

A Brief History of Infectious Disease, Disability and Racial Conceptions of 'Healthy Citizens'

By Geoffrey Reaume, April 2022

Racist views towards specific segments of the population whose physical presence was stigmatized and othered, with false accusations of their causing infectious diseases has a long and dishonourable history in the western world. One has only to look to the catastrophic example of the bubonic plague in mid-fourteenth century Europe to underline this point. At a time when at least a third of the population of western Europe was wiped out by an infectious disease over a four year period between 1347-1351, there are reports of Jews being blamed for the spread of the bubonic plague. Jews, who were ostracized as the "other" in a pre-dominantly Catholic continent, were accused of using people with leprosy to poison wells and to thereby spread the plague. In Spain, Muslims were also scapegoated by Christian neighbours for the spread of the bubonic plague. (Ziegler, 71-75) As a direct consequence of anti-Semitism during the bubonic plague during the mid-fourteenth century, thousands of Jews were mass murdered by Christians in Europe during this period. Even the rare case of a medieval pontiff, Pope Clement VI, denouncing anti-Semitic murders by Catholics

did not stop such atrocities during this traumatic period of the “Black Death”. (Ziegler 78; Hay 143) While the roots of anti-Semitic prejudices go beyond lies about the cause of mass contagion, the devastating impact of linking a vulnerable and visibly different group of people who were falsely accused of spreading disease has continued long after the bubonic plague receded as a collective threat.

Racist views towards people who are considered outsiders as being a public health threat have a long and sordid history among people of white, European background in North America. As Alan Kraut has written, “Too often immigrants were repelled because their very appearance suggested to their hosts’ gazes a physical inferiority or vulnerability that the native born feared might be contagious.” (Kraut, 78) East Asian immigrants were especially subject to violent attacks and persecution from the late 19th century on, rooted in xenophobic attitudes towards their presence as constituting a public health threat, prejudices which are still with us today as we know due to anti-Asian racism during the COVID-19 pandemic. (Liu 2021)

In both the United States and Canada, anti-Chinese immigration restrictions were rationalized by using the myth of racial contagion to stop the spread of

various communicable diseases. Chinese immigrants who were used as cheap labour were refused citizenship from 1870-1943 in the United States in part based on these prejudices. (Kraut, 81) Blaming racially different 'foreigners' for bringing disease into the country was done by accusing Chinese immigrants of causing a smallpox epidemic in 1876-77 San Francisco. At the same time, reports of leprosy were used to claim that this was also due to Chinese immigrants in California; several Chinese men with visible physical disabilities were subsequently put on display in San Francisco by whites who said these men had leprosy, even though it is not clear if they really did have what is now called Hansen's Disease, or if they were just physically different. (Kraut 83) Conflating notions of disability and disease was itself a common tactic with so-called "freak shows" at this time to stigmatize people who were visibly different from the mass of able-bodied white people who gazed at them, both due to physical impairments and racially categorized difference. (Bogdan 1988)

In 1900 when one man who was of Chinese descent was suspected of having the bubonic plague, the entire San Francisco Chinese community of about 25,000 people was quarantined. A rope, which they were not allowed to cross, surrounded fifteen blocks where Chinese residents lived and worked. (Kraut 84-85) Prejudiced stereotypes about hygiene conditions in San Francisco's Chinatown

were what drove this public segregation of the entire community based solely on the death of one man. After protests from within the Chinese community, the quarantine was lifted a few days later with a requirement that the area be disinfected and a requirement that all of the city's residents of both Chinese and Japanese origin be inoculated with an experimental serum developed by a local public health official. Refusal to be inoculated meant residents couldn't leave San Francisco. (Kraut 89-90) Many Chinese residents refused to get an unproven vaccine and filed a lawsuit against this compulsory order which they won when a Republican judge stated race should not be the deciding factor in determining what caused the bubonic plague. (Kraut 92) In response, city officials again quarantined Chinatown in San Francisco leading to deteriorating conditions as the Board of Health didn't make provisions for feeding people. There were also demands from whites to burn down the entire neighborhood. A wooden ghetto wall was instead built around parts of Chinatown. Another legal case ensued and the judges ruled that since people who were not Asian but nevertheless lived in Chinatown were not being medically confined the quarantine of the entire Chinese community was not legal; instead, specific places where plague was suspected of existing were ordered quarantined. (Kraut 93-95)

The racist quarantine of San Francisco's Chinatown and attempts to compel an unproven vaccine on the entire East Asian community was stopped by legal protests organized from within the Chinese community. These efforts were supported by judges who, Alan Kraut argues, were more concerned about over-arching directives of the state on health matters than on racial injustice. Over the next several years more people, mainly of Chinese descent, died of the bubonic plague. This time, however, the federal government directed efforts to locate the cause and it was focused on fleas on rats, so that eliminating rodents became the focus, instead of blaming an entire community of people based on racial conceptions of what was, or was not, a healthy citizen. (Kraut 86)

Similar racist attacks related to panics around disease outbreaks occurred in Canada as well. In 1892 Calgary the Chinese community was made up almost entirely of males who worked in local laundries and were a tiny percentage of the local population: 1.5% in 1901. When one man of Chinese descent was found to have smallpox, he was quarantined in a cabin on the outskirts of the city and the laundry that this man worked and lived in was burned down with everything inside. (Burnett 365-66) Yet, when two white men became the second and third known people to have smallpox in Calgary, while living separately from each other, they were individually quarantined but their living quarters were not

burned down. (Burnett 367) Three people died of smallpox during the outbreak, including a pregnant white woman and her newborn baby who lived next to a laundry run by Chinese men. This aroused anger among white-European residents who, after quarantine measures were lifted, physically attacked Chinese men and their dwellings in the city, in one case burning down a residence. (Burnett 369)

Kristin Burnett writes that over several weeks in August 1892 “angry white agitators were terrorising the Chinese-Calgarian community” while the mayor, who shortly thereafter became a leader of the local “Anti-Asiatic League”, refused to punish the perpetrators. (Burnett, 369-70) When city officials made smallpox vaccination compulsory during the 1892 outbreak it was supported by local newspapers and residents as a way to protect white citizens. This was part of wider state policy in Western Canada of trying to confine smallpox to racialized people, such as had happened when this disease impacted Aboriginal populations. (Burnett 374) Ironically, as Burnett points out, many of the white-European settlers who viewed Chinese Calgarians as “aliens” were themselves recent arrivals in colonized lands and were no more native to Alberta than the Asian men whom they attacked. (Burnett 375) This hypocrisy was all the more evident when white people who experienced financial losses during the smallpox outbreak were compensated by the local government, unlike the uncompensated

losses experienced by Chinese men and their landlords who rented them property. (Burnett 376) As Burnett argues, these policies reflected larger efforts to isolate and segregate non-white populations, whether Aboriginal or, in this case, Chinese people, by linking them, however spuriously, to prejudices about disease, race and public health threats. (Burnett 377)

This racism was all the more evident when, beginning in 1906, an asymptomatic Irish immigrant, Mary Mallon, was responsible for infecting at least 53 people with typhoid in New York City, of whom three people died. Mallon was well aware that she was a transmitter of typhoid after an initial quarantine, only for her to ignore warnings to stop working as a cook when she was released after which she was then quarantined on an island for the rest of her life until she died in 1938. (Kraut, 97-104) Mallon's case was widely known at that time and yet, unlike what had already happened to Asian communities falsely accused of spreading infectious disease, there was no scapegoating of Irish people as diseased among officials and the wider public. The obvious reason was that the actual person responsible in this case was white.

The attacks against East Asians during this time also had an impact on another group of immigrants from the same continent: South Asians. Racism,

intermingled with social panics over the spread of bubonic plague in September 1907 led to hundreds of white residents literally running the entire population of South Asians out of Bellingham, Washington who fled over the nearby border into British Columbia. (Wallace 46) Driving out Asian populations from communities in which they lived and worked had a long established history since the mid-19th century along the western coast of the United States, including based on public health stereotypes, as Jean Pfaelzer has documented which she refers to as the “forgotten war against Chinese Americans”. (Pfaelzer 2007) As anti-Asian prejudices mounted, based in part on public health panics, by 1908 the Canadian government had introduced a continuous journey law “which required immigrants to come directly (on one ticket) from the land of their ‘nativity and citizenship.’” (Wallace 69) This law was primarily aimed at immigrants from India who needed to transfer ships enroute to Canada. Legislative exclusion of South Asians was enacted in the United States in 1917 with citizenship rights refused until 1946. (Wallace 182) As Sarah Isabel Wallace has shown in her book, *Not Fit to Stay*, public health threats which white North Americans ascribed to South Asians that had a significant impact on immigration policies, were selectively reported. Unclean living conditions were publicized as the fault of the immigrant male workers, while the responsibility of the white managers for providing

hygienic quarters, for example, were ignored. (Wallace 158) Throughout this period, the notion that East Asians and South Asians were more prone to spread disease was supported by most white North Americans from across the political spectrum at a time of increasing immigration from Europe.

Europeans of various backgrounds and all nationalities were also restricted from staying in Canada and the United States if they were deemed in some way mentally disabled, or if they had physical or sensory disabilities and did not have a family which was able to financially support them. (McLaran; Chadha; Galusca; Dolmage; Baynton) Yet, of the immigrants who arrived in North America during the late 19th and early 20th centuries, it was people of East Asian and South Asian background who were typecast as naturally prone to disease given that they were not white and from a completely different continent of origin than were those who were dominant in the United States and Canada. Individual deportations also took place regularly but it is also worth noting the some of the Asians who were deported as unfit had lived in Canada for decades. In 1935, after much public and private pressure over fifteen years by doctors, there took place the expulsion of sixty-five Canadians of Chinese descent from British Columbia's insane asylums. They were all males whose average length of stay in Canada was 13.8 years and whose residency in this country ranged from 5 months to 47 years;

four of the men were over 70 years old. All were labourers and all were deported back to Canton, China over the protests of a Chinese diplomat in Vancouver. Later in 1935 an estimated six or seven people of Indian origin – referred to by doctors as “Hindus” but who were more likely Sikh immigrants – were deported from British Columbia to India. (Menzies 2002)

State surveillance has long been deemed important in public health policies, in part to guard against epidemics or pandemics, but also to maintain control over who was allowed to make up the citizenry of a particular country. This includes measures that were deemed preventative so as to keep out or mitigate the existence of certain unwelcome health conditions and people who were viewed as “undesirable” either as a “burden” to the state, or as a “threat” to the overall health of society, concepts which are eugenic in origin. (McLaren, Chadha) While people deemed mentally or physically disabled were not automatically in the same category as were people deemed to have an infectious disease, there are connections between minds and bodies deemed “unhealthy” and races deemed “unhealthy.”(Gould; Baynton) This is particularly so when considering concepts which categorized racialized populations as being especially vulnerable to being carriers of infectious diseases and prone to disabling conditions. This led to already marginalized populations being scapegoated quite

literally because of how they looked, including their being physically attacked and in some cases, murdered by those who viewed them as outsiders. People who did not “measure up” to being “healthy citizens” and who looked different from the majority white or Christian populations, were an easy target to blame for social anxieties in times of panics around the spreading of disease. Whether it was Jews in fourteenth century Europe, or East Asians and South Asians since the 19th century here in North America, racial conceptions of who is deemed “healthy”, particularly at times of disease outbreaks, has had and continues to have a devastating impact on the lives of people from the communities affected. The anti-Asian prejudices and racist attacks since the spread of COVID-19 in early 2020 has a long history which, unfortunately, has shown no signs of being consigned to the past.

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