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In the Wake of Conquest: A global perspective on the depopulation of indigenous peoples of Latin America

Kenneth Wayne Howell¹

When Columbus set sail in 1492, he had no intention of discovering a new world, but to the great misfortune of millions of Amerindians that is exactly what he did. Columbus's voyages to the "New World", along with the many other adventurers and travelers that would follow him for centuries after, brought great pain and suffering to the indigenous peoples of the Americas. Had the Indians been Christians at the time of contact with the Europeans, they would have professed that Armageddon was at hand—millions lost their lives. In some cases, entire groups of Indians became extinct in less than fifty years following their contact with Europeans.

It will be the purpose of this paper to examine the reasons behind the extensive death tolls in Latin America following the arrival of Europeans and their subsequent conquest of the New World. This paper will not attempt an in-depth study of the depopulation of the Amerindians, but rather serves as beginning point for more extensive research. In the end, the reader will probably be left with more questions than answers. It is the hope of the author that this exploratory format will spark new ideas as well as familiarize readers with existing scholarship on the subject.

Because European and African diseases have been labeled the single greatest factors in the conquest of Latin America's indigenous peoples, the author has chosen to place them as the focal point of this study. In addition, the paper compares the conquest of the New World with other regions throughout the world; this comparative format will increase the reader's understanding of infectious diseases and the impact that these contagions had on Central and South America as well as Europe, Africa, Australia, Hawaii, the Philippines, and Japan. In viewing epidemic diseases in this global context, it is easier to understand their significance in dismantling the populations of the Americas.

Before looking at the impact infectious diseases had on isolated areas around the world, it is necessary to define certain terms associated with

plagues and epidemics. These definitions are simplistic, but they suffice in giving readers a working knowledge of how infectious diseases spread. In addition, the relationship between parasites and hosts will be examined and placed in the context of world pestilence.

When one individual dies due to illness, society is virtually unaffected. However, when large numbers of individuals are infected with disease and die as a result, then social, economic, and political consequences are inevitable. An outbreak that occurs throughout a significant portion of a population is called *an epidemic*, a word derived from a Greek term meaning “prevalent among the people.” If an epidemic affects a large percentage of the population over a wide geographical area, it is then called *pandemic*. If the disease becomes restricted to a particular region or group and causes relatively few deaths, it is then considered *endemic*, or localized. When a disease reaches the endemic stage, they are often considered a “childhood” disease, because the infection is primarily found among young children. Once a child recovers from his/her bout with a contagion, he/she will usually develop an immunity to it. Therefore the infectious disease will lay dormant until a new group of susceptible children emerge.

The term *plague* is a generic name for the bubonic plague, which is caused by the *bacillus pasteurilla pestis*. The name bubonic derives from a characteristic associated with the disease – the formation of inflamed lymph glands. The plague is usually considered a disease of rodents, especially rats. The transfer of the pestilence from rodent to human is usually accomplished when humans come into contact with the fleas of infected animals.

Epidemics are caused by microparasites that live off human tissue. The microparasites live within a host organism. Some parasites live exclusively in human hosts, allowing them to be transferred by human contact, while others live within certain animals and are transported by insects. For example, mosquitoes carry malaria, and fleas spread the deadly plague. These tiny parasites react with their host in a variety of ways. They can infect their host with disease and death, sometimes they trigger an immune reaction within the host which kills the parasite, and at other times the parasite and host develop a reciprocal relationship that allows both organisms to live in equilibrium. In this state of balance, the host will become a carrier of an infectious disease while remaining symptomless.²

Most epidemics are defined as an unusually high incident of disease occurring within a short period of time in a well-defined geographical region. Epidemics are categorized by two types, “contact” and “disseminated” epidemics. A contact epidemic, as the name implies, results from person-to-person contact. Disseminated epidemic refers to a disease that is spread to humans from a non-human agent. The non-human agents can be anything

from an insect to contaminated milk. It should be noted that a disseminated disease can quickly become a contact epidemic.

Epidemic diseases maintain certain consistent characteristics throughout the world. First, they tend to be more prevalent in densely populated areas, such as cities. This is a direct result of the contact epidemic. Epidemic infections usually spread quickly through most susceptible to disease – often children are the most defenseless against the outbreak of pestilence. Finally, the disease will usually subside after the infectious microparasite becomes localized, and the human population gradually develops a natural resistance to it.

Alfred Crosby, a noted historian of the biological exchanges between Europe and the Americas has labeled what he believes to be a special type epidemic found in isolated regions of the world – the “virgin soil epidemic.”³ Crosby states that a virgin soil epidemic is characterized by an “immunological defenseless host population, extreme rapid spread, and almost universal infection.”⁴ In addition, Crosby finds that several factors account for the high mortality rates often associated with virgin soil epidemics, especially in the New World: First, he contends that smallpox and measles in the sixteenth and seventeenth centuries were not the simple childhood disease than we think of today. He reminds us that without the advent of modern medicine these diseases are killers. Second, disease in a virgin soil epidemic often takes its heaviest toll on age groups between 15 and 40 years old, which is the age group most responsible for providing food, shelter, and protection for the community. With the majority of the working age adults in society either bedridden or dead, starvation often becomes widespread. Third, as with the case of the Amerindians, people in a virgin soil epidemic are usually hit with several diseases at once, offering them little chance for recovery or survival. Finally, Crosby reveals that fatalistic attitudes toward the inevitability of death often resulted in the loss of entire families. In many cases, the people simply lost the will to live.⁵

The contagions which invaded Latin America primarily came from Europe, thus it is necessary to briefly examine the development of disease on that continent. An examination of the European epidemics will provide a clearer understanding of the origins of those pathogens introduced into the New World, but it will also give readers a framework for understanding how diseases spread throughout the Americas. Infectious disease surfaced approximately 5000 years ago when the first urban communities of Sumeria began to appear. This period of growth was marked by a rise in agriculture and the domestication of animals. Humans slowly began to learn the art of animal husbandry, becoming more adapt at raising pigs, sheep, cattle, goats, horses, and fowl. But with this new found ability to domesticate animals came

with unexpected hardships. As the people became more tied to their animals' natural environment, they also were increasingly exposed to the pox viruses, measles, influenza, and other diseases carried by these animals. After a period of time, the stock-breeders developed an immunity to the diseases present within their animals, but when they traveled the countryside, they exposed other groups of people outside of their community to dangerous pathogens. The results were devastating for those nonimmune societies. The situation was impacted even more as people began to live in more urban settings, especially in the Middle East. In areas where people lived closer together, diseases spread rapidly and took a greater toll on life. European urban dwellers well into the 1800s would suffer greatly from epidemics such as bubonic plague, smallpox, syphilis, typhus, typhoid fever, measles, bronchitis, whooping cough, and a variety of other deadly ailments.⁶

Though exposed to the new pathogens of domesticated animals, the balance between microparasites and their host humans remained fairly balanced at the beginning of the Christian Era. However, as overland trade and open-sea trading began to develop between Europe, the Middle East, and Asia, diseases became more globally widespread. The two regions most effected by the new pathogens were those areas on the periphery of the newly created trade routes – Rome and China. Merchants not only exchanged novel goods between these two distant empires, but they also traded inhospitable pathogens, invisible killers that would reap havoc on the citizens of both realms.⁷ Perhaps one of the most cataclysmic diseases to invade Europe was the infamous “Black Death”, more properly know as the bubonic plague.

In the fourteenth century, epidemics of bubonic plague spread rapidly throughout the villages and towns of western Europe. The disease not only brought death to the people of this region, but it also necessitated economic and social changes. The most prominent of these was the adaptation of new landholders and land usage which forced individuals to migrate to urban areas in search of nonagricultural pursuits. Between 1350 and 1500, the populations of European cities continued to grow, creating problems with overcrowding, sanitation, and clean drinking water. These problems and others created the perfect environment for the breeding of epidemic diseases, especially the plague. During this period of increasing urbanization, at least one-third of all babies died before reaching their fifth birthday, chronic disease touched almost every adult's life in some fashion or another, and two-thirds of the citizenry, even those in the rural areas of Europe, did not survive to reproductive age.⁸

Between 1350 and the early 1700s, the Black Death reappeared at least once every generation. However, after 1720, the bubonic plague disappeared from the European landscape, leaving modern scholars with the elusive

question of *why*? Although no one has a definitive solution to this question there existed several possible answers. It is possible that improved methods of dealing with the infectious disease, especially quarantine, kept it from spreading uncontrollably from one city to the next. Another possible answer, centers on the theory that climatic changes caused a decline in rodent colonies in central Asia. The decreasing number of rodents meant that fewer rats (which carried the plague) were traveling back to Europe in the cargos of European merchants. Finally, historians also theorized that a decrease in merchants traveling to Asian markets and a shift to an Atlantic-based trade slowed the entrance of infected rodents into Europe. Regardless, of the reason, the plague was all but a memory by the mid-1700s.⁹

If the plague slowly faded from Europe's landscape, new diseases quickly took its place, especially smallpox. This contagion like most microparasites devastated the urban populations, preying first on everyone, then slowly developing into a predator of children and the elderly.¹⁰

Before leaving Europe, it is necessary to discuss some of the factors that contributed to improvements in health throughout Europe during the sixteenth and seventeenth centuries. Improving health was directly related to people's ability to acquire more nutritional foods and their capacity to distance themselves from exposure to acute infectious diseases. Europeans by 1600 had become immune to many of the diseases which were once devastating to Europe.¹¹

Having briefly reviewed epidemics in Europe, it is now necessary to move forward to the focus of this study which is disease and its impact on the depopulation of the Amerindians. Quickly after Europeans arrived in the New World, Native Americans began to die off in large numbers. Most of the Amerindians died of disease which the Europeans introduced into the "virgin soil" societies of Latin America. Though we know how these Americans died, there are still many questions to be answered. For example, did epidemics exist in pre-Columbus America? Exactly what diseases killed the native peoples and when did these deadly pathogens arrive? Did the forced immigration of African slaves play any part in spreading new diseases to the Americas? Scholars in recent years have struggled to answers to these questions, but no conclusive answers have been reached at present.

In Pre-Columbian Latin America, it is reasonable to assume that a variety of diseases existed among the Amerindians. There were very few places in the world which were completely void of microparasites. It is also reasonable to assume that the pre-Columbian diseases were different from those found in Europe, because of the large number of natives who died of epidemics at the onset of conquest. Providing that Native Americans had their own strain of diseases, then it is also highly probable that these diseases

spread throughout Latin America through human contact, having its greatest impact in the urban areas. This was certainly true of the transfer of pathogens present in Europe in the fourteenth and fifteenth centuries. If these early scourges were “contact epidemics,” then this might in part explain why the Mayas mysteriously moved away from their once heavily populated urban centers.¹²

Regardless of whether infectious disease existed in the Americas or not in the pre-Columbus era, there can be little doubt that European germs had a devastating and horrific impact on the New World’s populations. Smallpox, measles, influenza, typhus, bubonic plague, yellow fever, and malaria were just a few of the diseases that Europeans introduced to Latin Americans. Of these diseases, smallpox and measles was the most destructive among the indigenous populations.¹³

Prior to the arrival of Spaniards in the early 1500s, Native Americans constituted approximately a fifth or sixth of the world’s population.¹⁴ However, by 1600, the indigenous population had been drastically reduced. Two questions arise, why did these people succumb to illness in such large numbers after the arrival of Spanish colonizers? And, why did the Native Americans failed to develop immunities to the diseases brought by the foreign invaders?

In order to understand why diseases took such heavy tolls on the Americas indigenous population, it is necessary to examine how the disease spread throughout New World societies. Europeans first reached land fall in the Caribbean islands. Environments found in islands, such as Hispaniola, were very different from that of Europe, the most important difference being the absence of domesticated animals. Thus, the native inhabitants were virtually free from the pathogens that had previously yielded destruction on the landscapes of Europe.¹⁵ It was only natural, given how disease spreads in “virgin soil” societies, that those most susceptible to disease (the islanders) were adversely affected. For example, Hispaniola’s population might have been as large as 8 million people at the time of Columbus arrival, but in less than half a century later it was basically nonexistent.¹⁶ The initial wave of disease which struck the island was “carried by pigs aboard Columbus’s ships, but successive waves of smallpox infections brought by Europeans following the Admiral of the Oceans Seas probably caused a greater number of deaths among natives.¹⁷ As the following account from an Indian observer reveals, the smallpox contagion was vividly etched into the minds of the Amerindians:

Sores erupted on our faces, our breasts, our bellies; we were covered with agonizing sores from head to foot. The illness was so dreadful that no one could walk or move. The sick were so utterly helpless that they could only lie on their beds like corpses, unable to move their limbs or

even their heads. They could not lie face down or roll from one side to the other. If they did move their bodies, they screamed with pain.¹⁸

Before the indigenous population could recover from this initial wave of disease, it was hit with another wave of pestilence. In this way, a substantial portion of the population was destroyed before it could even begin to develop any type of immunity to the Europeans' pathogens.

From Hispaniola, the microparasites spread to the mainland, traveling across the waters with European adventurers who were seeking riches and Native Americans who were fleeing from the catastrophe befallen upon their islands. It seems certain that smallpox arrived in Central Mexico ahead of Cortes's famed expedition, providing his group of *conquistadores* a decisive advantage over the Aztecs.¹⁹ Central Mexico's population fell from approximately 15 million people in 1519 to a paltry 1.5 million a century later, an average death rate of between 80 and 90 percent in most regions.²⁰ From the Aztec capital city, Tenochtitlan, the indigenous people spread the smallpox virus and other European ailments throughout the Aztec empire and beyond while traveling along well-established trading routes, possibly spreading the virus as far South as the Peru and as far north as eastern seaboard in North America.²¹

Central Mexico, however, was not alone in its suffering. South America also witnessed massive depopulation due to foreign pathogens. Smallpox first reached Panama in 1514 when Spaniards colonized its coastal regions. From here, the pandemic reached the Inca Empire, claiming thousands of victims before Spanish conquerors reached Cuzco, Peru. By the mid-1500s, the disease had reached as far as Chile, where it devastated the Araucanian people. Jesuit missionaries unknowingly carried deadly contagions deep into the interior of South America, as far as the Upper Amazon. Thus, by early seventeenth century, epidemics appeared regularly throughout Central and South America, even in the most remote of areas.²²

Having now acquired at least a working knowledge of how European disease spread through out the New World, it is essential to examine the general affect that these microparasites had on the indigenous societies. The reader should note that epidemics follow a clear pattern of destruction on "virgin soil" regions. First, as mentioned above, a substantial portion of the population falls ill or dies. If death tolls and illness were high among those in the group of people between the ages of 15 to 40, then there is an immediate labor shortage. Without laborers, it becomes almost impossible to complete normal agricultural tasks. Thus, the infected community suffers additionally from a lack of food stuffs. A limited nutritional diet increased the settlement's

risk of becoming susceptible to illness.²³

Disease furthermore tended to have an adverse effect on birthrates. For example, David Stannard states that in Hispaniola “after the initial wave of disease struck, long term illness began to surface, including tuberculosis and gonorrhea. These diseases crippled the reproductive rate for the island and in turn the population of the Caribbean could not be maintained by natural increase.”²⁴ This was a pattern observed throughout Latin America.

There is no doubt that epidemic diseases contributed to the destruction of native Latin Americans, but disease by itself is not a fully satisfactory answer in explaining the overall process of depopulation in the Western Hemisphere. Though disease is a major factor contributing to the rapid decrease in Amerindian populations, researchers must also consider other variables related to the depopulation of natives, such as warfare, slavery, ecological changes, and miscegenation.

Early Spaniards and other Europeans arrived in the new world with three things on their minds: God, gold, and glory. Each of these motivations in one way or another eventually led to military conquest of the indigenous peoples. For example, the Catholic priest who favored the “millennial” philosophy, were unmoved by the Spanish conquistadores killing of natives who would not convert to Christianity. In their eyes, the indigenous people, as well as the rest of the world population, had to convert to Catholicism in order to precipitate the second coming of Christ.

The Spaniards’ desires for gold and glory complimented each other in that the more gold a conquistador could extract from the New World the more wealth and fame he could carry back to his home land. The search for gold often led to militaristic actions against the Amerindians. Cortes’ expedition into Central Mexico illustrates this point very well. Having heard of possible fortunes on the mainland, Cortes left Cuba with a relatively small expedition to gain fame and fortune. After his initial visit to Tenochtitlan, Cortes and his men returned to the Aztec capital fully ready for an armed conflict. Angered by the Aztecs resistance, Cortes resorted to terrorist tactics. In the words of Cortes, “We did them so much harm through all the streets in the city that we could reach, that the dead and prisoners numbered more that eight hundred.”²⁵

By the end of the next day, the invaders had put forty thousand men, women, and children to the sword. Cortes boasted later that “in those streets where they were we came across such piles of the dead that we were forced to walk upon them.”²⁶ Examples of warfare and European cruelty were not limited to Central America. For example, pre-dating Cortes’s expedition from Cuba, the Taino population in Hispaniola suffered terribly at the hands of the Spaniards.

The foreign intruders put their swords to the bellies of pregnant Taino women and urged their attack dogs to eat living Taino men and children. The

Spaniards' actions in Hispaniola contributed greatly to the decline of the island's indigenous population.²⁷ Unfortunately for the Amerindians, this type of militaristic and terrorist behavior was repeated throughout the New World. There is no way of realistically quantifying how many Native Americans were killed by European conquerors, but the number certainly pales in comparison to the number dying of disease. Nevertheless, when discussing the depopulation of the Americas, scholars must factor in the number of deaths caused by warfare.²⁸

Jack D. Forbes in his study *Africans and Native Americans: The Language of Race and the Evolution of Red-Black Peoples* offers another possible cause for depopulation in the Americas. He states that "the tens of millions of Americans who disappeared after 1492 did not all die in the "olocaust" inflicted within the Americas. Many thousands were sent to Europe and Africa where their descendants still live."²⁹ Forbes contends that these dislocated Amerindians were taken to Europe as slaves. He estimates that between 1493 and 1501, Columbus himself carried 3,000 natives to Spain.³⁰ More research is needed to substantiate Forbes theory of an Indian slave trade, but scholars focusing on the depopulation of the Americas can not dismiss the possibility that thousands of Amerindians might have been forcefully removed from their home lands, just as the Africans would be in the sixteenth and seventeenth centuries.

Forbes study also provokes another original thought. Although not specifically address in his book as a factor contributing to the decline of the indigenous population in Latin America, he mentions that the terms for negro, black, and mulatto were fluid and changed from one region of the Americas to the next.³¹ Part of his argument rest upon the fact that Native Americans and African brought to the New World by European slave traders intermarried, producing offsprings which were difficult for Europeans to classify. Miscegenation between these two groups could have skewed the European censuses and tax rolls that were compiled throughout the seventeenth and eighteenth centuries, giving the appearance that native populations were in decline during this span of time. Providing that further research finds the miscegenation theory credible, the implication will then be that Indians were not in decline due only to European disease and mistreatment, but it will stand to reason that their presence within Latin America was being recorded as something other than "Indian." Most likely they were categorized as mulatto instead.

While on the topic of Africans in the New World, it is necessary to take a brief look at what biological effect Africans had on the Amerindians. The fact that large scale depopulation of the indigenous peoples produced labor shortages in European mining and agricultural operations in Latin

America is well documented, even general texts highlight this occurrence. Because of the labor shortages, slave traders began to bring their “black cargo” to the European colonies in the Americas, selling them to the highest bidder. By 1600, a substantial African slave trade was established.³² The biological effects of the Africans’ arrival were once again catastrophic for the indigenous populations. The Africans brought with them an additional wave of smallpox epidemics, further adding to the depopulation of the Native Americans. Also, the Africans introduced new pathogens into Indian societies, such as yellow fever and malaria.³³

The disappearance of indigenous peoples opened the doors for numerous changes to the landscape and environment of Latin America. Many of these ecological changes had adverse effects on the health and economic well-being of the Native Americans which further contributed to their depopulation. The ecological and biological exchange of plants and animals between Europeans and the Native Americans is well documented, however, the effects of these exchanges has only recently become a serious topic of study. Elinor G. K. Melville’s *A Plague of Sheep: Environmental Consequences of the Conquest of Mexico* is a fine illustration of the recent scholarship produced on this topic.³⁴ In her study, she argues that the rapid depopulation of the indigenous peoples in Central Mexico left the landscape open for European use. As a result, Europeans introduced grazing animals into Mexico, changing the landscape forever. Prior to the depopulation of the natives, the land was primarily used for agricultural purposes. However, after conquest and the introduction of grazing animals such as sheep and cattle, Europeans converted the agricultural regions into pasture lands.³⁵ With the indigenous population no longer able to provide food from the lands, they had little choice but to move to urban areas. In their new urban setting, the natives were subjected to a greater risk of disease. In addition, those that remained on the land suffered from malnutrition and starvation, which ultimately placed them at risk of contracting deadly diseases.³⁶ Therefore, the overall impact of ecological exchanges on the American landscape must also be considered when studying the depopulation of Native Americans.

If researchers are to understand the intrinsic nature of the depopulation of the Amerindians, then they are going to have to look at the issue from a global perspective. For this reason, the last portion of this paper will attempt to place the depopulation of indigenous Americans in context with declining population of other regions around the world which experienced early contact with Europeans. The following regions will be used in this comparative approach: Australia, India, Japan, Africa, the Philippines, and Hawaii.

Australia in many ways suffered the same fate that had befallen the indigenous people of Latin America. Dutch traders who reached Australia in

the seventeenth century introduced the native Australians to new pathogens which caused epidemics throughout the continent. Like their American counterparts, the isolated location of Australia provided a perfect place for a “virgin soil epidemic” to occur. Historian Leslie B. Marshall states that “. . . disease in this region [Australia and Oceania] caused extensive loss of life before preventive or curative methods were successful.” The author continues by explaining “endemic diseases regulated fertility and mortality over time; epidemics of new diseases often caused severe depopulation in all age groups when first introduced . . . the loss of mature adults reduced the group’s ability to provide food, shelter, and nursing care for itself. . . .”³⁷ Common ailments among the Australians included the following: smallpox, measles, influenza, pneumonia, and tuberculosis.³⁸ Within sixty years of their first contact with the European traders, approximately ninety-five percent of Australia’s aboriginal populations located in the southeastern portion of the continent had died.³⁹ As shown above, this is exactly the same effect that diseases had on natives in Latin America. In addition, following similar patterns established in the Americas, nutritional deficiencies played a role in the depopulation of the Australians. At least in part, ecological exchanges caused these nutritional deficits, especially the transformation of agricultural lands into range lands.⁴⁰ Clearly, evidence suggests that Australians and Amerindians shared many of the same biological consequences after Europeans invaded their respective territories..

India represents a unique case among those compared here with the Americas. The people of India suffered from European contagions such as smallpox, but they did not suffer extreme depopulation. What makes India an interesting case is that its natives attempted to prevent disease from spreading through inoculation. For example, the Hindus crudely inoculated themselves against the smallpox pathogen. Certain classes, mostly cattle and sheep herders, collected and preserved the dry scabs of the pustules (a small inflamed elevation of skin containing pus) from the bodies of those infected with smallpox. The Hindus placed a small portion of this material on their forearm and would then puncture the skin underneath it with a needle. In this way, Hindus provided themselves with a certain amount of immunity from deadly European disease.⁴¹

Unlike the Americas, widespread depopulation did not occur in Japan after its first contact with Europeans. Low death tolls were probably the result of the country’s ability to keep foreign immigration to a minimum. By 1636, less than 100 years after their arrival, the Tokugawa shogunate virtually expelled all Europeans from Japan. The political leadership’s removal of Europeans prevented the foreigners from repeatedly infecting Japan’s populace. Though diseases were introduced into Japan’s society, including

the deadly smallpox and measles viruses, birthrates superseded death rates. The worst affliction that Europeans brought to Japan was a viral infection similar to the AIDS syndrome of present-day.⁴² As historian W. Wayne Farris states, “It attacked the immune system.” He further finds “that Portuguese sailors coming to Japan in the 1500s brought infected monkeys and African slaves, who transmitted the disease to the Japanese population.”⁴³ This disease probably did not have a great effect on the Japanese people, because so little biological exchange took place between them and the Europeans, at least when compared with the Americas.

Africa’s incident with disease was related more to the mobility of its people, rather than the invasion of outside microparasites. For many centuries, Africans were content with living in the isolation of their own villages. Seclusion was a method of protection from native diseases located beyond the confines of their village boundaries. Africans, following Portuguese coastal contact in the fifteenth century, begin venturing from their villages, either to escape from slave traders and the horrors of inter-tribal wars, or to trade with European camps along the coast. These African travelers carried their own epidemic microparasites which other African tribes had little natural protection against, while at the same time they were introduced to the infectious diseases of the new peoples they contacted.⁴⁴ To limit the spread of contagions, the Africans developed an ingenious method of trading resources. Historian Oliver Ransford explains this process, “the people of one village would lay out their goods for sale at a recognized boundary and then withdraw; the others would then display wares of approximately the same value before retreating; bargaining would continue in this fashion until the price was right.”⁴⁵ In the 1870s, after the discovery of the medical value of quinine in fighting malaria, contact between Europeans and Africans increased, changing the pattern of diseases in Africa. New and unfamiliar pathogens became more widespread on the continent, of which the most deadly to Africans was syphilis and tuberculosis.⁴⁶ The net effect of European contagions in Africa is very similar to that in the Americas, as contact with Europeans increased so did the impact of pathogenic epidemics. Only in Africa, the Europeans were not able to assail their victims as easy as they did the Americans, because the coastal invaders had no resistance to the African-based diseases such as malaria, yellow fever, and sleeping sickness.

Both the Philippines and Hawaii followed the same pattern of disease transfer that natives experienced in the Americas upon contact with Europeans. Historian Ken De Benoise states that “there can be little doubt that malaria, cholera, beriberi, dysentery, and other diseases of the gastrointestinal tract, tuberculosis, and smallpox were implicated in more deaths than were any other diseases.” He continues by declaring that like “

Central Mexico, disease came to the Philippines in waves, affected the number of child births negatively, and created havoc on the indigenous populations.”⁴⁷

The Philippines’ population which was scattered throughout the various blots of land that constitutes its island chain helped aid the people of this region from becoming totally extinct.

Hawaii was one of the last major regions of the world affected by the era of European exploration. David Stannard reveals that “the same lugubrious tale of explosive epidemic and drastic population decline that we encountered in the Americas was repeated here [Hawaii and the Pacific region in general].”⁴⁸ As in the Americas, Hawaii suffered from immense depopulation of its people. Within twenty-five years of contact with Europeans, the population of the island was reduced by approximately fifty percent. In less than a century after contact, the population was almost extinct, approximately ninety-five percent of Hawaii’s original population was wiped out.⁴⁹ Once again, Hawaii followed the same patterns of depopulation that were also present in the Americas.

In conclusion, it is evident that the depopulation of the Americas was not a unique occurrence among peoples who came in contact with European adventurers. In fact, those regions that experienced only moderate declines among the indigenous populations proved to be an exception to the rule. Furthermore, researchers of the depopulation of the Amerindians must consider several factors when examining the phenomenon of declining native populations in the Americas following contact with the Europeans. These factors include the following: European pathogens, the overall reaction of “virgin soil” societies to infectious disease, the effects of warfare, the development of an Indian slave trade, ecological changes on the landscape, and miscegenation. The degree to which these various factors influenced Native Americans can only be assessed after scholars complete further research on this topic. The key to understanding the impact of diseases on societies in general, and in Latin American communities specifically, will only be achieved once the European diseases are placed in a global context. This paper has attempted to take the initial step toward that goal.

Notes

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² *Ibid.*; David E. Stannard in Kenneth Kiple, ed., *The Cambridge World History of Human Disease* (Cambridge: Cambridge University Press, 1993, reprint 1994), p. 37.

³ Alfred Crosby, *Germs, Seeds, and Animals: Studies in Ecological History* (Armonk, New York: M. E. Sharpe, 1994), pp. 100-106.

⁴ *Ibid.*, p. 100.

⁵ *Ibid.*, pp. 100-106.

⁶ Stannard in Kiple, ed., *The Cambridge World History of Human Disease*, p. 36.

⁷ *Ibid.*, p. 36.

⁸ Ann G. Carmichael in Kiple, ed., *The Cambridge World History of Human Disease*, p. 280.

⁹ *Ibid.* pp. 281-82.

¹⁰ *Ibid.* p., 284.

¹¹ *Ibid.*, p. 286.

¹² Noble David Cook, *Born To Die: Disease and the New World Conquest, 1492-1650* (Cambridge: Cambridge University Press, 1998), p. 13.

¹³ *Ibid.*, pp. 205-06; Ann Ramenofsky in Kiple's *The Cambridge World History of Human Disease*, pp.323-24.

¹⁴ Sheldon Watts, *Epidemics and History: Disease, Power, and Imperialism* (New Haven: Yale University Press, 1997), p. 84.

¹⁵ Stannard in Kiple's *The Cambridge World History of Human Disease*, p. 39.

¹⁶ *Ibid.*

¹⁷ *Ibid.*, p.40; Cook, *Born To Die*, p. 14; Watts, *Epidemics and History*, p. 88.

¹⁸ Cook, *Born To Die*, p. 202.

¹⁹ *Ibid.*, p. 212.

²⁰ *Ibid.*, p. 5; Watts, *Epidemics and History*, p. 90.

²¹ Watts, *Epidemics and History*, p. 87. Watts reveals that Tenochtitlan was supported by a complex food provisioning system based on irrigated agriculture and on local and long-distance trade. In many two-story stone houses, stone towers and temples, its great public squares and markets, its myriad crowds, its canals and bridges, its high aqueduct bringing in fresh water for drinking and baths, all combined to create an urban place which in Europe might have been challenged only by the city of Rome 1,500 years earlier. There is little doubt that disease took a heavy toll on the inhabitants of this city as it had done in European urban areas.

²² Mary C. Karasch, in Kiple's *The Cambridge World History of Human Disease*, p. 539.

²³ Cook, *Born To Die*, p. 202.

²⁴ Stannard, in Kiple's *The Cambridge World History of Human Disease*, p. 39.

²⁵ Watts, *Epidemics and History*, p. 89.

²⁶ *Ibid.*

²⁷ *Ibid.*, p. 88.

²⁸ Cook, *Born To Die*, p. 9. Cook reminds his readers that the Spaniards were too few in number to have killed the millions of Amerindians that died in the first century after Old and New World contact. The idea that Europeans inflicted that depopulation stemmed solely from the European's treatment of the Indians can be traced back to men like Las Casas, who spoke out in favor of indigenous rights. It was in their writings that the so called Black Legend had its roots.

²⁹ Jack D. Forbes, *Africans and Native Americans: The Language of Race and the Evolution of Red-Black Peoples* (Chicago: University of Illinois Press, 1993), p. 25.

³⁰ *Ibid.*, p. 24.

³¹ *Ibid.*, *passim*.

³² Daurill Alden and Joseph C. Miller, "Unwanted Cargoes: The Origins and Dissemination of Smallpox via the Slave Trade from Africa to Brazil, c. 1560-1830," in Kenneth Kiple, ed., *The African Exchange: Toward a Biological History of Black People* (Durham: Duke University Press, 1987), p. 36.

³³ *Ibid.*, pp. 36-37 and 43; Mary C. Karasch in Kiple's *The Cambridge World History of Human Disease*, p. 539-40.

³⁴ Elinor G. K. Melville, *A Plague of Sheep: Environmental Consequences of the Conquest of Mexico* (Cambridge: Cambridge University Press, 1994).

³⁵ *Ibid.* pp.2-14.

³⁶ *Ibid.*, pp. 39-40; Cook, *Born To Die*, p. 205.

³⁷ Leslie B. Marshall in Kiple's *The Cambridge World History of Human Disease*, p. 484.

³⁸ *Ibid.*, pp.486-89.

³⁹ Stannard, in Kiple's *The Cambridge World History of Human Disease*, p. 40-41.

⁴⁰ *Ibid.*, p. 484; Melville, *A Plague of Sheep*, pp. 60-77.

⁴¹ Hakim Mohammed Said in Kiple's *The Cambridge World History of Human Disease*, p. 414.

⁴² Ann Bowman Jannetta, *Epidemics and Mortality in Early Modern Japan* (Princeton: Princeton University Press, 1987), pp. 6, 30, and 32;

⁴³ W. Wayne Farris in Kiple's *The Cambridge World History of Human Disease*, p. 384.

⁴⁴ Oliver Ransford, "*Bid the Sickness Cease*": *Disease in the History of Black Africa* (London: John Murray Publishers, Ltd., 1983), pp. 1-2.

⁴⁵ *Ibid.*, 46-47.

⁴⁶ Ransford, "*Bid the Sickness Cease*", p. 2; Stannard in Kiple's *The Cambridge World History of Human Disease*, p. 39.

⁴⁷ Ken De Bevoise, *Agents of Apocalypse: Epidemic Disease in the Colonial Philippines* (Princeton: Princeton University Press, 1995), p. 8.

⁴⁸ Stannard in Kiple's *The Cambridge World History of Disease*, p. 40.

⁴⁹ *Ibid.*, pp. 40-41; Alfred Crosby, "Hawaiian Depopulation as a Model for the Amerindian Experience," in *Germes, Seeds, and Animals*. Crosby's study is an excellent account of the biological exchanges between Europeans and Hawaiians.

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