

## ***Intervals* - Episode 4**

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Philadelphia's Yellow Fever of 1793"

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### **Introduction**

CHRISTOPHER BRICK: Hello everyone and welcome back to *Intervals*, a public humanities podcasting initiative of the Organization of American Historians.

I'm Christopher Brick, here on behalf of the OAH Committee on Marketing and Communications, and here as well to welcome our fourth guest lecturer of the series, Dr. Philippa Koch, joining us today from the Department of Religious Studies at Missouri State University where she is currently an assistant professor.

If you joined us for the episode that precedes this one, Carolyn Eastman's lecture on the New York City yellow fever epidemics of the 1790s, then you

already have some familiarity with the symptoms that yellow fever inflicted on the human hosts it infected: body aches, fevers, chills, nausea, vomiting, excruciating headaches, and in the severe cases experienced by about a fifth of all patients, kidney and liver damage, internal bleeding, the characteristic yellowing of the skin from jaundice, organ failure, and eventually death.

Painful and terrifying, yellow fever infection was an unpleasant thing to experience even in mild cases, and full-blown outbreaks were known to prompt the kind of exodus from urban centers that we saw during the most acute stage of the COVID-19 pandemic in the spring of 2020. With plenty of reason to escape the dreaded mosquito-transmitted plague, many Philadelphians fled into the countryside during the summer of 1793, as yellow fever transformed much of their city into a pestilential stew of illness, suffering, and death.

For those who remained behind, however, the difficult work of healing the sick, caring for the dead, and comforting fellow survivors all drew upon a range of outputs they were able to marshal in response. Philadelphians visited, nursed, and counseled the sick, buried the dead, established committees for relief, and created institutions such as hospitals and orphanages. These responses also included a range of immaterial inputs that Pippa uses to bring us into the inner lives of these Philadelphians—things like the resilience they derived from spirituality and faith community, the ideological resources associated with theological concepts like providence and Enlightenment-era notions of human sympathy and benevolence, and the narratives of direction and mercy that they called upon to process the moment

and integrate it into their concepts of self and society.

Through writings left behind by people like the German Pietist pastor Heinrich Helmuth, the African American Methodist ministers Absalom Jones and Richard Allen, the Presbyterian physician John Redman, as well as community institutions like the Committee to Attend to and Alleviate the Sufferings of the Afflicted with the Malignant Fever, Pippa's lecture invites us to consider how sectarian identities compounded and competed with other categories like race, class, ethnicity, and gender in the response to Philadelphia's yellow fever epidemic of 1793.

And if I might add, this was also one of the most subtle and immersive talks of the entire series, in my opinion. I've listened to it several times now, and it's one of those talks that each time I listen, I take away some other valuable insight, some new bit of density, that I didn't notice there before.

And with that I give you Professor Pippa Koch on "Providence and Benevolence in Philadelphia's Yellow Fever of 1793."

### **Lecture**

PHILIPPA KOCH: This is a story about the role of religion in Philadelphia's yellow fever epidemic of 1793. The 1793 epidemic occurred at the cusp of the modern political era, in a world transformed by the free exercise of religion. The story of this epidemic, however, offers a brief but vivid window into how religious commitment continued to shape American individuals and communities in their response to sickness and suffering. Historians have

recognized that the 1793 epidemic was a momentous event for the new United States. Philadelphia was its capital city at the time, and scholars have explored the epidemic's implication for early national politics, along with medicine, literature, and race relations.

Responses to the epidemic magnify broader trends in America's religious history, including the privatization of charity and the emergence of humanitarianism in the nineteenth century. Some scholars have seen such privatization and humanitarianism as critical to the development of a secular age, suggesting that such civic-minded and charitable work was a sure sign that early Americans were less interested in waiting on God to help and more confident in their own efforts to change and improve human life and suffering.

What I want to show here, however, is that the benevolent endeavors, the human responses to yellow fever, were in fact defined by religion, in particular longstanding Christian narratives of God's direction or God's providence. When they told their stories of yellow fever, early Americans continued to show a commitment to God's role in human history, both in sending sickness and in encouraging acts of charity and service.

When we think about religion and epidemics today, we might have some negative connotations. You may have heard of Evangelists blaming a specific population or a specific sin for a disease. HIV-AIDS is a very obvious example, but even the COVID-19 pandemic has spurred this kind of religious talk. Most people view such language as old-fashioned, a relic of the past. They often assume that this must be how people in early America thought about disease. In their ignorant piousness,

the story goes, early American assumed God was punishing them, and they passively awaited their fate. Authoritarian ministers, meanwhile, took advantage of this understanding to cement their power over scared communities.

This story is far from the truth. Most colonists in early America were Christians, and most believed in God's providence, including in sending disease. But they were also convinced that God called humans to respond to disease. Humans should repent, of course. They should do the spiritual work of recognizing their sin and dependence on God. But Christians also saw room for activity outside of this spiritual realm. They found a call to write about disease, to use medicine, and to help others. Sometimes they had to fit their responses into patterns prescribed by their ministers or other authorities. But it's worth digging into these prescriptions. What purposes did these narratives, this charitable work serve? And that's what I want to dig into today.

The 1793 yellow fever epidemic came at a very interesting point in the story of American religion. The Enlightenment had come to America, and it challenged some traditional Christian ideas and communities. There were ideas of a more hands-off God, who gave humans an innate sense of compassion or sympathy, such that the work of serving one's neighbor was no longer a response to God's command, but rather rooted in human feelings, in sensibility. Benevolence, meanwhile, had long been a term associated with God's goodwill toward creation. By the end of the eighteenth century, it had shifted to described human efforts to do good.

Some Christians tried to bring Enlightenment and Christian ideas together by arguing for a notion of

disinterested benevolence. Christians should not do good simply for their own sense of pleasure, self-interest, or salvation. Rather, charity should always be grounded in self-sacrifice.

Despite such efforts, the term benevolence never escaped skeptics, and still to this day, many will argue that benevolence is rooted in selfishness, or a desire for power, or control. You can see this skepticism in historians, who rightly point out how, in the name of benevolence, reformers could seek to control certain populations, often using racist or xenophobic ideas and language. Such skepticism can be taken to extremes, as evidenced in the COVID-19 pandemic today, and conspiracies over Gates Foundation funding for vaccines.

The question of why someone would do good works clearly remains alive and well for us today. When looking at the yellow fever responses, that question of motivation is paramount and it demands us to consider religion. Why did people stay and work with the sick and suffering during the yellow fever? Not everyone had the means or opportunity to leave the city, but many Philadelphians went to great lengths to flee the misery, the chaos, and the death. But some chose to stay and serve their sick neighbors willingly. The epidemic gives us a chance to see how early Americans worked on this question of motivation, of benevolence, on the ground. It was a time when these questions were newly contested, as Enlightenment ideas about benevolence spread, but many still insisted on God's direction over human actions.

Here, I will look at a few different voices to give a sense of the diversity of responses. These include a German-speaking, pious pastor, Henrich Helmuth, who led the largest Lutheran congregation

in North America, called St. Michael's and Zion. I'll consider a group of private citizens who formed to organize city efforts when elected officials fled, called the Committee to Attend to and Alleviate the Sufferings of the Afflicted with the Malignant Fever. And finally, we'll look at the African American ministers Absalom Jones and Richard Allen, who organized Black nurses and undertakers. All of these responses had to negotiate the question of human motivation and God's direction. In the end, I argue, writing about God's direction or God's providence over the epidemic remained a significant way to find community, purpose, and belonging in a terrible time.

For the Lutheran pastor Henrich Helmuth, writing was an essential comfort during the yellow fever epidemic. He filled his daily journal with details of suffering and afterward published an account. His journal entries, written in small volumes, only a bit bigger than your hand, were evocative of the challenges he faced, both spiritual and physical. Helmuth's work was unrelenting. In the days, he visited, buried, organized. In the evenings, he struggled with his faith and dreaded sleep punctuated by disturbing dreams. Echoing generations of Christians before him, Helmuth perceived the epidemic as God's chastising hand upon a city of sinners. Based on this interpretation, he attempted to discern the human response sought by God. In his published volume, which was appearing in both German and English, called *A Short Account of the Yellow Fever*, he bemoaned Philadelphia's sinful luxuries, theater and circus, and corresponding lack of care for widows and orphans. The reason for God's judgment

was clear, according to Helmuth. They needed to take care of their neighbors.

Helmuth's interest in charity was longstanding. As a child he had been a charity student at the Orphan House of the Francke Foundations in Halle, Germany, where he eventually taught before accepting a call to Pennsylvania in 1768. Influenced by this background and the emerging mutual aid and voluntary societies in Philadelphia, Helmuth's congregation founded the Society for the Support of the Honest Needy Poor. This work was shaped by a sense of God's direction, but Helmuth also turned to the commonsense philosophy that pervaded conversations on benevolence. He acknowledged that humans had an innate sense of sympathy. The desire to do good, to act benevolently was a natural instinct.

But despite his openness to this new optimism about human nature, Helmuth still grounded it in God's providence. He retained a deep sense of human sin, and he saw that any innate benevolence could be thwarted by other human instincts, including fear, without God's providential intervention.

In confronting the yellow fever, Helmuth struggled between this acknowledgement of an innate human compassion and his belief in providence. The fever demonstrated the breakdown of human sympathy without God's direction and intervention. While there were instances of humanity and hospitality, there was also inhuman brutality. Disturbed by his work, by the sounds and smells of people dying alone, Helmuth confided in his journal: "My God, what is become of us miserable worms?" In response to this social disintegration, Helmuth urged his community not to flee, but rather, to dig into the misery despite the terror and inhumanity.

Helmuth recognized the difficulty of this task because he daily saw how fear had thwarted the most basic of human instincts: the love among families. He told of anxious relatives standing at a distance from an ailing beloved. Those who had the least of occupations, those who tended the dead, proved significant in this trying time. Unlike family, they were the few people who were willing to touch the dead, place them in coffins, and offer a final human dignity. Funeral processions were stripped down to these few workers and Helmuth, a marked difference from the norm.

Helmuth recognized that his community had been paralyzed and unable to perform basic functions of human compassion. He was not alone in his concern for the limits of innate human sympathy. The Scottish commonsense philosopher Thomas Reid saw a difference between benevolence as an affection and benevolence as a virtue. The former was a propensity to do good from natural constitution or habit, without regard to rectitude or duty. The latter, benevolence as a virtue, was a fixed purpose or resolution to do good when we have opportunity, from a conviction that it is right and is our duty.

For Reid the answer to a breakdown in benevolence was to root it not in the passions, but in a fixed principle grounded in human reason and judgment. For Helmuth, the answer to such a breakdown was to turn to God. He meditated on Christ's passion: "I pushed myself as a poor, poor sinner in the wounds of Jesus, a ripe, poor worm."

Helmuth found hope and a calling in God, and he tried to convey this in his writing. The epidemic had made the world, quote, "disappear before his eyes like a shadow." He had to make meaning of a

life transformed, and to do so he needed a record that began to interpret what had happened. In his published account, he attributed both his faith and his service to God, and he recognized with joy that his experiences during the epidemic would define his Christian life and his career.

He wrote, "I may cherish the unmerited hope that the Lord graciously made use of me to lead many a soul to salvation, and, oh, my God, what happiness. To be instrumental in saving a soul. Not for a world would I barter the personal advantage which I have derived from the mortality in Philadelphia. Forget not, oh my soul, what the Lord has conferred upon thee, unworthy as thou art."

While Helmuth saw and felt the misery of the epidemic, by the end he had come to recognize how it changed his life. The epidemic would forever be part of his reputation as a Christian minister, and his published account ensured that. There is an air of Enlightenment self-interest in his description of the happiness and personal advantage he received. Yet he took care to include a Christian interpretation. He called himself an unworthy servant in reference to Luke 17:10, explaining he had merely done his duty. His faith and his service in furthering the Christian faith of others were the true focus.

Helmuth's happiness was not the happiness of a more skeptical era, a happiness found in personal fulfillment and this worldly ends. He grounded his happiness here, rather, in the fact that his retrospective account confirmed God's guidance over his life, his faith, and his service to others.

As Helmuth worked among the German-speaking Lutherans, a group of English-speaking men gathered in City Hall to address the organizational vacuum

created by the epidemic. Many political leaders had fled the city, and by early September, the mayor, Matthew Clarkson, along with those overseers of the poor who had remained, placed an advertisement in the city's papers, seeking the assistance of benevolent citizens. Within days, the Committee to Attend to and Alleviate the Sufferings of the Afflicted with the Malignant Fever had formed. It met daily in City Hall until the epidemic abated in late October, and continued meeting periodically after. Like Helmuth, the Committee members recognized that sympathy and compassion were not enough to encourage people to fulfill basic human duties in an epidemic. Unlike Helmuth, the Committee focused its attention not on God, but rather on its responsibility for reestablishing order. The minutes stressed repeatedly that with good order, people might again behave with consideration toward their neighbors. The Committee did turn eventually to a general sense of providence in its efforts to comprehend fully the extent and meaning of the epidemic and its actions. But this was secondary in the early minutes.

Upon its formation, the Committee acted immediately, citing a joint commitment to sympathy and order. They focused first attention on the hospital at Bush Hill. Two members, Stephen Girard and Peter Helm, volunteered to lead, making efficient improvements to the hospital's cleanliness, staff, and patient care. Establishing the good order of the hospital was essential to easing the epidemic and its effect on the city, to establishing trust with Philadelphians. The Committee also took charge of the burial of the dead. After hearing citizens' complaints, they changed the carter's route from the hospital through town. Urged coffin makers to take more

care, and they reported on burial grounds. Although the Committee did not understand the cause or transmission of yellow fever, it was convinced that proper care of both the living and the dead would benefit the city's overall health. The Committee cited, finally, a duty incumbent to look after the orphans. It organized a committee to care for them, found a suitable house for them, and coordinated donations from fellow citizens.

It could be argued that the Committee's efforts to reestablish order were motivated by an interest in social control and economic concerns, an argument made about charity and benevolence in other historical eras. The endless lists of names of those admitted to the hospital, to the orphanage, to the potter's field, certainly evidence how the epidemic created an opportunity for modern bureaucracy. It could also be argued that the charitable responses represented an effort to enforce a Protestant ethic of discipline, criticizing the idol and extolling the industrious citizens who went about their duty. It is nonetheless important to remember that in the immediate context of the epidemic, the Committee's order and leadership were also essential to relieving distress. They ensured that the sick would be visited, corpses would be carted away and buried, and orphans would be cared for.

It is impossible to know the motivations of those who worked on behalf of this order, but their writings offer insight into manifold overlapping concerns. These included not only human sympathy and economic and political interests, but also conceptions of divine judgment and Christian duty. The Committee men were lay professionals, mostly of middling backgrounds. Not normally included in civic leadership, they had an opportunity to change

the city when government officials had fled. They were anxious to prove themselves, but they also demonstrated apprehension about the future, of the city, the nation, and the individual, which often manifested itself in explicitly providential terms.

Behind the detailed accounting, the Committee's minutes often pulsed with a narrative of divine punishment and the redemption of the nation. This narrative is especially evident in the records of donations the Committee received. When other cities donated money and goods, they described God's judgment on the city as a judgment on fellow citizens of the American nation. This providential and national framework was crucial. Through their sense of shared divine judgment, they were drawn together in charity, dismayed by the fact that the capital city of the new nation suffered such a setback.

The Common Council of New York City sent five-thousand dollars and offered more, writing that they were "deeply impressed with the awful judgment of the Almighty on the American nation, in permitting a pestilential disease to lay waste and disorganize that once populous, well-regulated, and flourishing sister city, the seat of Empire, by destroying the lives of many valuable patriots and citizens, and by driving many others of its numerous and very opulent and useful inhabitants into exile." The letter concluded with a reference to a Biblical plague, praying that God "speedily stay the progress of the desolating disease and say it is enough."

In his response to the donation, Clarkson, the mayor of Philadelphia, acknowledged the New York Council's benevolence and sympathy as, quote, "balm to our wounds," a scripturally laid in reference to

healing. Clarkson described the divine interposition that touched their lives, not only in sending the epidemic, but also in seeing that the, quote, "hearts of so many around us have been touched with our distress and have united in our relief." He prayed that the Almighty disposer of all events protect others from the disease.

Some scholars have interpreted the Committee's use of phrases like "Almighty disposer of all events" and "great ruler of the Universe" as an example of the adoption of fashionable deistic terminology and a sign of growing secularization. But the God who disposes all events is different from a deistic God. As the Committee and its benefactors discussed the meaning of the epidemic, charity, and compassion, they in fact maintained a Christian providential framework. They tightly bound God's judgment with hope and a call for human effort. Clarkson accepted the divine judgment on his city, writing, "We humbly kiss the rod and improve by the dispensation." And he hoped for redemption, which was already evident in the bonds of human sympathy.

As with Helmuth, members of the Committee found meaning in looking back and narrating their experiences. The minutes thanked divine providence for the, quote, "agreeable prospect of returning health to our long-afflicted city," and they adjourned for a day in order to allow members to attend church. The Committee's final report both acknowledged four members' deaths and reflected with gratitude on the "preservation of our own lives and those of so many of our fellow citizens." After pages of detailed minutes describing human efforts, the Committee concluded with a final appeal to providence. The writing of one Committee member, the publisher and author Matthew Carey, highlights one member's understanding. Although

Kerry fled for a period of three weeks, his time in the city affected him. In a popular publication, *A Short Account of the Malignant Fever*, he reflected on human nature, remarking on instances of disinterested humanity that he had witnessed. He surmised that leaders found reward in a self-approving conscience. But he wanted to place their names in print for subsequent generations to emulate. He describes his work of narrating this as the, quote, "highest consolation I have ever experienced."

Carey depended on a very rational creator God. He criticized congregations that continued to worship through the epidemic, arguing that such mistaken zeal actually furthered the contagion. Such action exemplified an incorrect understanding of God's providence, he argued. Instead of focusing on God's law, God's commandment to worship, humans should focus on the law implanted in their very nature: the law of self-preservation. This law, according to Carey, was written in indelible characters by His divine hand on the breast of every one of his creatures. Breaking the fundamental law of self-preservation was no proper way to adore the maker and preserver of mankind. Carey suggested here, that the law of nature, implanted by God, supplanted the law of the Old Testament.

Carey's rational, general overseer, God, differed from Helmuth's active and revenging God. Vestiges of a Christian providential framework remained in Carey's account, however, when he described the joy he experienced in comprehending the meaning of the epidemic, and human responses to it. He concluded with "thanksgiving to that supreme being, who has, in His own time, stayed the avenging storm, ready to devour us after it had laughed to scorn all human efforts."

Human efforts were, in the end, nothing without its supporting transcendent force. Carey found pleasure in witnessing incredible acts of charity. "When a human," quote, "resembles, in a small degree, that divine being who is an inexhaustible mine of mercy and goodness," end quote. Like Helmuth, Carey found a sort of personal advantage in his work among the sick. Unlike Helmuth, he was unwilling to his pleasure to God's intervention. But, he nonetheless perceived in the divine being a model of mercy and goodness for humans to emulate.

Carey and the Committee relied on providence to make sense of the suffering around them and their responses to it. Although more general than the providence that pervaded Helmuth's writings, the Divine, the Almighty, or the Supreme Being played an important role. It allowed them to express their conviction that both the suffering and their benevolent actions had significance beyond the immediate event. They were part of a plan to help the city. Their accounts suggested that while humans might fail, there was a timeless model for passion and the divine, one that inspired their efforts and their hope.

As a printer, Carey seized the opportunity to publish the first account of the epidemic, and he released multiple editions. His account gained authoritative status, privileging the story of the Committee's response. In so doing, Carey disregarded and degraded the contributions of other communities, including Black nurses. In response, African American ministers Absalom Jones and Richard Allen published their own account of the yellow fever, defending Black nurses from charges of misconduct, extortion, and theft. Shaped by their years in the Methodist Episcopal Church and participation in Philadelphia's voluntary

societies, Jones and Allen explained the Black community's response as a result of their own free will and God's providence, and as an example of their civic belonging and participation in the era's central concerns of human sympathy and benevolence.

Black nurses and workers were a central part of the response to the yellow fever. These men and women cared for the dying, nursed hundreds back to health, and buried the dead. And despite erroneous medical claims that Blacks were immune to yellow fever, many became sick during their efforts and died alongside white Philadelphians. While Carey briefly praised the efforts of Jones and Allen, who organized the nurses, and William Gray, who took charge of the burials, he mostly disparaged the efforts of Black responders. He claimed that they took advantage of their desperate patients to steal and charge high fees.

Jones and Allen responded to Carey's narrative with an account of their own, *A Narrative of the Proceedings of the Black People, During the Late Awful Calamity in Philadelphia, in the Year 1793*. Scholars have emphasized the uniqueness of Jones and Allen's narrative. It was the first published account in which African Americans responded directly to white accusations. But in important ways it is not unique at all. It confirmed that the Black community was also guided by principles of Christian charity and human sympathy, overseen by God's grace and mercy. Like Helmuth and the Committee, Philadelphia's Black community was comprised of Christian and civic-minded human beings, dedicated to serving their neighbors and doing God's will.

In the late-eighteenth century, Philadelphia's free Black community was the largest in the United States. Despite its size and the sympathy of anti-slavery white Pennsylvanians, the community's position remained precarious. They were affected by the guidelines of gradual emancipation, schemes of colonization that would resettle Blacks in Africa or elsewhere, and the 1793 Fugitive Slave Act, which required the return of escaped enslaved persons and potentially promoted the kidnapping of free Blacks.

From this context, several Black leaders emerged, including Jones and Allen. They were instrumental in the Free African Society and a new African church, institutions that mirrored white charitable efforts and communities. Problems nonetheless continued for Philadelphia Blacks. Some white clergy did not approve of the new African church and retaliated by segregating Black parishioners, while some white benefactors turned their attention to plantation owners from Saint-Domingue, escaping a 1791 uprising of enslaved peoples.

The yellow fever epidemic occurred in this period, when Philadelphia's free Blacks sought to emerge as an autonomous community. Their response was an opportunity to demonstrate their role in the city. Thus, in their narrative, Jones and Allen relied on language that would be familiar to all Philadelphians. They showed that Philadelphia's free Black community voluntarily participated in the same tradition of human affection and providential guidance that characterized white efforts and writings.

From early in the narrative, Jones and Allen explained Black workers' duty as a matter of free choice. Like the men who served on the Committee,

they responded to a public appeal for aid, but they emphasized that their response was entirely their own, "a charge we took upon us." Not as slaves, but as fellow mortals they freely sought to help the suffering by recruiting nurses and burying the dead.

Jones and Allen emphasized the voluntary nature of their work for two reasons. First, influenced by Methodist teachings, they believed that humans had free will in matters of salvation, including in the good works they chose to do as they sought a life of sanctification. Second, they emphasized their participation in the culture of voluntary and mutual aid societies. They performed their duties, they wrote, out of a real sensibility. "We sought not fee nor reward." This was a direct response to Carey's accusation of extortion, but the language of sensibility also stressed their connection to wider benevolent networks.

As nurses they engaged in the "finer feelings" and "acts of humanity" in their care of patients both Black and white. They exemplified Christian good works and benevolence to a greater extent than most whites.

Jones and Allen did describe the attention of one white man, the physician Benjamin Rush, who encouraged their work and connected them to understandings of Christian service within Philadelphia's contemporary medical society. Rush taught them how to bleed patients, for better or worse, to prepare medicine, and to call on him when necessary. In Rush, Jones and Allen chose a respected model of Christian benevolence. Rush had studied medicine first under the physician John Redman, a Presbyterian from whom he learned medicine as a work directed by God for the good of

humanity. Jones and Allen likewise explained their nursing work as directed by God. Quote, "We have been the instruments in the hand of God for saving the lives of some hundreds of our suffering fellow mortals."

By placing themselves in the company of Christian physicians like Rush, who accepted pay, Jones and Allen pointed to the value of their work. Economic self-interest and Christian benevolence could go together. They respected individual Black workers' decision to choose their compensation.

Anecdotes suggest that a few nurses avoided payment. One female nursed refused pay, saying, "If I go for money, God will see it and maybe make me take the disorder and die. But if I go and take no money, he may spare my life." Such stories suggest an anxiety about the nature of good works and whether human motivations might affect God's acceptance. Because Methodists believed they were free to contribute to their salvation, they also believed they could lose their salvation. The examples of nurses refusing pay highlight the seriousness with which Black nurses considered their actions, their freedom, and their salvation.

Alongside accounts of those nurses who refused pay were those who, quote, "charged with exemplary moderation," and some who did accept extra pay. In the latter cases, Jones and Allen did not condemn but offered understanding and sympathy. They could not restrain nurses from accepting more; the work was loathsome. They did condemn acts of pilfering or mistreatment, of which, they pointed out, both white and Black people were guilty. But they saw, and the mayor agreed, that wage inflation was created by the difficult working conditions, not by innate evil impulses on the part of Black nurses.

The social breakdown caused by the yellow fever pushed Jones and Allen, as it had others, to action and faithful trust in God's providence. Like Helmuth, they recorded human cruelty and the failures of compassion. Men and women abandoned to die, unseen and unassisted, and orphans and widows left helpless. They also acknowledged the powerful effects of fear on human actions. The only way to overcome this, they argued, was with God's assistance. God, quote, "was pleased to strengthen us, and remove all fear from us, and disposed our hearts to be as useful as possible."

The narrative depends on this trust in God's providential direction. Although Jones and Allen stressed human freedom in pursuing good works, they nonetheless narrated God's presence guiding their activity through the epidemic's misery. From the first, they wrote, quote, "We found a freedom to go forth, confiding in him who can preserve in the midst of a burning, fiery furnace."

They refer here to Daniel 3, a story of three Babylonian Jews who, refusing to worship their King's Gods and golden image, were sentenced to death in a fiery furnace. Once the sentence was enacted, the King saw not three but four men walking in the furnace. He was astonished, and realized that the form of the fourth is like the Son of God. The King ceased the punishment, and the three men emerged unscathed. Jones and Allen imagined the presence of God in their own sojourn into the fiery furnace of yellow fever, trusting in His presence to preserve them as they served from their own free will and journey toward salvation.

The epidemic reminded Philadelphia's Black community of God's providence and the salvific significance of all their work and action, whether

rewarded in this life, or not. These themes are reiterated in a series of para-texts that offered important messages of freedom, forgiveness, consolation, and justice, as well as other worldly rewards for those still enslaved. Jones and Allen wanted to suggest that, although free in body and will, the Black men and women who served in the epidemic might nonetheless have to wait for a deferred reward. That their work, though spurned by men like Carey, contributed to their salvation and had providential significance that might be fully realized, only in retrospect.

The yellow fever forced people to encounter human suffering and to ponder God's will. The freedom of humans to respond, and the meaning of their response. African American workers responded to the fever, and their work deserved credit from both their fellow mortals and their fellow Christians. They rightly feared their actions would be forgotten, especially when accounts like Carey's slighted them. Jones and Allen wrote their narrative to defend and record their community's humanity, compassion, and service, born of their own free will and faith in God's providence.

To end, then, I want to emphasize that the figures described here did not perceive their care for the sick in response to yellow fever as separate from a sense of Christian calling, or God's providential direction. Although they understood and represented their actions and motivations in different ways, depending on their individual work and religious beliefs.

They all saw in the epidemic, or described in the epidemic, a call to human action, and a need to reflect on God's providence. They described their actions with language from the Enlightenment; they

reflected on an innate human sympathy. They grew troubled over their persistent failures of humanity, and they turned to God for direction for models of service and sacrifice, and most importantly, for narrative forms.

Attending the religious life and writing is crucial to understanding the yellow fever epidemic, how people responded, and how people narrated their response. These stories highlight the changing religious and intellectual world of the late eighteenth century, as well as the ways in which religious ideals and language continued to shape public service.

Understanding the ways in which benevolence developed from a commitment to God's providence can highlight both its motivating potential for good and its inherent dangers. Helmuth's zeal and determination, which were continuously reinvigorated by his providential faith, benefitted his community, his own spiritual journey, and his professional reputation. Carey's zeal and spin on the yellow fever, however, highlighted the salvific nature of the Committee's response and their innate compassion, while belittling the contributions of free Blacks and suggesting a racialized, innate sinfulness and avarice in their work. In claiming the greater benevolence for the white committee men, Carey relied on a powerful and appealing providential narrative.

As Helmuth, the Committee, and Jones and Allen all realized doing good could be of personal advantage. Their work certainly affected their reputations and careers, and they were all aware enough of these benefits to records their actions in both private and public writings. But they also interpreted the advantages of their work in a way consistent with

Protestant tradition, in terms of the spiritual fruits it wrought in their own lives and the lives of others.

Religion is a central part of the story of the yellow fever epidemic. God had not shapeshifted into a vague Enlightenment creator that implanted an innate sense of compassion in humans. Nor had the idea of God limited the authors to passive contemplation of divine wrath and judgment. Religious belief and community, rather, had provided motivation and meaning for activity in the midst of intense misery. In their service and writings, Philadelphians turned to God with hope and happiness that their actions would not be lost in the moment of crisis or the passage of time. The epidemic reminded them of the limits of human sympathy. Yet, these limitations also opened an opportunity to tell of the possibilities of human struggle, to overcome these obstacles, to transcend the chaos, through both faith and human action.

### **Q+A**

[segue from lecture]

CHRISTOPHER BRICK: Now wasn't that just tremendous? And so too the Q+A—and here it is.

[beginning of group conversation]

CHRISTOPHER BRICK: Pippa Koch, welcome to the podcast!

PIPPA KOCH: Thanks for having me.

CHRISTOPHER BRICK: Oh it's our pleasure. I wanted to start here, if I might. Could you set the scene for us--this 1793 moment in Philadelphia--yellow fever?

PIPPA KOCH: Sure. So, there was an outbreak of yellow fever and they didn't know exactly what it was, they didn't know exactly where it was coming from initially and there were debates over where it was coming from: if it was something that was from within the city, if it was something that had been imported to the city. These were all live epidemiological discussions at that time and a lot of scholars have looked at the sort of scientific and medical debates in that moment to sort of highlight. It shows the emerging medical field in Philadelphia, which was a really central place in early American medicine. It's where the College of Physicians, which was the first professional body of physicians, was located in Philadelphia. It's where one of the earliest medical schools was.

So, there's all of these central pieces of the early Republic right there, right? There's the federal government, there's the medical profession. They're all there and they're all hotly debating where this disease came from, and what does it mean in terms of if it was imported, what does it mean in terms of living conditions, what does it mean in terms of how neighborhoods are set up. So, there's a lot of political and medical debates that form around this disease as it spreads and as it becomes worse and worse. And a lot of people flee the city, including the government, so most government authorities left because it became so bad. And a lot of other people who had the means would leave the city; even people who didn't really have the

means would leave the city because it became so frightening. They would just kind of run.

CHRISTOPHER BRICK: Is this still the medical Middle Ages in this moment as far as infectious disease goes? You mentioned the way that bleeding was still a common therapeutic intervention that would get used, and you say, "For better or for worse," which I found really helpful. Because you acknowledged to us that in many cases this was probably harmful, but undertaken with the expectation that it was ameliorative, that it was therapeutic, that it was helpful?

PIPPA KOCH: There was still... there's a lot of shifts in medicine and the people in Philadelphia, the medical practitioners, were trained in various places. Because of that training, depending on if they'd gone to Leiden or if they'd gone to Edinburgh, there's various theories of disease coming into the United States from the different medical schools that they may have trained at in Europe. That affected how they understood the disease. On the ground, I would say the general understanding of medicine is still in transition in this moment from more humoral medicine, which is maybe what you mean by, "Medicine of the Middle Ages."

CHRISTOPHER BRICK: [*laughing*] Yeah, you have the better terminology than I do.

PIPPA KOCH: And there's different terminology. The bleeding is coming in a way... it's a remnant of that

humoral medicine: that understanding that if you have a fever, that can be corrected by creating balance once again. In order to create that balance, that requires releasing some of the blood in your body, and that can then... Once you do that, once you create that balance again, the fever will decrease - is the understanding.

CHRISTOPHER BRICK: Right, it's all about searching for some ill-defined equilibrium that's more intuitive than it is demonstrated or provable?

PIPPA KOCH: Yeah, and on the other side... it's not provable, but it is something that's very visible, right? I think that's one of the reasons humoral medicine maintained that lasting appreciation among laypeople. It's like, "Oh, I have a fever, let me let some of this blood out," right? There's a visible thing that you are doing, whereas when, for example, Peruvian bark and the treatment of malaria, nothing's released from you so they didn't understand it. They were like "How can that work? I'm taking this tincture and my fever is reducing, but there's no output. There's nothing that is coming out of my body that would make me feel like I'm releasing corruption. Right?"

CHRISTOPHER BRICK: Where does this epidemic fit into the historiography of the early American Republic more broadly. Right--it's right in the aftermath of... it's the first term of the Washington administration, right? So, it's right smack in the beginning. The Constitution is a very new thing. The American Republic is still quite fragile, only a few years removed from all of those ratification

debates and the beginnings of the early party system.

What role in that story does this epidemic play, more generally? Does it just show up as some kind of supporting-character figure, or did it reverberate through events that surface in the stories that historians tell about?

PIPPA KOCH: I think historically, it was probably extremely significant for that year and there were subsequent epidemics for several years in Philadelphia... it was 1796 and 1797, yellow fever epidemic as well. I think it had a huge force in their lives that we don't remember. I think historians are doing a much better job, but I think maybe they also put it in the past once it became less of an immediate experience.

Historiographically, I think you're right. *Pox Americana* is a great example.

I think that there's, more broadly, the history of disease and the history of medicine and I mostly work on early America. There's been really fantastic scholarship... some of it's maybe older. Did you say Fenn's book came out twenty years ago? I can't remember.

CHRISTOPHER BRICK: [Twenty years ago]-ish, something like 2000, something around there?

PIPPA KOCH: Yeah, and even before that the collection of essays, that Billy Smith and the Smith and Estes collection of essays, "A Melancholy Scene of Devastation," I think is the title of

that. That's on the yellow fever specifically and it brings together a number of fantastic essays about this event in American history. There's, like I mentioned, some really significant scholarly work on the politics of the yellow fever and how the reactions to it and the policy that came out and the medical treatments reflect early partisan divisions in the federal government.

This is definitely not something that I learned about in college in the early 2000s. I was an American studies major so we did other fun things, but disease and health and medicine were not part of the curriculum in terms of understanding American history. I think it's become much more of a topic lately and I imagine it will become a huge topic for at least the next decade.

I think there is a natural way in which it works well with the history of politics. I mean, it's obviously a history of medicine discussion and the historians of medicine have looked at things like yellow fever and smallpox for a long time. There are books that go back to the 1950's on Cotton Mather, the first influential figure in American medicine.

I think it's a natural discussion for historians of politics because of the body politic and the human body. And so, there's this way in which we can talk about these things and it makes sense. It's not that far afield. Once there was that social history turn in the field of history and then the cultural history turn, it seems like these sorts of things are automatically...

CHRISTOPHER BRICK: And I'm glad you bring that thread up because the approach you have in the talk

feels much more like cultural/intellectual history. That's what it reminded me of.

You're dealing with a lot of religious concepts and how they interact with the scientific knowledge of the time, how these actors in this moment in Philadelphia of 1793 are drawing upon both of these--

They have intellectual resources derived both from their religious persona and the professionalization of medicine, the medical knowledge that they had to make some sense.

And also, you bring in some Enlightenment secularism ideas: free exercise, religious toleration, these concepts that were written into, literally and textually, the First Amendment, which is still a very recent development in this moment. These are concepts that have truck, politically, at a non-elite level.

At the same time, they're fusing this with their understanding of scriptural primacy and trying to reckon with all that and the outcome. How would you describe that interchange? You do that in the talk a lot, but--

It seemed to me what you were saying was that both of these reference points gave these actors a degree of agency over how they were going to respond to this epidemic and what they were going to take from it. And there seems to be a dialogue going on between these reference points and the disease ecology of yellow fever at this moment that ends up affecting those ideas moving forward.

PIPPA KOCH: Yeah, for me it was a very provocative moment to imagine in terms of the religious

response to the fever in part because of the question of free exercise that's emerging and these Enlightenment ideas that are all around them.

And these Enlightenment ideas are influencing how people are understanding the disease and how they're understanding charity or philanthropy.

For me, that means the religious response that's live on-the-ground is both a religious response that's been shaped by centuries of Christian ideas about how you respond to disease.

But all of that centuries of experience, all of that foundation that they all are bringing into it is also now in conversation with this enlightened republic where religion and its relationship to the state is, all of a sudden, a more complicated story than it's ever been before. What does it mean to serve your neighbor and how does that relate to your religious life and is it something that is just a voluntary society?

This new thing that exists in the early Republic: a voluntary society that is not rooted necessarily in a religious community.

People like Jess Roney have written about this; what are these voluntary societies? Why do people participate in them? What purpose are they serving? Are they replacing churches? That's what's so interesting to me about the yellow fever. It's playing out in this moment where religion means--

It doesn't mean something different, but it could mean something different. They're right there, trying to figure out where religion fits into this world. That's why I find it this incredibly provocative moment to think about in terms of religion.

CHRISTOPHER BRICK: And there's a lot of religious concepts that you talk us through - benevolence, providence - where it seems by the late-20<sup>th</sup>/early-21<sup>st</sup> century, for a more secular palate, that would translate into destiny and karma and other things?

These ideas are still very much present in the culture even if you're a non-believer as they were.

And those are resources that people draw upon in the present, in this COVID-19 moment. Invariably that's going to have an impact moving forward on the sustainability of those concepts for certain people and others. I expect we'll start to see that surface in the culture if we haven't already.

PIPPA KOCH: One of the things I wanted to explore is how these actors deal with fear and how fear plays out in terms of their response to what's going on. Why did they stay and do this, how did they overcome that fear, and how do they interpret that? I'm really interested in the emotional experience of disease and I think religious studies gives us a way to think about that.

One of the things that's happening right now that there's this Enlightenment sense of sensibility, of an innate compassion that humans have for their fellow humans. All of these actors are like, "What happens if you're so scared that you don't want to give any compassion to your fellow humans?" And so, one of the things I'm interested in is how these people I'm looking at in the talk respond to that moment of, "I'm so scared. Why am I staying? Why am I still doing this?"

CHRISTOPHER BRICK: Right, because the people you're dealing with are the ones who stay. They're the ones who don't leave, and that in itself is... there's a stratification dynamic there too because most people you describe either leave or want to leave. So, the people who were left behind, some of whose stories you relate to us, are unusual or exceptional in that regard? Or atypical? Maybe that would be a better way to frame it?

One of them is this gentlemen, Hienrich Helmut, if I'm pronouncing that correctly. He was a pastor of the largest Lutheran congregation in North America. He seems to have written quite a bit, so you have this very rich resource to draw upon in reconstructing some of these dynamics with respect to fear, emotional response to disease.

PIPPA KOCH: He also wrote a published account that was fairly popular. Like Matthew Carey's account is the most popular, the most appearing in multiple additions. Helmut's account appears in German and in English in more than one addition in both languages. I find Helmut really fascinating in part because Carey is also really interested in Helmut. Carey doesn't really know what to do with Helmut; he's impressed with him, but he's also distressed by what Helmut continues to do, which is hold religious services throughout the epidemic. He kind of-- not kind of-- he does blame Helmut for the higher rate of death among the people in his congregation.

CHRISTOPHER BRICK: Because of the lack of what we would call social distancing it sounds like, right? Wow, so that dynamic is playing out in 1793. I

mean, we have a supreme court decision from a month ago that's still trying to address this... [*inaudible overlapping*].

PIPPA KOCH: In Helmut's defense, which I'm not really sure I want to give, but they did have the windows open at church and they stood as far apart from each other as possible. They had shortened services and they mostly dedicated the services-- according to him, anyway-- they mostly would dedicate it to conveying public health information. So, it wasn't like he was blind to this question.

CHRISTOPHER BRICK: Realistically, that's more responsible than some of the behavior we've seen in 2021 and 2020 when we have a much stronger grasp of the science behind social distancing and epidemiology.

PIPPA KOCH: Helmut's just a really fascinating character because he's responsible and irresponsible. He's out there helping people. One of the reasons why there's more burials in the Lutheran burial ground is because they were willing to take in people that weren't Lutherans into their burial ground, which a lot of other churches weren't willing to do. It's hard to know if his actions had a negative impact, how big of a negative impact they had on his community. But he's one of the figures in Carey's story.

CHRISTOPHER BRICK: Carey is the figure who puts together the committee to... [*inaudible overlapping*].

PIPPA KOCH: Oh, no... the Committee to Alleviate the Sufferings of the... it's a really long name.

CHRISTOPHER BRICK: It is a very long, yes...  
[inaudible overlapping] it's a mouthful.

PIPPA KOCH: Yes, so Carey doesn't put it together. Carey actually flees the city for three weeks. He's a publisher and he's on the committee and he's the first person to publish an account of the yellow fever. It goes through multiple editions, and it's one of the most significant sources people immediately have of the yellow fever.

That's still important for historians today, but he's very critical of Black nurses, and he's critical of Helmut but he also celebrates Helmut. One of the threads that can connect all of the people I look at is Carey, who's on the committee, but also this very problematic figure.

CHRISTOPHER BRICK: And these people sort of knew each other, right? Or knew of each other? Even Philadelphia in 1793 is one of the bigger places in North America but, by contemporary standards, still pretty small. These are all people who are known to one another and live in relative close proximity to one another in urban Philadelphia.

PIPPA KOCH: There's a good study by Billy Smith, a more recent book on yellow fever, and there's also work on mapping the neighborhoods of Philadelphia and seeing where the transmission rates were... not

the transmission, where the cases were most prevalent. Because it is -I don't know if I mentioned this- but it is something that spread through a mosquito. Where the lower-lying parts of the city where there was a proximity to water... those sorts of places were in higher danger. And so, you can see some people were affected than others. It's a small city, but there is pretty intense stratification class-wise and also in terms of who was getting most harmed by this fever.

CHRISTOPHER BRICK: And were there... The ability to flee is probably informed or dictated, to a certain degree, by access to resources. If you were less well off, probably you're more likely to be stranded in Philadelphia itself and is more susceptible to acquisition of the disease.

PIPPA KOCH: You might be able to flee, even on foot or in a cart, but where do you go? I read letters from the outskirts of Philadelphia of people being like, "Did you come from the city? Get out of here! Don't come near me!" So, if you had family who was willing to take you in that's one thing, if you left early enough before it spread. But because they didn't know how the disease was transmitted and they almost thought of it as a plague, or some of them did, there was a real resistance and reluctance, among some people, to even shelter refugees from the city. That's also part of the equation.

CHRISTOPHER BRICK: You had talked about this race-relations issue with respect to the African-American community. There are African-American

nurses and Black undertakers-- These people really seem like community leaders. They're working in conjunction with Absalom Jones, you talk about him, Richard Allen, these AME pastors. What's that dynamic like?

You talk about the tension that Carey sets up in his memoir with how he's... he writes pretty disparagingly of the reaction from that community. How... [*inaudible overlapping*].

PIPPA KOCH: Jones and Allen have this unbelievable response to Carey that's unbelievable in the sense that it's a remarkable piece of writing that I find, every time I read it, it's stunning. It's defense of the community. It's forthright defense of what they did, yes. And it's, it's the way they... [*inaudible overlapping*].

CHRISTOPHER BRICK: It sounds like a rebuttal. Yeah, it's a rebuttal.

PIPPA KOCH: They frame it by saying "That's exactly what you all did. You voluntarily went forth..." The committee men all voluntarily went forth and decided to serve the community from their own free will and from their understanding of human compassion. That's what we're doing too, and that's what we did. I think it's a remarkable moment because they're grounding... in their response to the yellow fever, they're grounding a defense of their common humanity and equality.

What's most interesting for me is they're also making a really strong appeal to the sense that they're called to do this work by God, and the

language that they're using of free will is very much grounded in their understanding of human... of a Christian calling within the Methodist tradition.

CHRISTOPHER BRICK: Speaking of intellectual resources to be drawing upon...

It seems like free will is implicated in these more secularized Enlightenment ideas about Republicanism and citizenship, but also very present in the theological framing that both of these pastors are giving to this moment.

That is really interesting because it almost makes it sound, and correct me if I'm wrong, that Carey is addressing them as social inferiors and they reply as social equals.

There's no expectation on their part in this rebuttal that deference is owed.

PIPPA KOCH: It's amazing. I think it's something everyone should read.

CHRISTOPHER BRICK: I can see why. It sounds like a really interesting source. How does it teach? It sounds like it would be great in a classroom with students.

PIPPA KOCH: You know, I never taught it. That might be because I teach Religion in America and I have to get through sixteen weeks of material, so I talk about it.

But I teach Jarena Lee, who was a female Methodist preacher, instead of teaching this.

I've thought about going back. My students love it when I talk about medicine and disease and they'll probably love it even more moving forward. So, this will probably become something that I will teach because it's a rich source.

It's a source that's deeply religious. They talk about the fiery furnace; they talk about how they look back on their time in the fiery furnace. That's this key scriptural passage that God is there with them as they're going through this sojourn of misery. This ultimate testing: that's how they view what they went through with the fever. It's a remarkable piece of literature.

CHRISTOPHER BRICK: Sounds amazing. I'm always on the lookout for good... I love document-based teaching and I love bringing primary sources into... I love seeing the way students encounter that stuff and the way they respond to it. But I also feel like it lends so much credibility any time we're lecturing or talking.

You can describe, then, if you quote one letter, one memoir, one passage what have you, it really renders it all very, very seamless.

Something like that, I'll make sure we put it in the episode notes so that people, if they do... because it sounds to me like something, if I was teaching in this period, that I'd want to at least consult and think about excerpting in a lecture or in an assignment.

PIPPA KOCH: It also does a really remarkable job relaying the scene in terms of giving a vivid depiction of what the symptoms were like. Even in a

non-religious studies class you can gain a lot from this source in terms of understanding... it gives you a feel for colonial— sorry, early Republican Philadelphia and it gives you a feel for race issues in that time period and a feel for what a disease was like and what quarantine was like; what it was like to nurse people, what it was like to cart people through the streets, how it smelled. You know?

CHRISTOPHER BRICK: One of the things you talk about is there was a choice that gets made that sets them apart in the beginning in the sense that these people stay, others - most people - either choose to leave or want to go, so that sets them apart from the outset.

They engage in this charitable relief work, this philanthropy work, and in the process of doing that, they don't just do things, but end up becoming something else.

There's a degree of transformation that happens to them personally and communally. Is it something that shows up in their religious practice or the theological progressions that you track in your own work?

PIPPA KOCH: Yeah, in a way. I read all of their accounts. To write a narrative of disease in this time period is to practice a really common Christian practice of repentance and reflection and this retrospective task of looking back on your life and trying to make meaning of whatever went before and what you're doing to respond to some sort of moment of crisis.

Then there's this release, and I think that all of their narratives follow in that practice even though the committee's narrative and the committee minutes and then Carey's own narrative are more secular.

But there's still this same sort of... they're coming out of that practice of, "This is how you respond to pain and suffering, is you turn to God and you try to understand what meaning this has in your life." And so, I think it builds out of that tradition; even the more secular account builds from that same tradition, that same habit of practice, that religious habit.

And for all of them, because they wrote these really evocative accounts, they all became well-known. That ended up having an influence on their careers moving forward and you could call it... you could say it had an influence on their salvation if you wanted to talk about it in their own religious language. It meant that their calling really meant something: that they were successful or that they...

CHRISTOPHER BRICK: It sounds like they derived a sense of meaning that ends up shaping their identity vis-a-vis community. We talk about how community is so important, the creation of community in this early Republic moment that's going to have political valance to it as well.

PIPPA KOCH: And they all take a great amount of pleasure in their accomplishment and they even say that. Even Carey is like, "This is some of the happiest moments of my life, that I participated in this work." And I think that that's really... I don't know that we'll ever get there. I don't know that

people will ever think of that, but there is this sense of accomplishment that they were able to do in the sense that they were able to keep moving forward, that they were able to work for [*inaudible overlapping*].

CHRISTOPHER BRICK: Overcoming that fear, you introduced that concept of fear earlier and trying to track peoples' responses to it. There's some fear "overcome-ance" as well. In each of these, you talk about the three: we have Helmut, we have Carey's narrative and the committee, and we have the AME pastors and the African-American nurses and undertakers. They all have a role to play in mitigating this and then, as community leaders, carrying each of their respective communities through this Philadelphia experience.

PIPPA KOCH: Yeah, I think so, and sort of setting the groundwork for what it all means moving forward, giving people some hope at the end of it all.

CHRISTOPHER BRICK: Well hope is a wonderful place for us to wrap, and I want to thank you for allowing us to end on that note and thank you for contributing this work to this series and engaging in the research because I think it's going to help contribute a lot of context to, not just the listeners, but your students and certainly to me.

PIPPA KOCH: Thanks for the conversation, I really enjoyed it.

CHRISTOPHER BRICK: Wonderful to have you, thank you  
Pippa Koch.