

John Carlos Rowe

Disease, Culture, and Transnationalism in the Americas

Charles Mann in *1491* and Jared Diamond in *Guns, Germs, and Steel* have argued that the pre-Columbian population of the Americas was much larger than previously believed. Relying on new information provided by biological archaeologists, Mann and Diamond conclude that diseases like smallpox and influenza destroyed nearly ninety percent of pre-Columbian indigenous populations, spreading contagion even *before* the systematic contact initiated by such conquerors as Columbus, Cortès, and Pizarro.¹ Although scholars in the humanities and social sciences have long recognized the fact of European disease as a consequence of imperialism in the Americas and Canada, few of us have assessed the cultural and environmental effects of disease.

The question of intention is one of the major issues, which needs to be both theorized and historicized before we can proceed with much-needed research into the cultural and environmental impacts of communicable diseases. During the French and Indian War (1754–1763), British General Sir Jeffrey Amherst infamously urged Colonel Henry Bouquet “to figure some way of infecting France’s Indian allies with smallpox,” and on “July 13, the colonel wrote that he would attempt seeding some blankets with *Variola*, then send them to the warring tribes” (Robertson 2001, 124). R. G. Robertson notes, however, that the “intentional infection of Indians was the exception, not the norm,” in part because Europeans knew too little about such contagious diseases as smallpox to use

1 Charles Mann contends that European fishermen had establishing fishing camps and traded with indigenous peoples along the northeast coast of North America for at least fifty years prior to the arrival of Columbus in 1492. Small-pox and influenza, among other contagious diseases, caused native populations to die and their survivors to move away from the coastal regions (Mann 2005, 33–68).

them as part of biological warfare (Robertson 2001, 24). Colonel Bouquet himself agreed to Lord Amherst's suggestion, but "expressed the hope that he would not catch the sickness himself" (Robertson 2001, 124).

The fact that few Europeans consciously chose to wage biological warfare does not lead inevitably to the conclusion that communicable diseases were *unintended* consequences of imperialism. Robertson claims that the "mind-set of colonial America was to quarantine smallpox, not pass it to the Indians, who could spread it to their white neighbors" (Robertson 2001, 124), but his study of the smallpox epidemic of 1837–1838 at trading posts and among native peoples living along the Upper Missouri and Yellowstone rivers traces the first outbreak to an African-American crew member on the *St. Peter's*, a steamboat owned by the commercial house of Pratte and Chouteau (Robertson 2001, 17). Commanded by Captain Bernard Pratte Jr., the *St. Peter's* was transporting trade goods to posts along the river at a time when the company was in dire competition with other commercial enterprises trading in the area. As a part owner of Pratte and Chouteau, Captain Pratte was very motivated to deliver the company's trade goods to Forts Clark, Union, and McKenzie and probably for this reason disregarded others' appeals that he put his sick deckhand ashore, where he could be properly cared for in full quarantine (Robertson 2001, 62). William Fulker-son, the Indian agent traveling on the *St. Peter's*, made several appeals to Captain Pratte to recognize the danger of a smallpox epidemic, but Pratte insisted that the high fever suffered by the deckhand could just as easily be ague, chickenpox, or scarlet fever as smallpox (Robertson 2001, 62–63). Given the scarcity of medical doctors on the frontier, such illnesses were often diagnosed incorrectly by people without medical knowledge. As Robertson points out in the rest of his study, the consequences were disastrous for the Hidatsas, Arikaras, and Mandans living in close proximity to Forts Clark, Union, and McKenzie, as well as for several Euroamerican passengers on the steamboat and residents of nearby trading posts. The subsequent smallpox epidemic of 1837–1838 on the upper Missouri and Yellowstone rivers was one of the most deadly epidemics of the nineteenth century, reducing the Mandans in the region from as many as 2,000 to less than 150.

What were Captain Pratte's motives in refusing to recognize his crew member's illness as smallpox until it was too late? I have already suggested that the Captain's economic motives were uppermost. Needing

able-bodied crew members to make the long and dangerous trip in a timely manner, he hoped that his sick deck hand might recover quickly and rejoin the rest of the crew. In fact, this is precisely what Captain Pratte ordered as soon as the African-American crew member had recovered sufficiently to work, but this decision helped infect many others on board. Just how “intentional,” then, were Captain Pratte’s several decisions with regard to his deckhand that resulted in the spread of smallpox on board the steamboat and then beyond its confines? Today, we might speculate reasonably that Captain Pratte’s relative disregard for the African-American deckhand had at least something to do with antebellum racism and the popular perception among white Euroamericans that African Americans were more dispensable, physically more resilient, and less deserving of costly medical supplies and care. Euroamericans behaved in a similarly racist manner toward native peoples, whose exposure to communicable diseases had as much to do with Euroamericans’ *carelessness* and disregard of other cultural, biological, and environmental factors as with their ignorance of the diseases they carried. Reframing the question of “intention” in terms of “responsibility,” rather than intentional agency, might help us understand better the extent to which Europeans should (or should not) be held accountable for the spread of infectious diseases and the subsequent genocide they caused in the Americas and Canada.

Consider the more tenuous case for the intentional spread of communicable diseases posed by Hernando De Soto’s passage through the Southeast of North America between 1539 and 1543. Traveling with a “private army” of 600 men, transported by 200 horses, and supplied in part by 300 pigs, De Soto “wandered through what are now Florida, Georgia, North and South Carolina, Tennessee, Alabama, Mississippi, Arkansas, Texas, and Louisiana, looking for gold and wrecking most everything [he] touched” (Mann 2005, 107). Although he died of fever at the end of his expedition, which had realized little beyond the destruction it left in its path, De Soto was fearless in his encounters with native peoples, brazenly marching into the numerous cities he encountered, demanding food, and marching out again (Mann 2005, 108). Between what is now Florida and Arkansas, De Soto’s expedition encountered densely populated regions, fierce native resistance, and country “thickly set with great towns...” (as quoted in Mann 2005, 108). Europeans did not visit the Mississippi Valley again until early 1682, when La

Salle “passed through the area where De Soto had found cities cheek by jowl,” only to discover the region “deserted,” without encountering an Indian village “for two hundred miles” (Mann 2005, 108).

The conclusion drawn by the anthropologist Charles Hudson is that De Soto’s pigs had spread measles, influenza, and smallpox that attacked native peoples with such virulence that the densely populated Mississippi Valley was emptied before La Salle’s arrival a century and a half later (Mann 2005, 107–108). Mann analyzes the spread of infectious diseases by the domesticated animals accompanying the *Conquistadores* to explain how native cultures vanished so quickly and native resistance so often evaporated as indigenous armies were stricken with epidemics. One powerful explanation for why Hérnan Cortès’s return to Tenochtitlan was successful, despite the Aztecs’ resounding defeat and expulsion of his small army in their first engagement, was that the capital had been swept by a smallpox epidemic just after Cortès’s first retreat (Mann 2005, 41–143).

Were these conquerors (and others, like Pizarro) just lucky, enlisting unwittingly the different immune systems and DNA of native peoples? Smallpox, or *Variola major* had swept through medieval Europe every “five or ten years,” killing many but also immunizing those who survived and providing their children with “an increased resistance – but not immunity – to the illness” (Robertson 2001, 43). Although “acquired immunity,” generally simulated by exposure to smallpox scabs or pus, had been “used in India for over 1,000 years and in China since the Sung Dynasty (AD 960–1279),” European inoculations with smallpox were not attempted until 1700 and well into the late eighteenth century such practices were considered experimental (Robertson 2001, 6–47). It is also worth noting that most people choosing inoculation tended to belong to the upper classes and thus had the benefits of medical advice, up-to-date scientific information, and the economic means to afford inoculation. The “complete inoculation process required between one and two months to complete. Inoculees spent the first half of the time resting and improving their diet if they had a competent inoculator; or bleeding, vomiting, and starving if they did not. During the second half of the procedures, the inoculees were bedridden with small pox” (Robertson 2001, 50).

In the epidemic of 1837–1838, partial efforts were made to vaccinate Euroamericans and some native peoples against smallpox, but reliable

medical supplies were not provided in sufficient quantities to prevent an epidemic. Just five earlier, the twenty-second Congress on May 5, 1832 “approved \$ 12,000” to vaccinate “all the nation’s Indians,” directing the Secretary of War to carry out the operation (Robertson 2001, 224). But these “good intentions fell prey to bureaucratic indifference and, perhaps, wanton prejudice” (Robertson 2001, 224–225). Successful vaccination on the frontier was a difficult task, given the susceptibility of the vaccines to damage by heat, water, and other contaminants and that they be administered by qualified physicians, few of whom were willing to travel to remote regions to work with potentially hostile patients. Tangled up with these frontier contingencies are the open prejudices of Euroamericans, many of whom considered withholding vaccination would serve the larger purpose of “solving” the “Indian problem.” Robertson notes that on May 9, 1832, Secretary of War Lewis Cass “wrote John Dougherty, the senior Indian agent for the upper Missouri, that he should not vaccinate any tribes above the [territory occupied by] the Arikaras” (Robertson 2001, 225). One conclusion might be that Cass did not believe his limited financial resources could pay for vaccines and doctors to serve that remote territory; another conclusion is that Cass was punishing hostile Blackfeet, who “regularly harassed American trapping brigades” in the region (Robertson 2001, 225). Indeed, the Blackfeet were devastated by repeated smallpox epidemics between the 1830s and 1880s (Welch 1994, 30–37). In short, the boundaries separating conscious intentions, hidden agendas, mere carelessness, ignorance, and unavoidable accident are difficult to draw.

Walter Mignolo has argued that Spanish imperialism depended crucially on the affirmation of European civilization by rendering native cultures in the Western Hemisphere as primitive and uncivilized. In *The Darker Side of the Renaissance*, he argues that European scholars largely supported the religious efforts of missionaries to convert “pagan Indians” by asserting not only the authority of the Bible but also the long traditions of print-based culture on which European civilization was built. The Spanish burnt an enormous amount of the indigenous archive they encountered in the Western Hemisphere. Sometimes this destruction was a consequence of military strategy, as when Cortès set fire to Tenochtitlan to cover his retreat, but more often it was a deliberate effort to destroy “pagan” and “diabolical” texts. Mignolo devotes considerable attention to the “colonial semio-

sis” that included not only massive encyclopedic efforts in sixteenth and seventeenth-century Europe, such as Bernardino Sahagún’s *Florentine Codex* (1578) and Francis Bacon’s *Novum Organum* (1620) (Mignolo 1995, 200–202), and systematic efforts to deny the cultural legitimacy of such semiotic systems as the Incan Quipu and Mexica Amoxtli, Huehuetlatolli, and Toltecáyotl, to mention only the most prominent genres of hieroglyphic and oral-formulaic representation used by indigenous peoples in the Western Hemisphere (Mignolo 1995, 125–216).

For Mignolo, modern imperialism works in large part by dismantling the civilization of the conquered and rendering them subaltern as a consequence of their growing dependence on the imperial power’s epistemology. In nineteenth-century North America, U.S. relations with native peoples are generally characterized by a disparity between Euroamerican “civilization” and native “primitivism” that has long been considered fundamental to the Myth of the Vanishing American. When De Soto and his private army forced their way into native cities in the Southeast to demand food, they represented graphically the various ways Euroamericans ignored cultural differences and assumed their own superiority. Lewis Cass’s decision to withhold vaccine from the Blackfeet may be subtler, but it also displays his indifference, if not hostility, to the social integrity of the Blackfeet Nation.

What Mignolo terms Spanish imperialism’s “denial of coevalness,” which means the systematic refusal to acknowledge a foreign culture’s potential equality with your own, is reinforced by communicable diseases that affected native peoples in greater numbers and more fatalities than Europeans. Like Todorov’s much disputed argument in *The Conquest of America* that the sophistication of European semiotics assisted the Spanish and Portuguese in conquering native peoples, so the history of communicable disease appears to favor the survival of Europeans over “Indians” and thus lead to the conclusion that European culture and peoples are somehow “superior.” Jared Diamond’s thesis is that the domestication of animals in Europe, a practice acquired originally from the Middle East, exposed Europeans to communicable diseases, such as smallpox, measles, and influenza, early enough historically to enable surviving Europeans to develop immunities in sufficient numbers for their populations to grow, even though they faced repeated epidemics from the Middle Ages through the nineteenth century.

Evolutionary biologists have argued that the relative success of Europeans in surviving epidemics and pandemics has much to do with their genetic diversity. Because the original newcomers to the Western Hemisphere were probably small in number, “their gene pool was correspondingly restricted, which meant that Indian biochemistry was and is unusually homogeneous” (Mann 2005, 114). Neither genetic diversity nor homogeneity is preferable (or “superior”) in strictly evolutionary terms. Although genetic diversity protected Europeans from total or *de facto* extinction by communicable diseases, genetic homogeneity in the Western Hemisphere protected native peoples from diseases caused by “deleterious genes” more likely to be found in genetically diverse circumstances. Thus before European contact, American Indians were “free or almost free of cystic fibrosis, Huntington’s chorea, newborn anemia, asthma, and (possibly) juvenile diabetes” (Mann 2005, 114).

The problems begin when genetically diverse peoples come into contact with genetically homogeneous peoples. Genetic homogeneity means that such communities are affected much more broadly by communicable diseases like smallpox, influenza, measles, and chicken pox. In the Western Hemisphere, contact with Europeans carrying these diseases and pathogens resulted in widespread death in genetically homogeneous Amerindian communities, in many cases extinguishing them. What, in fact, do we mean by “extinction”? Of course, we understand the meaning of the extinction of a specific species, such as the Dodo bird or Passenger Pigeon. But extinction of human groups involves the loss of their abilities to maintain the basic economic, social, and cultural practices that give such groups distinctive identities. Native American survivors of the smallpox epidemic of 1837–1838, for example, moved in with different tribes, gradually adapting to their host tribe’s practices, if they did not carry the disease to their hosts. Throughout the Western Hemisphere, large and small communities reduced by disease, warfare with each other and with Europeans, and ecological factors often directly related to these new socio-economic conditions reached points of disfunctionality and were either subject to conquest or diaspora.

Thus both the imperialist claim to a “superior civilization” as the justification for the colonization of nominally more “primitive” peoples and the complementary claim to biological superiority must be challenged, if we acknowledge that in colonial encounters of Amerindians and Europeans there were simply semiotic and biological differences without

inherently “positive” or “negative” terms. Traditional disciplinary distinctions between cultural studies and biological sciences suggest that diseases and cultural destruction operated in separate social registers, complementing each other to be sure in the work of imperial Conquest but hardly intersecting as “techniques” of imperialist control. Yet there are several ways in which we might dispute this notion of a “separate spheres,” in which biological and cultural destruction collaborate and thus must be studied together. To be sure, archaeological biology is an emergent field in which such work is already being done, but I want to extend its insights to the more familiar humanistic areas in which I have been trained.

In the nineteenth century, Euroamerican sympathies for the plight of the Native American were integral to the perceived superiority of Europeans over indigenous peoples and their presumed “primitivism.” We know, of course, that Euroamerican visual, plastic, theatrical, and verbal arts played major parts in legitimating the myth of the Noble Savage, but artistic production often contributed directly to the spread of communicable diseases and thus the genocidal work of imperialism. When George Catlin visited the Upper Missouri in 1832, he “bragged about the healthfulness of the country and declared it immune to disease,” confirming verbally the physical strength, health, and beauty of the Native American subjects of his portraits (Dippie 1982, 329). Only five years later, the epidemic of 1837–1838 would reduce the Mandans he visited in the region from “preepidemic population estimates ... from 1,500 to 2,000” to the “postepidemic” 150 or less (Dippie 1982, 329). When Catlin addressed a Boston audience in 1838, “he left his listeners with the firm impression that the tribe was ‘now extinct’” (Dippie 1982, 329). Catlin was one of the few Euroamerican travelers in the West to express indignation regarding the spread of communicable diseases to native peoples, complaining in *Letters and Notes* that the presumed “inevitability” of the Indian’s extinction “was not inevitable,” laying the blame squarely on “‘the system of trade, and the small-pox’ that ‘have been the great and wholesale destroyers of these poor people’” (Trachtenberg 2004, 16). Despite his sympathy with native Americans’ suffering, Catlin was not above capitalizing on their “disappearance,” which would mean “that his pictorial record could never be duplicated, an incredible stroke of good fortune from the standpoint of self-interest, which alone might account for [his father] Putnam Catlin’s callous comment that the ‘shock-

ing calamity' that had befallen the Mandans would 'greatly increase the value' of his son's gallery" (Dippie 1982, 329–330).²

When Catlin toured Europe in the early 1840s with a party of Canadian Ojibwas, illustrated in his *Notes of Eight Years' Travel and Residence in Europe [...]* (1848), the party of eleven "was increased by one birth and reduced by" a total of seven deaths from smallpox by the end of their tour (Dippie 1982, 109). Just as the more famous Pocahontas (c. 1595–1617) had died probably of smallpox at Gravesend while preparing to return from England to Virginia, so these exhibited Indians had suffered the costs of travel to the metropolitan centers of imperial power. Admitting that the exhibition of these Ojibwas had done nothing to advance their political causes, tacitly understanding he had exploited their exoticism to boost his own aesthetic reputation and the value of his paintings of Native American life, Catlin recognized the ideological contradictions of his conduct and art (Dippie 1982, 109). Like some perverse version of Edgar Allan Poe's famous story "The Oval Portrait" (1845), Pocahontas and Catlin's Ojibwas are "memorialized" in literary and pictorial forms of Western art in direct proportion to the mortal risks they took as unwilling travelers.

I have said little thus far about the consequences of epidemic diseases for the environment, but the spread of foreign diseases can in itself be considered a form of "pollution" with comparable environmental impacts. North American Indians, despite their tribal differences, shared the common belief in the wholeness of the natural world and how their minds and bodies figured into such an ecology. In practical terms, of course, hunting-gathering societies often starve when a significant percentage of their hunters and gatherers are sick, as is the case with epidemic diseases like smallpox. Charles Mann writes about the crucial roles indigenous peoples played in maintaining their natural resources from selective hunting of game to strategic firing of grass and forest lands to maintain healthy prairies and woodlands. Imperial encroachments on native peoples' territories certainly contributed to changes in the natural environment in the Americas, but these conventional political actions should be considered in conjunction with the effects of

2 Catlin's aim was to sell his gallery of Native American portraits to the Smithsonian, an institution founded in part to "preserve" the cultural artifacts of what its curators considered the rapidly vanishing Native American way of life.

disease. As tribal people were forced onto reservations in the post-Civil War period, they also became increasingly dependent on government food supplies and Euroamerican farming practices. The U.S. government either at the federal level or as represented by the reservation's Indian agent commonly distributed fewer supplies and materials to Indians than had actually been allocated. Indeed, the unevenness of governmental support for Native Americans matched the eccentric distribution of medicine and medical care. Native people "starved" on the reservations, and famine is another form of communicable "illness," which certainly did reach epidemic proportions on many reservations.

Myths of the superiority of Western Civilization have certainly been reinforced by the apparently superstitious responses of indigenous peoples to communicable diseases. To be sure, many of the treatments performed by indigenous medicine men and shamans demonstrated ignorance of the etiology and spread of diseases like smallpox and influenza, but Europeans knew nothing about the treatment of smallpox or influenza during seventeenth-century contact and the medical developments of the late eighteenth and nineteenth century in treating such diseases were new to Western medicine and only partially effective. Indigenous peoples in regular contact with Euroamericans did learn the benefits of inoculation against smallpox and appealed for it in many cases, but it is equally striking how many native accounts represent disease as part of the broader environmental damage committed by the European conquerors. As late as Sarah Winnemucca's *Life among the Paiutes* (1883), she recalls how the spread of smallpox among the Northern Paiutes was understood by members of her tribe as "poison" spread by the whites in the Truckee River. Many other indigenous cultural responses to communicable diseases link these biological hazards with the Euroamerican destruction of the buffalo herds and other foods sources, the outright murder of indigenous peoples occupying lands desired by westward moving settlers, and other violations of the nature-culture bond so important for indigenous peoples.

In the epidemic of 1837-1838 in the upper Missouri and Yellowstone rivers, Mah-to-toh-pa (Four Bears), a Mandan War Chief, was reputed to have said the following on July 30, 1837, the day he died of smallpox:

"My Friends one and all, Listen to what I have to say - Ever since I can remember, I have loved the Whites, ... I have never wronged a White Man, ... I was always ready to die for them, ... and how have they repaid

it! With ingratitude! ... I have been in Many Battles, and often Wounded, but the Wounds of My enemies I exhalt [sic] in, but to day I am Wounded, and by Whom, by those same White Dogs that I have always Considered, and treated as Brothers. I do not fear Death my friends. You Know it, but to die with my face rotten, that even the Wolves will shrink with horror at seeing Me, ... Think of your Wives, Children, Brothers, Sisters, Friends, and in fact all that you hold dear, are all Dead, or Dying, with their faces all rotten, caused by those dogs the whites, think of all that My friends, and rise all together and Not leave one of them alive.” [Quoted in Robertson 2001, xvii]

Four Bears’ call for revolt against the Europeans who had brought the smallpox to the Fort Clark area was not an isolated event. Mandan warriors mourning family members threatened the *bourgeois* of Fort Clark on numerous occasions during the epidemic, believing with other area tribes that “the whites had employed some sorcery to attack” native peoples (Robertson, 2001, 170). The Assiniboines “vowed to set fire to Fort Union and kill every trader,” and Chief Le Vieux Gauche (Old Left Hand) burnt “his American flag” in protest of the smallpox epidemic brought by Euroamericans and organized his dwindling warriors for an assault on the fort (Robertson 2001, 206).

The general accusation of “white sorcery” made by different tribes decimated in the 1837–1838 epidemic was consistent with the medical treatment most tribes followed. Generally, tribal shamans brought family members into close proximity with the afflicted, chanting to drive out the evil spirits, and of course thereby spread the disease to those family members, themselves, and the next patient treated. Quarantine of smallpox patients was generally not practiced in Native American communities. The Native American interpretation of smallpox and other communicable diseases as Euroamerican sorcery certainly contributed to their outright hostility, although in many cases such epidemics made military resistance impractical or ineffective. The Plains Wars of the post-Civil War era are usually attributed to Native American anger regarding broken treaties, displacement of the Bison by frontier immigrants, and routine massacres of native peoples (especially women, children, and the elderly) by the U.S. Army and local militias intent on “controlling” so-called “renegades.” Such explanations seem motivated primarily by Euroamerican values regarding disputes over property, resources, and

deliberate violence. But the long history of epidemics was also a motivation for Native American armed resistance.

In his classic study *The Ghost-Dance Religion and the Sioux Outbreak of 1890* (1991), James Mooney considered the Ghost-Dance Religion to be an unwitting enactment of Native American apocalypse. Wovoka tells Mooney that he received his “vision” when he “was stricken down by a severe fever” and that “while he was still sick there occurred an eclipse of the sun,” which Mooney notes “always excites a great alarm among primitive peoples,” then quoting Wovoka that ““when the sun died,’... he went to sleep in the daytime and was taken up to heaven” (Mooney 1991, 773). Michael Elliott concludes that Mooney’s account of Wovoka’s vision attributes the prophet’s spiritual experience to the coincidence of his personal illness and a solar eclipse (Elliott 1998, 112). Just as Western ethnographers interpret Lakota “vision quests” as dependent on the fasting, lack of sleep, and other physical hardships of the young warriors, so Mooney wants Wovoka’s epiphany to be the result of material circumstances. Generalizing his personal experience to that of all native peoples, Wovoka creates an appealing illusion that testifies to the inability of native people to overcome their premodern conditions and thus their inability to adapt to the modern, secular world.

Another interpretation of the Ghost-Dance Religion is that Wovoka’s “severe fever” is symbolic of the communicable diseases that have ravaged native peoples since the arrival of the Europeans. Such illnesses did in fact cause many to experience the death of the sun, whether this means literal death or the diminution of the sun’s natural divinity and power.³ As symbolic actions, Wovoka’s and nature’s “illnesses” may also suggest sacrificial transumption, analogous to Christ’s crucifixion, which is ritualized in the performance of the “Ghost Dance.”⁴ Performance of the Ghost Dance empowers those who do the dance properly and those

3 In Lakota cultures, for example, Wakan-tanka is the unifying force of nature and often represented by the sun.

4 Mooney contends that Wovoka denied any claim “to be Christ, the Son of God, as so often has been asserted in print” (Mooney 1991, 773), but the Ghost-Dance Religion obviously adapts many elements of Christianity, including the general idea of sacrifice, transumption, and resurrection. Wovoka’s denial that he emulated Christ is not surprising, both in the context of Mooney’s “scientific” account and Wovoka’s awareness that Euroamericans would consider any Indian “imitatio Christi” to be blasphemous. Elliott notes that Mooney concluded that Wovoka was “something of an assimilationist,” supporting the usual idea that the Ghost-Dance Religion hybridizes Christian and Paiute figurae (Elliott 1998, 110).

who identify with the dancers (either as audience or as followers of the religion) as some sort of “immunization” against white “sorcery.” In this speculative and undeveloped reading, the aesthetic and communal functions of the Ghost Dance “restore” the health of the people, which means either the literal or symbolic return of the bison – the means of sustaining life – and the literal or symbolic return of the ancestors – the cultural heritage of the tribes following the religion. Insofar as the Ghost-Dance Religion was received by Native Americans as a pan-Indian, trans-tribal, movement, extending from the Great Basin of the Northern Paiutes to Blackfeet, Piegan, and Shoshone in the Rocky Mountains to Cheyenne, and Lakota Sioux of the Great Plains, then the “revival” and restored “health” it represents can be understood as symbolic of such cooperation and consolidation of forces.

Even the controversial “ghost shirt,” which was “a garment some Sioux wore in the belief that it would stop bullets,” but which Wovoka told Mooney he “disclaimed all responsibility for,” could be interpreted as following the internal logic of the Ghost-Dance Religion’s *healing* powers (Mooney 1991, 772–773). In 1889, when the Oglala Sioux Nick Black Elk returned to the Pine Ridge Reservation after touring with Buffalo Bill Cody’s Wild West Show, he was quickly attracted to Wovoka and the Ghost-Dance Religion and its pan-Indian promise: “Word came to us that the Indians were beginning to dance everywhere” (Black Elk 1988, 249). He recounts how he made several Ghost Shirts prior to performing in his first Ghost Dance, experiencing his own spiritual vision, and subsequently riding into battle at Wounded Knee wearing one that by his account *does* protect him from harm (Black Elk 1988, 243). Black Elk was both a medicine man and a holy man in his career, the latter position usually requiring apprenticeship as a healer in Lakota society. Was the “ghost shirt” simply a superstition adopted by Lakota (and some other Plains’ Indians) desperate for protection against what Black Elk elsewhere describes as the “flood” of “wasichus” (white people), including the epidemics, murders, and theft that inevitably trailed along with them? Or is the “ghost shirt” suggestive of comprehensive, even coordinated, cultural means native peoples used to resist the “white sorcery” they encountered in such acts of imperial violence?

The answer to this rhetorical question is by no means simple or easy, because it will involve much more detailed investigations into the cultural practices and spiritual activities of different native peoples in the

many different historical stages of European contact. My examples are tribally and historically scattered, even incoherent, but they are intended to point us toward interpretations of indigenous cultural and religious media that will acknowledge first the *reality* of disease for native peoples and second their identification of many such diseases with the threats posed to their survival by Euroamericans. We now know that many pre-Columbian medical procedures in the Western Hemisphere, including surgeries and the use of herbal medicines, were very successful in the treatment of illnesses known to native peoples. The problems confronting Native Americans with diseases like smallpox, measles, and influenza included their novelty, the unevenness (in many cases deliberately so) of medical treatment and the distribution of medicines by Euroamericans to native peoples, and the integration of disease with other imperial practices of genocide, whether intentionally (as in Lord Amherst's notorious case) or by the sort of perverse serendipity that must have reinforced native Americans' perceptions of imperial conquest as "white sorcery," whether it was conducted by military assault or biological warfare.

In *Killing Custer* (1994), James Welch recounts the Marias River Massacre (Baker Massacre) of January 22, 1870, when Colonel E. M. Baker launched an attack on a peaceful Blackfoot village, its members bundled up against winter cold of twenty degrees below zero and most villagers suffering from an outbreak of the "white scabs" (smallpox). Killing 173 men, women, and children, then setting the village of about forty tepees ablaze, Baker was aware that he was attacking the wrong village (Welch 1994, 30–31). Welch concludes his novel, *Fools Crow* (1986), with a fictional account of the historical massacre, using the event to mark the end of resistance by the Blackfoot Nation. As he writes in *Killing Custer*, the Blackfeet "never raised arms against the United States again" (Welch 1994, 37). Why, Welch wonders, has such an injustice against native peoples been forgotten while George Armstrong Custer's defeat at the Little Big Horn only six years later has been so relentlessly monumentalized (Welch 1994, 46)?⁵

5 The Marias River Massacre was only one among many such massacres by the U.S. Army and local militias during the Plains Wars and other conflicts during westward expansion, but historians generally ignore the murder of native people when calculating the "worst" massacres in U.S. history. The Mountain Meadows Massacre of September 11, 1857, in which Mormons disguised as Paiute and Ute Indians, attacked the Fancher wagon train, killing 120 Arkansas emigrants to California, is generally treated as the "worst massacre in U.S. history" prior to 9/11. See Sally Denton, *American Massacre* (2003).

Welch's entire career as a Blackfeet writer is itself a Native American cultural response to the migratory power of communicable diseases brought by Europeans to the Western Hemisphere. "Throughout the contact period with the whites, smallpox epidemics raged periodically, almost systematically," Welch writes, adding an interesting cultural complement: "In 1837, three years after Prince Maximilian, the German naturalist and explorer, and the Swiss artist Karl Bodmer visited a Mandan village on the upper Missouri and remarked on the Indians' fine appearance, the tribe had been reduced from sixteen hundred to only one hundred" (Welch 1994, 34). Maximilian and Bodmer visited in 1834 one of those Mandan villages that would be devastated in the 1837–1838 epidemic on the Upper Missouri and Yellowstone rivers discussed earlier in this paper. Like Du Bois rhetorical question in *Darkwater* (1920) whether or not the glories of European culture were worth the human costs of the slave trade on which that culture depended, Welch suggests that the Prince's enlightened natural science and the Swiss artist's exquisite paintings of the West must be weighed against the human cost of those migrations that first brought Europeans to the Western Hemisphere (Rowe 2000, 208). In his effort to represent Blackfeet people at various stages of their historical contact with Euroamericans, Welch contributes his own versions of indigenous representation as means of countering the political and aesthetic "cover-ups" of Western representations of Native Americans.

What cultural and human production, what *lives*, might have resulted from those sixteen hundred souls inhabiting what is now northern Montana had that single Mandan village not been reduced to "only one hundred"? What difference would it have made had 100 million inhabitants of the Western Hemisphere maintained that demographic or, more likely, have grown to even more than one-third of the world's population between 1492 and 1650? Would the social, economic, political, ethnic, and biomedical diversity of such a critical mass of Amerindians have responded differently to European imperialism than what is so often represented in the Myth of the Vanishing American and its complements, the Ghost-Dance Religion and the Peruvian Myth of the Inca Rey?⁶ Whether communicable diseases brought by the Europeans

6 The myth of the Inca Rey dates from early eighteenth-century Peru, when legends circulated that a disembodied head of an Incan King would rise above the Andes to

affect Amerindian cultures as a consequence of reducing the numbers of people needed for a society to produce, transmit, and preserve “culture” or the effects of such diseases are registered in far more complex ways within cultural works that cross specific tribal, territorial, and generic boundaries, epidemic and pandemic diseases are integral aspects of migrations and diasporas. The spread of such diseases and their medical treatment have enduring biomedical, social, economic, political, cultural, psychological, environmental, and ethical consequences we must study and understand as integral to postcolonial and cultural studies of the Western Hemisphere.

announce the return of Incan royal authority, expulsion of the Spanish imperial powers, and the resurrection of those murdered by European imperialists. I have often thought that the severed head of the revolutionary Babo, displayed in the central square of Lima, at the end of Herman Melville's *Benito Cereno* (1855) draws on this Amerindian legend, even though Babo himself is, of course, from Senegal.

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