in Pennsylvania, where I'm from, places like Harrisburg, there are these

places where rivers become unnavigable because of waterfalls or a sharp increase in rapids, and this is called the "fall line." And usually this is where colonization would stop, so you're talking maybe a hundred miles into the coast; that's as far as people got up until the mid 1700s.

When we talk about early America, we're actually talking about a Native America in which Europeans are living on the edges. It only becomes an "early America" by the time you get into the revolution, by the time you get into the early nineteenth century, because now the United States and other Europeans in the hemisphere have the population numbers, they're winning what you might call the demographic game. They're able to -- there are millions of them versus the hundreds of thousands of Natives who are constantly in decline due to warfare and disease at this point. So this is sort of like, forecasting ahead here about a hundred years past what I was talking about in the lecture, that's where this major shift occurs. So, when we talk about early America, that's why historians generally talk, at least at this period, about "contact" and "pre-contact" in the western hemisphere. It's sort of a better way to divide it, because it doesn't lead into that misnomer that "everything was leading to America," that, I think, a lot of historians try to push against.

CHRISTOPHER BRICK: And we've talked a lot about this interchange between indigenous Native peoples in the Americas and their interaction with European settler-colonizers. Where do the enslaved Africans fit into this relationship, this interchange? Because they're, you know, very present in this story you tell as well. You talk about how some of them end up fleeing slavery, the condition of enslavement and joining the Seminoles,

being accepted into the Seminole tribe, which I found fascinating. So, could you just speak a bit more about the role that Africans play at this moment?

JOSH IRVIN: It's interesting that you bring up the Seminoles because there's actually a group in the historical record, constantly referred to as the Black Seminoles, which are these escaped, formerly enslaved communities that sort of congregate around the edges of the Seminole communities where they sort of live for protection in alliance with the Seminoles. No one's really done any good work on it, so it would be fantastic if someone could one day write on that. But more to your question, Patrick Wolfe, the late anthropologist, had said of the United States that it's formulated on a sort of triangulation of race. You have white, Indian, and African. And a lot of this is actually facilitated by early disease. When the Spanish arrive, one of the first things they do after they set up their population, their trade centers and their presidios and missions, is they start enslaving Natives to work in mines, or placing Natives on missions and having this thing called *recomienda*, which is required labor, by the viceroy or governor of the territory. They're required to come in and either work at a mansion or do some public works, or something like that. This creates not only proximity to disease, being in a European center, it also spreads it back to the Native communities when they go back from *recomienda*, or keeps them persistently in contact with it. So what happens is Natives are dying off in massive numbers in the 1500s.

The Spanish, without wanting to lose profit, what they start doing is importing Africans from West Africa to replace Native labor. What they begin to find out is

Africans, due to their shared immunity with Europeans -
- so, Africa was not undiscovered prior to
colonization. Africa was one of the first targets of
colonization. You have like Portuguese castles,
English, Spanish, all of the main, what we might call
colonial nations, were setting up in West Africa before
they even hit the Western hemisphere. So Africans have
already had exposure to European diseases and due to
trade and due to constant contact, they can resist
these illnesses better. So, when Africans are imported
and enslaved from West Africa, brought to the Western
hemisphere, they survive at much higher rates both than
Natives and European indentures, so we think later
about indentured servitude, people signing up to go
work in the, quote unquote "New World," for someone to
pay for their lodging, pay for their transport.

A lot of them would die due to tropical diseases,
due to things like yellow fever and malaria, but
Africans wouldn't. So, enslaved African labor became
the preferred labor of Europeans largely because -- and
I don't want to boil it down to cold numbers, but
that's sort of how they thought -- the investment paid
off better. And as horrible as it is, that's sort of
the logic of this colonialism, is this awful, cold
calculus of profit that leads from Native enslavement
to African enslavement.

CHRISTOPHER BRICK: Yeah, I thought that was so
revealing, just like the rapacity of this accumulative,
acquisitive, abusive instinct, and behavior, and
choice. But also the way -- you talked about Simon
Newman's work, which I hadn't read myself.

JOSH IRVIN: It's fantastic.

CHRISTOPHER BRICK: Yeah, that is so interesting the way that that greater degree of immunological response contributes to race formation and a racialized labor system. Newman's work deals with Barbados, but it sounds like that is generalizable to other kinds of contexts as well?

JOSH IRVIN: Yeah, so Newman talks about Barbados as sort of this center of race making, and largely he talks about sort of the value of labor, and this is where I brought a lot of stuff from the lecture about the indentured servitude versus enslaved labor and the way Europeans would reason out profits and reason out costs with that. And then Barbados becomes so successful that this language is transported elsewhere. And then people from Barbados, so indentured servants who had their what we would call quit rents pay or quit payments, so in other words they wrote out their terms of their contract, they would have to be given a certain amount of money, land and the people who formerly employ them would basically have to secure them for the future.

And Barbados is not large. They ran out of land very quickly, so a lot of the people who had run out their contracts leave Barbados, and when they go they take these ideas with them. They take these ideas of this racial hierarchy, this pseudo-scientific racial logic with them, and then we see that imported in places all over the Caribbean, and then we see it imported to the South East.

Now this is an extreme compression of an entire field of literature, but eventually this language leads from ideas of Africans are suited for labor, and then it leads to these idea that "Why?". And Europeans answer that through religion. First Christianity --

this idea of the “curse of Ham,” and all this other what they might call logic. And this leads to a system of racialized labor that you see emerge at least by the end of the 1600s, and gaining a lot of speed in the 1700s and then becoming this system of antebellum chattel slavery that is sort of everyone’s picture of slavery by the time you get into the early 1800s.

KARIANN YOKOTA: Well Josh, I was wondering if we can talk more about a theme that will come up in several different lectures in this podcast series, and that is the intersection between medical and what we can call scientific aspects of disease, and how that intersects with cultural beliefs or cultural practices in different places. So the way that the COVID-19 pandemic has been dealt with in different societies around the globe. So maybe if you have a society that’s more prone to listen to instructions from their government they happen to be able to address the exigencies of the COVID spread in ways that are better than other societies who are less open to that or less used to use things like masks. So I was just wondering if you could connect the current moment with the period that you are studying and talking about in your lecture?

JOSH IRVIN: Sure! So, the period I’m looking at, at around contact and a little bit after-- to put it bluntly no one knew what was going on. No one fully understood what was happening. Europeans and Natives and Africans all understood the basic principle of “Oh if someone’s sick and I get near them then I will get sick too.”

They at least understood that, which is why you do see forms of quarantine practice between each of these different groups. Now compared to today, there’s a bit

of a difference. We've observed microbes, we've observed how viruses and bacteria work, so we can understand at least that these are organisms and that they cause this illness and that these things are symptoms, and you can treat the symptoms, and you can sometimes treat the illness. However, back then it was a sort of mystery.

And today if we look at cultures that may not lean towards a scientific side, you still see some similar ideas of this curse of God or curse of a spirit or something, where you need to remedy that first -- you need to remedy that disconnection between yourself and that spirit world. And you see this primarily with Natives and Africans, and to a degree Europeans.

So, on that note, Europeans believed in many cases that illness is the wrath of God -- This idea that God's wrath can be poured out on non-believers or poured out on the undeserving, and it would take the form of disease. Natives would also believe something similar. They believed that sometimes if a certain spirit or god was angry, they might send disease. Now, depending on which spirit sent the disease you would have to do something different to maybe get rid of it. So some of them might've needed purification rituals, others required certain sacrifices -- whether or not this worked, either in European cases or in Native cases, it is sort of a fifty-fifty. It often, if it worked, it was probably the result of some other medicating factor rather than those things that they might do to appease the spiritual world. But the point was it did raise morale-- it raised this sort of idea of "okay, we are doing something to help ourselves, we are doing something to change the circumstances we are living in." So in many cases spiritual cures or pursuing what we may call sort of holistic treatments

does more for mentality than it does for the physical side.

Also, Native and African cures compared to European cures focused on making the person feel better at least, so helping to cut fever or helping to cut pain. Meanwhile the Europeans are cutting themselves, drinking diuretics, they're drinking mercury and various other things that we have now decided will kill you in large amounts; so comparatively, if it were me, I would much rather have a Native or African treatment than a European treatment any day, largely because trepanning doesn't sound like a good way to cure the common cold to me.

CHRISTOPHER BRICK: Wow, that is some really interesting context you just gave us there so thank you for that. And I have two sort of personal questions that round out my set of inquiries for this chat we are having. Before we get to that, I do have kind of a harder ball or heavy-duty question that is one of the most -- I'll give a little segue here, okay?

So one of the most fantastic history lectures -- now I've been in this business for a little while now, I am not so young anymore -- but one of the most fantastic listening experiences of hearing a historian talk about the past and their work was a workshop I did about eight years ago in Rhode Island, where Collin Calloway came - the great Native American historian at Dartmouth. Oh my goodness, I could just-- Professor Calloway, if you are listening, you have a standing invitation to join us in the podcast whenever you'd like.

So I am going to ask you a question which is the same question I asked him. Which was the question of genocide: how useful -- yeah so not a light subject --

the way I put it to him at the time was, Genocide is -- and this has come up a couple of times; I teach a course on the Universal Declaration of Human Rights which literally comes into -- The General Assembly promulgates the Genocide Convention the same day that the UDHR is adopted. They are very intertwined concepts, but I think of them as very 20th century concepts. So the historian in me always was a little reluctant to apply that framework of analysis for events that happen centuries earlier. So we had a wonderful discussion with Colin Calloway about that and I was wondering if you could talk a little bit about if it is a useful way to analyze what occurred?

JOSH IRVIN: Right. Well if you invite Colin to the podcast then you will need to invite me back because I need to be here to speak with that man as well. I love his work.

In terms of your question with genocide, it is tough because, there is this tendency to when you say something is a recent genocide it tends to become highly politicized no matter what your answer is, so I think a lot of people are reluctant to either use the word or to overuse the word in some cases. What we are looking at here in pre-contact -- we are looking at pre-contact and immediately after contact -- when you look at genocide, one of the things you have to look at is is it intentional? Was there an intentional depopulation, was there an intentional attempt made to destroy all Natives? And that wasn't the case. I don't think you can say that is the case in every instance we are looking at here because in many cases Europeans didn't really understand what was going on -- they didn't understand that they were bringing diseases, they didn't understand they were doing these things.

That does not mean they are not responsible; they absolutely are because they took advantage of the situation they created.

However I think if we are talking about genocide at this level we need to start looking at smaller cases. So, did Europeans wipe out a particular tribe after they had been affected by disease simply because they realize they could? That might be considered genocide. Did they enslave an entire tribe or otherwise removed them from where they lived to be reeducated? Would we consider that a form of cultural genocide? Yes, we could.

But I think at this level we need to look at it on a case by case basis rather than later -- I mean Benjamin Madley has made a really good argument based off of the Universal Declaration of Human Rights that if you look at, I think it is the Yuki indians in the 19th century in the 1840s through the 1860s, he has, I'd say, definitely proven that there was a case of genocide in California against these Natives by going into this very specifically. So I think genocide is a word we have to use very carefully.

I know this period has often been characterized as a sort of term of the "American genocide". The fact that you have between 1492 and 1900, the Native population drops from around a high estimate of 50 million to around 6 million total. Those numbers are significant, and I can see why it is enticing to call that genocide, but sometimes populations collapse not because someone is set out to do it. Again, this is why I think that if we are going to talk about genocide we need to be very precise in our language and what we are speaking of.

So, if we might consider the Pueblo Revolts -- so some of these communities that it happened prior to the

revolt that the Spanish had displaced and put them on missions and essentially tried to turn them into second-class Spaniards. We might be able to talk about cultural genocide there. But to speak of it broadly? Genocide doesn't lend itself towards broad usage. And especially in our field there's been a debate lately between several different factions of Native historians of how to best apply it. I lean on the side of "let's qualify it before we use the term". Not because I have any political leaning on not using the term, but because I don't want the term to lose its meaning. I don't want it to lose its impact when we do invoke that idea.

CHRISTOPHER BRICK: Right, it's like descriptive power, right.

JOSH IRVIN: Right, it's like saying a word so many times that it loses its meaning. So if we are talking of genocide let's be clear that it is genocide before we use the word. Otherwise it will become a meaningless thing.

CHRISTOPHER BRICK: And precision is a great, you know, historical practice to have, irrespective of whatever you are writing about but perhaps especially with respect to this kind of content. And my last, my very final question, is a little bit on the lighter side. Particularly following after that one.

But I am a little curious to hear, I mean, how did you get interested in Native American history, in this period and -- because the history of disease and disease ecologies is so present in the story that gets told in the vast early America moment, how has living through -- how has your experience of the pandemic

shaped the work that you are doing right now? Or reshaped the work that you're doing right now?

JOSH IRVIN: So, sort of how I got into doing all of this: I took an undergrad class on Native American history and I thought it was interesting and I got so sucked into it -- it became my life ever since then. So 2016 is when my professional life began. And one of the first things you learn about is the role of disease, the prevalence of it, and the fact that these things that we can't see unless under a microscope basically dictated how life went for the better part of three to four hundred years. So that's always been there, the idea of "Well, how did disease affect this community? What role did an epidemic play in dispossessing this group of Natives?" Because a lot of my work has been done on Native dispossession and sovereignty. So of course we look at things like disease.

Specifically I look at the sort of post-American Revolution right now. I am doing research on the Haudenosaunees, or Six Nations Iroquois, after the American Revolution, and how they are expressing sovereignty in that period. And a lot of that is influenced too by some of these big epidemics.

Like there's this smallpox epidemic that Elizabeth Fenn writes about from 1777 to 1781 or '82 that completely devastates the Iroquois community. So they lose so many chiefs actually at some point that they have to dissolve the confederacy temporarily to allow their nations to survive, and then they come back together of course years later. And sort of how this is all wound up in my mind, it kinda sticks with me when I think about things like that. When COVID first hit, I found myself driving around to see deserted streets where everyone was inside-- Of course I had probably

the best shot in my family of not contracting the disease, so I was the one doing the groceries, I was the one going to do this stuff trying to protect everyone else and I was thinking like "Wow. This is illustrating everything I have thought up to this point. It was one of the first things I thought about on one of these sort of like foggy morning drives where I live going to the grocery store. Ever since it sort of has been imprinting on my mind the fact that disease isn't just an instance; it is not something that just happens once, it's okay and then everyone goes back to normal.

And a lot of cases when you have a new disease, when you have something like COVID that we're not sure what's gonna happen, we're not sure if it's gonna be gone forever, or if it is something that is going to be there sort of like any other disease that we might have. So it is sort of this uncertainty, this idea that life is going to go back to a form of normal but it is not going to be the same normal -- we don't know what that world is going to look like, and I think that uncertainty is really what's been wound its way into my work. Understanding that this is what is going on in the headspaces of these people who I'm reading their accounts on, on the communities that I am looking at and trying to understand best.

And also, I do have contact with Native communities, I mean it's been a while because of grad school and COVID, but it made me think back. In 2017 I visited Tuscarora, outside of Lewistown, New York, and I went there to talk to them about their experiences in the past, get their side of history for a senior thesis that I was doing. And looking back, you can absolutely see how these sort of health concerns make their way into the present. So one of the things they talk about

is having a good health and a good mind. This has been central to their people for a very long time, but especially dealing with this today -- the fact that Native communities suffer disproportionately, and the fact that when they suffer they stand to lose languages, cultures, knowledge keepers.

This is something that is present in their minds today and would have been present in their minds when these other diseases occurred. So having lived through COVID gives this sort of sense that you can better understand how people are coping and how they are suffering, and that gives a lot of human perspective to what you are doing.

CHRISTOPHER BRICK: Yeah, it strikes me as being presentistic in the best sense of the word -

So the words that you open the lecture with where you say, "At the mercy of pathogens they could not see and did not understand and could do little to resist" resonated so much with me, listening to it and to so much of what we all had to deal with in the last year - through The Long 2020 as it were.

JOSH IRVIN: The long-duree of 2020.

CHRISTOPHER BRICK: Yeah! Madame Chair, I never wrap these up when you are here without asking permission first, so I want to invite you to close us out.

KARIANN YOKOTA: Well, if you are gonna mention Josh's opening I will end with the end of your lecture which I think brings up something really important for everyone in our profession and that is that historians have to encourage everyone, the public and colleagues to really take a very clear-eyed and honest look at the past, and

especially to see how the most vulnerable populations have been affected disproportionately by diseases throughout the histories that we are studying. And, you know, I was thinking about, while I was listening to your lecture, that while diseases don't discriminate on the basis of race or class, we certainly see that they affect vulnerable communities at a much greater level. So I thank you for retouching upon that, but I thought maybe we could just close out this session with some thoughts on how the Native population especially has been affected or how you see the future as we move forward hopefully to a better place after 2020.

JOSH IRVIN: Absolutely, fingers crossed.

Native communities today, one of the big things I think that across the board they are adopting are being especially careful with their elders. In a lot of cases elders are the ones that have the primary language knowledge, and language revitalization is huge right now among many communities.

Some like the Wampanoags have resurrected their language which was previously thought to be lost and have done a wonderful job of revitalizing and putting it into common practice among their people. In a lot of communities though, this is not the case and the people who know the language are the ones that are the most at risk of COVID. So Native communities are absolutely being very careful, being very safe, as safe as they can be with the virus, and they will continue to do that. And this is honestly an extension of what they've been doing since European arrival. This is not new but this does not make it any easier, it doesn't make it any more impactful for them.

The goal is always to survive and to revive, and have this revitalization. Going forward, what I would

hope for is to see more compassion given to these communities, especially from policy-makers, especially from people higher up in the government, to recognize that they are disproportionately affected, and they don't have the resources they need to deal with this disease, to deal with the effects of the disease. And obviously this brings up issues of sovereignty, this brings up issues of where do Natives stand in relation to the United States, and what I would hope is that at least temporarily, that common human element we were talking about -- that idea of this universal suffering, but that some communities who tend to suffer more would prevail. And at least for the moment for the issue to be set aside for real human decency to come in and that might even make talks then later on these tougher or more contagious issues, more fruitful for both parties; to have this sort of basis of cooperation coming in. of course this is a very idealistic dream, this is something that probably isn't based in reality, but at this point after 2020 all we have is hope, and I would like to keep hoping.

CHRISTOPHER BRICK: And, you know, I thank you for ending on that note because it is an optimistic one, and I always feel like what's the point of doing this work or in writing anything without a bit of optimism and intent and hopefulness for the future.

Josh Irvin I want to thank you so much. Your ability to talk about this stuff in an encyclopedic way and to make it connective for Kariann and myself and for everyone listening is just so extraordinary. You are a young historian and I think it means we are going to have a lot more of this from you to look forward to, so I want to thank you.

Everyone -- Josh Irvin.

Conclusion

CHRISTOPHER BRICK: Alright, so thank you for joining us for this week's session with Josh Irvin, Kariann Yokota, and myself. Please come back for next week's talk when Shannon Duffy will walk us through smallpox in colonial and revolutionary North America. We'll catch you then.