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Excerpt

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PART I

BACKGROUND AND BIOLOGY

INTRODUCTION

I have called this principle, by which each slight variation, if useful, is preserved, by the term of natural selection.

Charles Darwin (1859)¹

The islands of the Caribbean have a disjointed history. Politically and economically their past has been written largely from the perspective of their European colonizers and, more recently owing to proximity, from the viewpoint of the United States. Socially and intellectually, their story has been European in orientation uneasily superimposed on a vibrant African culture. That Caribbean history is seen as part of a European or an African past, or even a North American past is unfortunate, but no accident, for the islands are truly artificial. Only the limestone, coral, volcanic rock, and underlying mountain ranges upon which they rest are really of this hemisphere, while most of the flora that adorn them and the fauna that inhabit them are imported. So are the men who dominate them. The original inhabitants, the Arawak and Carib Indians, passed into oblivion long ago, to be replaced many-fold by Africans, Europeans, and, in some places, Asians.

The most important reason for the disappearance of the Indians has to do with still more transients—microorganisms that traveled with the Europeans and the Africans in their hair, on their breath, in their blood, saliva, and bowels. Indeed the newcomers fairly bristled with parasites with whom they had long before worked out a kind of life-preserving compromise. As William McNeill has portrayed the process, man by his migrations, changing habits and altered lifestyle frequently created new conditions for himself, which in turn created new and virulent diseases.² He paid for this with the quick demise of many of his numbers, especially the weakest and the most susceptible. The parasites, too, paid a price for, in killing off their hosts, they killed themselves as well. Gradually, therefore, the most virulent strains of a disease died out, along with the most susceptible humans. The survivors—those who had successfully resisted a disease—bred others with resistance, and the result after a number of generations was a relatively mild disease hosted by humans well able to withstand it—usually a childhood disease that a youngster could expect to endure as a kind of rite of passage.

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Without this immunological initiation, however, one people's childhood illness became another people's plague and so it was for the American Indians, whose portion of the globe, previously insulated from this interaction of human carriers and pathogens, was suddenly invaded by both. But the Navaho or Sioux or Aztec all ultimately survived the invasion, while Arawak and Carib did not; for only the Caribbean Indians were caught in the vise of both European and African diseases.

Yet the Europeans proved as susceptible to African pathogens as the Indians, while, by contrast, the Africans had long before developed tolerance for most of the diseases that the Europeans were accustomed to. Thus a major theme of Chapter 1 is that disease inexorably selected the black for labor in the tropics and the "myth" that the black was singularly suited for such a role had a sound immunological foundation.

Had the Caribbean Indians not proved so susceptible to foreign pathogens, and had the Europeans not proved so susceptible to African pathogens, it is doubtful that anywhere near the estimated 4.5 million, mostly West African, blacks³ would have been wrenched from their homeland and delivered to the islands of the Caribbean—all of which serves to illustrate the profound role that disease has played in the history of the West Indies.

Perhaps the extraordinary magnitude of that role can be discerned by recourse to the counterfactual. Suppose for a moment that, instead of discovering a benign disease environment in this hemisphere, the Europeans had sailed into one alive with hostile, virulent microorganisms—but microorganisms to which the Indians had developed resistance. How then might the history of the Americas have been different? A good portion of the answer may lie in the experience of the Europeans in West Africa. There, yellow fever and falciparum malaria formed a deadly barricade just beyond the beaches which Europeans were not really able to penetrate until medical advances of the late nineteenth and early twentieth centuries made it possible.⁴

Had these diseases protected the West Indies instead of West Africa, had the Indians been relatively immune to them, and had West Africa provided a largely disease-free environment, then today we would probably be studying the phenomenon of Europeans moving into West Africa, of black Africans dying in wholesale lots from European and Indian pathogens, and of Indian slave cargoes transferred eastward to till the soils of Africa.⁵

The West Africans' migration to the West Indies marked the beginning of one black odyssey to which the remaining parts of this book are devoted. But (relative to man's time on earth) this odyssey has lasted for only a brief but painful instant, and Part I lingers to consider another black odyssey—their evolutionary journey within West Africa

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that molded them genetically and biochemically. Out of this consideration emerges another theme of this study, which is that the ecological system of West Africa in all its epidemiological and nutritional dimensions wrought a human product that would naturally differ biologically from the product of, say, a European ecological system.

The portrait of West Africa is not pleasant. Rather the region is starkly viewed as the home of man's most dangerous diseases and one of the world's most nutritionally impoverished areas, both yesterday and today. Indeed one of the methods employed in Part I is to scrutinize the findings of modern studies on West African nutrition, disease, and demography in an effort to assess the health and nutritional status of those who embarked from West Africa via the slave trade. Many of these studies were conducted during the first decade or so after World War II as colonial governments suddenly woke up to the fact that nutrition was an important component in the health of subject peoples; these surveys (done before much of an ameliorative effort was made) leave no doubt of massive malnutrition among a disease-ridden people.

Nor are West African disease and malnutrition recent phenomena, but rather seem to have been omnipresent facts of life in the region for millenia. However, just as West Africans developed defenses to survive the diseases of their homeland, they also seem to have developed an ability to live with malnutrition in a way that few people can. Yet there is a price for these defenses against both diet and disease, and that price has been a fearful rate of infant and child mortality, as nature ensured that only the strongest survived to face the rigors of adult life in West Africa.

As products of this cruel selection process, the West Africans destined for the West Indies were incredibly well suited to survive the nutritional and epidemiological rigors awaiting them from capture, through the middle passage to the plantations of the New World. That many did not survive merely underscores the devastating quality of those rigors.

CHAPTER 1

**THE PEOPLES AND THEIR
PATHOGENS**

Medical statistics have shown, in treating on the different races of mankind the dangers of changing one's position on the globe. . .
G. Pouchet (1864)¹

Wherever the European has trod, death seems to pursue the aboriginal.

Charles Darwin (1836)²

The European

Since the time of Hippocrates weather and climate have been viewed as important determinants of man's state of health. Consequently when western Europeans began their expansion in the fifteenth century, those bold enough to venture into strange and exotic climates did so conscious of considerable risk to their health from illness as well as from the elements. When Europeans died of new diseases, as they frequently did in tropical regions, they first blamed the sun for throwing their "humors" out of balance, then noxious air became the culprit, and finally they found the climate itself at fault by declaring themselves "unacclimated" and therefore susceptible. Yet in newly discovered temperate zones there was little need to blaspheme the sun or the air or the climate, for there the Europeans seemed truly "acclimated" and in fact tended to enjoy a level of health and a longevity superior even to that of those they had left behind in the mother country.³

The Europeans have not prospered in the tropics, however, and in the Caribbean, despite long residence, they still constitute only a tiny minority of 5 percent or less on most of the islands they have dominated for so long.⁴ Interestingly, the exceptions are found in areas settled by the Iberians, such as the islands of Cuba and Puerto Rico. Thus, in modern Cuba and even more so in Puerto Rico, European phenotypical characteristics prevail, whereas islands such as Jamaica or Barbados are overwhelmingly black.⁵

To a great extent the phenomenon of black-English and white-Spanish islands speaks to questions of settlement patterns, imperial philosophies, and an English enthusiasm for the slave trade, not matched by the Spaniards. But to some extent the phenomenon may also speak to questions of disease resistance, and may even hint at a heretofore unexplored reason as to why the Iberians so successfully led the expansion of Europe.

Indeed it might be speculated that history had long been preparing the Iberians immunologically for that adventure. From the time of the Roman conquest they had been exposed sooner rather than later to most of the world's diseases. Iberian soldiers marched on foreign soils, and returned with foreign parasites.⁶ The invasion of wave after wave of Germanic tribes would have made a substantial contribution to Iberia's pathogenic environment, as well as to its genetic pool. Then in 711 A.D., with the invasion of the Moors, the Peninsula was put in touch with African diseases, as well as those from as far away as Persia and India. Later, Lisbon became a regular port of call for vessels bound for or returning from the Crusades, while the Catalans exposed themselves to new microorganisms via a newly established Mediterranean empire.

From the fourteenth century on, the Portuguese enjoyed a brisk sea-borne commerce with northern Europe and then, following the Portuguese leap to Ceuta on Africa's north coast, came the movement down Africa's west coast which ultimately resulted in an African as well as an East Indian empire. This activity was financed in part by a brisk traffic in black African slaves – so brisk in fact that a few parts of Portugal may have been more black than white by the close of the fifteenth century, and blacks were certainly not unfamiliar sights in Spain.⁷

With this epidemiological background, there should have been few diseases in the European and Mediterranean worlds with which the Iberians had not had some intimate contact, and consequently they should have been reasonably well equipped biologically to survive them.

Certainly it meant that the Iberians were better equipped to ward off many Old World diseases than most other Europeans, which would have spared them casualties during the pestilential invasion accidentally unleashed on New World Indians. However, in the absence of a full-scale medical study of fifteenth-century Iberia, the extent to which the Iberians may have been able to resist African pathogens can only be guessed.⁸ There is no question that strains of African malaria reached Iberia in black bodies prior to the Columbian voyages and in fact *falciparum* malaria was, at least according to one authority, responsible for the depopulation of the Tagus Valley. Yellow fever could also have paid pre-Columbian visits to peninsular coastal cities, while some authorities believe that African treponemas must have reached Spain and Portugal prior even to the Portuguese expansion into Africa.⁹

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That the Spaniards may have had immune systems better prepared to ward off African diseases than other Europeans is suggested by the observation of the Abbé Raynal, who wrote in the latter part of the eighteenth century when falciparum malaria and yellow fever were rife in the Caribbean, that “of ten men that go into the Islands, [by nationality] four English die; three French; three Dutch; three Danes; and one Spaniard.”¹⁰

Yet while it may be true that the Spaniards fared better demographically than other Europeans in the West Indies, it is doubtful that they ever lost as few as 10 percent of a group of newcomers to the region prior to the twentieth century. Rather, they too suffered greatly from African pathogens and a host of other illnesses, including many European diseases during the early years of exploration and conquest. These were diseases that overwhelmed bodies weakened considerably by malnutrition and outright starvation – both conditions endemic to the New World’s exploration and conquest, and conditions that invite intercurrent infections, weaken the body’s ability to resist, and can turn a mild infection into a fatal illness.

Yet, with the establishment of settled government, the Spanish seem to have done well demographically, despite smallpox epidemics and the periodic raids of European privateers, while the Indians of the Caribbean region, by contrast, simply melted away.¹¹ Thus it is clear that the Spaniards who arrived in the New World were biologically equipped for the biological warfare that accidentally ensued. As far as the Indians were concerned, the Spaniards had much to give and very little to receive.¹²

The Indian

By 1570, only eight decades after Columbus had united the New World with the Old, most of the original inhabitants of the Antilles had disappeared. Indeed only a few short years after Cuba was conquered (1511), the Spanish historian López de Gómara could write that this island “was once heavily populated by Indians; today there are only Spaniards.”¹³ It has been just fairly recently that scholars have come to understand that it was not so much the impact of a foreign culture that killed the Indians, but rather the impact of foreign disease.

In most of the Americas, however, the result was not obliteration. Rather as Alfred Crosby has pointed out in his splendid study, *The Columbian Exchange: Biological and Social Consequences of 1492*, the pattern for most Indian populations was not to die out completely, but rather to suffer a “sharp diminution of numbers, which was then followed by renewed population growth. . . .” Diminution occurred as immunologically defenseless peoples suddenly found themselves the target of a

bewildering blitzkrieg of European diseases with smallpox, which apparently reached the Americas in 1507, leading what P.M. Ashburn has called *The Ranks of Death*.¹⁴

Much of the reason for the Indian susceptibility is that they had lived for millennia little troubled by pathogens that were tormenting most of the world's peoples. In part this epidemiological exemption occurred because most Indian populations had not attained a sufficient density to sustain many of the diseases in question. In part too the Indians had few large domesticated animals (with whom man shares so many illnesses) to infect them.¹⁵ The major reason, however, stemmed from the isolation of America from a world that in establishing higher and higher levels of civilization (and consequently dense urban populations) had inadvertently stimulated higher and higher levels of parasite activity as well.¹⁶

Thus, speaking in general terms, the Indians succumbed in huge numbers to the onslaught of epidemic disease because of immunological "virginity" as it were. The faces of many a conqueror bore the scars of smallpox. As youngsters they had entertained the usual European childhood illnesses, as had their parents and grandparents before them, and out of this had emerged a tolerance of sorts for their pathogens—a tolerance that the Indians most certainly did not enjoy.¹⁷

Yet under this general umbrella there were also very specific reasons for the devastation of the Indian populations. One had to do with the age of the victims. Many diseases run a relatively mild course in children, but deal much more harshly with adults, especially young adults. Because they had no opportunity to earn their immunities during childhood, Indians of all ages—but especially those of reproductive age—fell prey to the new pathogens.¹⁸

A second reason for the demographic disaster stemmed from the variety of new pathogens which arrived with the Europeans. Had each of the new diseases descended on the Indians in orderly fashion, spacing themselves to give their hosts time to recover strength for the next onslaught, the initial diminution would not have been so severe. But instead the illnesses fell pell-mell upon the Indians, one after another, and often simultaneously, pulverizing populations as they did so.

From these two reasons there emerges a third, for in epidemic circumstances disease receives plenty of lethal assistance from filth, malnutrition, and outright starvation. With almost everyone ill, especially the young adults, there were few to plant and harvest, hunt and fish, and also to cook for and tend the sick and keep their surroundings clean. Consequently the ill were further weakened by a lack of food and by intercurrent diseases such as dysentery springing from unclean conditions.¹⁹

Finally, individuals who survived this initial gauntlet of pathogenic terror were still not safe from European diseases. For after weathering

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the initial encounter with epidemic disease they still had to deal with long-run, less spectacular (but not necessarily less destructive) sicknesses such as tuberculosis and venereal diseases.²⁰

At this point, however, individuals who lived through acute viral infections such as measles would not normally have to face them again. Females, by surviving diseases, developed immunities that they were able to pass along to their offspring before birth across the placenta and after birth through their milk. Many of these immunities of course were only effective for a short time, but at least they permitted tiny bodies to gain some strength before disease began to test their defenses. Infants, along with adults too weak or too susceptible to survive the onslaught, would have been weeded out, while stronger and less susceptible survivors remained alive to produce others more likely to survive.²¹

The result of this marshaling of immunological defenses would have been new generations better able to live in some harmony with their new disease environment. Meanwhile the pathogens too would have been accomplishing some harmony. The more virulent strains of disease would have been eradicating themselves by eliminating their hosts and an ideal approached whereby host and parasite were both able to survive their encounter, with the host obligingly passing the parasite along to a new human being.

This ideal was ultimately achieved by most mainland Indian peoples and, after a few generations, population growth resumed. It was not, however, achieved by the Caribbean Indians, nor by many of those occupying the low-lying mainland areas of the Caribbean basin, because of still another wave of new pathogens, and herein lay the real tragedy. For scarcely had the Indians begun to weather the storm created by microorganisms from Europe, when they were suddenly confronted with African parasites as well, and they found themselves quite literally victims of biological warfare on two fronts.

The Caribbean has been appropriately likened to a corridor, its waterways linking Europe with Latin America and the Pacific beyond. Because pathogens as well as men passed incessantly through that corridor, the Caribbean Indians received little respite from disease, while by contrast mainland populations were exposed at a more gradual rate. But what probably made the difference between diminution and obliteration for the mainland Indians was that they were located sufficiently inland, and on terrain sufficiently elevated that the wave of insect-borne African pathogens did not reach them. Thus they survived as a people while the Caribbean Indians did not.²²

Fernando Ortiz Fernandez pronounced them victims of a hurricane of culture which swept their islands, and to some extent this older view of the Indians' demise still holds true. The Spanish "culture" was militaristic and imperialistic, neither trait notable for promoting salu-

brity among subject peoples and the Spanish conquistadores have seldom been credited with humane qualities. But neither, for that matter, have most imperial powers, and the Spanish in the West Indies were the first to confront the problem that would bedevil all other European nations trailing in their wake—a lack of labor for colonizing the region. Their initial solution was to put the Indians to work, which meant the use of force and this, coupled with the shock of social dislocation, surely did the Indians no good.²³

Yet the Africans, soon to arrive to perform the labor the Indians could not, endured the same use of force and social dislocation, in addition to forced migration. As a people they not only survived the pottage of pathogens that the Caribbean basin was to become, but centuries of slavery as well. And in the end they not only survived but attained an overwhelming demographic majority throughout the region. Clearly their biological past had differed considerably from that of both the American Indians and the Europeans.

The African

Black Africans were present in the New World from the very beginning of its discovery and conquest. Two individuals on the first voyage of Columbus were probably black, and as early as 1501 Governor Nicolas de Ovando of Hispaniola received permission from the Spanish Crown to import *ladinos* (peninsular born, christianized slaves).²⁴ Black slavery, as we have already noted, was a familiar institution in Iberia and it was natural enough that some of these servants would be sent to the Americas to perform those chores that their masters found either too odious or too arduous. Nonetheless, had the Indians not proved themselves to be such poor slave material by dying in wholesale lots, it is doubtful that the Atlantic slave trade would have attained anything approaching the magnitude that it did.

But the Indians did die, while those who survived labored so poorly that King Ferdinand was informed, “. . . one Black could do the work of four Indians.” In addition to the blacks’ ability as laborers, the Spanish quickly noticed how durable they were in the face of illnesses that were felling Indians. Indeed Father Las Casas observed that the feeling existed among the whites that the only way a black would die would be if they hanged him.²⁵ By 1518 the clamor for black slaves on Hispaniola had persuaded Charles I and his advisors to grant permission for the importation of slaves directly from Africa, and the transatlantic slave trade had begun; so too had the transatlantic flow of African pathogens.

It is a widely held view that those African immigrants who survived the slave coffles in Africa, the middle passage, and seasoning in the New World constituted something of an elite.²⁶ Unquestionably there is