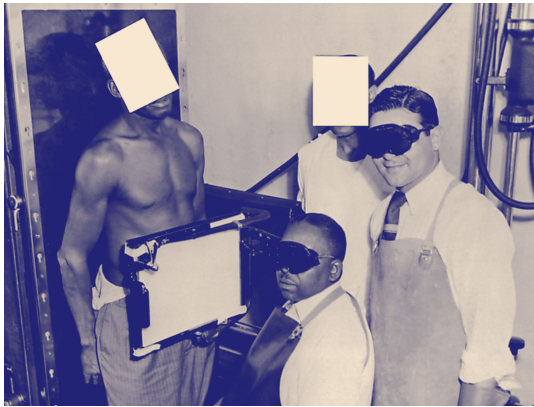


Q. & A.

HOW RACISM IS SHAPING THE CORONAVIRUS PANDEMIC



By Isaac Chotiner
May 7, 2020



The historian Evelyn Hammonds talks about how false theories of “innate difference and deficit in black bodies” have shaped American responses to disease, from yellow fever to syphilis to COVID-19. Photograph Courtesy CDC / Alamy

Evelyn Hammonds, who chairs Harvard’s department of the history of science, has spent her career studying the intersection of race and disease. She wrote a [history](#) of New York City’s attempt, a century ago, to control diphtheria, and is currently at work on a book of essays on the history of race, from Jefferson to genomics. Hammonds’s area of expertise is especially relevant today: while the data is incomplete, at this point in time, African-Americans [represent](#) nearly a third of U.S. deaths from the [coronavirus pandemic](#) and thirty per cent of COVID-19 cases, despite making up only about thirteen per cent of the [population](#). Hammonds noted recently, “This new development of what has happened with the pandemic with respect to African-American communities” is “perhaps an old development.”

I spoke by phone with Hammonds, who is currently hosting a [series](#) of Webinars with academics and experts at Harvard on African-Americans and epidemics in

American history, from the eighteenth century to the

present day. As she stated in one of the sessions, “I can’t imagine saying that we have to wait until this pandemic has passed to make clear what kinds of structural inequalities and implicit and explicit biases are at work.” During our conversation, which has been edited for length and clarity, we discussed why African-Americans were once thought to be immune to various diseases, how this belief morphed into the fear that they were spreaders of contagion, and what lessons can be learned from a Civil War-era smallpox outbreak.

Read *The New Yorker’s* complete news coverage and analysis of the coronavirus pandemic.

Have you been thinking about the coronavirus in a historical context, and, if so, what specific context?

I think any historian who has worked on the history of disease has been thinking about the coronavirus in historical contexts, and there are many, many resonances that kept appearing in press reports of all kinds. About four weeks ago, I began to be particularly interested in the fact that I wasn’t hearing about the pandemic having an impact on African-American communities. You heard stories that said this disease affects us all, but, knowing what we know about the ways in which epidemic diseases always lay bare and make visible inequalities in a society, I was surprised that I wasn’t hearing very much about what was happening for African-Americans and Latinos, and also very poor people in general. Then the news burst on the scene that, in many of the hardest-hit areas, African-Americans were disproportionately impacted. And at that point I was having a conversation with Henry Louis Gates, Jr., and I decided to host a Webinar on the impact of epidemic disease on African-Americans from 1793 to the present.

Why did you decide to start in 1793?

Because there was a very serious outbreak of yellow fever in Philadelphia from 1792 to 1793. At the time, Philadelphia was the seat of government. Benjamin Rush was a signer of the Declaration of Independence, a leading person in Philadelphia, but he was also a physician. He wrote a lot about his theories, about the spread of yellow fever and how it should be treated. I think the population of Philadelphia at the time was about fifty thousand, and over five thousand people died. That’s quite significant. And one of the things that came to the fore in that moment was the widespread belief among whites that African-Americans were immune to yellow fever. And so, because of that belief, Rush enlisted two African-American leaders of the community, Richard Allen and Absalom Jones, and encouraged them to help treat the sick. He taught them how to perform some nursing and to help treat the sick based on his theories of how you treat yellow fever. And they did this, and they travelled around the city, and they did a lot of this work, as many white elites had left town. [*Other members of Philadelphia’s free black community also worked as volunteers during the epidemic.*]

And then at the end of the epidemic, a newspaper editor, Matthew Carey, wrote an article saying that, yes, they were immune, but that these black people who were supposedly helping sick people in Philadelphia were actually robbing them. Absalom Jones and Richard Allen then wrote a pamphlet, which is one of the earliest pamphlets written by

African-Americans in the United States, and they argued that they had been misrepresented, that they had helped as many people as they could. And, by the way, they found that many of the black people in Philadelphia also did suffer from yellow fever, and some died. It's an early instance of that notion that black bodies are different bodies, and therefore are not susceptible to diseases in the same way as whites, and the belief became quite visible and prominent in a medical discussion of an outbreak. So, to me, that was an important moment. It was also an important moment because African-Americans really spoke up for themselves and challenged those prevailing views.

Was Rush's decision because he thought that they were immune, too, or was he trying to dispel the myth?

Oh, no, he thought they were immune, too.

Throughout American history, and certainly through the eras of slavery and Jim Crow, it seems that going on side by side with this dislike of African-Americans was also this fear of them as physical presences or bodies.

That's right. And so, moving forward in time, you see this idea of black bodies being a "threat" to the white population. By the early twentieth century, there's a famous article published in the *American Journal of Public Health* called "Germs." Actually, it was first published in the *Atlanta Constitution*, and it was called "Germs Know No Color Line." The doctor who wrote it was making an argument that suggested whites should be concerned about the health of African-Americans, not because they cared about African-Americans but because these people worked for them. They raised their children, they cooked for them. They were in and out of their houses. They did their laundry. And, since germs know no color line, these people who are so intimately involved in your lives will be bringing these germs and disease into your houses. So you should care about their health, not for their sake but for your own sake. It manifested the view that black bodies are dangerous, white people should protect themselves from black bodies, and black bodies and black people spread disease.

Another event that I know has captured your interest is the outbreak of smallpox toward the middle of the nineteenth century. Can you talk about that a little bit?

Right around the time of emancipation, with the war still going on, African-Americans really became a kind of refugee population. They were leaving plantations in the South, and they left with very little to take care of themselves. They had little food, they had little clothing, they had no housing, they didn't really have destinations. Where were they going? And many people followed the Union troops.

At the time, a smallpox epidemic broke out. White physicians knew how to treat smallpox. They knew about vaccination. But they isolated the black people who were following the troops as refugees. And by isolating the African-Americans, or I should say by isolating the newly freed African-Americans, the disease spread very quickly among them. So the outbreak of smallpox was not controlled, and many of those African-Americans suffered and died. And, in fact, a historian named Margaret Humphreys said something to the effect of: the path to freedom was paved with death, and destitution, and suffering. So it was very striking that freedom came with the spread of a very serious

and highly contagious disease, at a moment when there was no federal or state infrastructure to care for them.

That's the origin of that epidemic and outbreak. And the fact that African-Americans were leaving the South was the impetus for the Freedmen's Bureau. There was a medical division of the Freedmen's Bureau, which was established by the federal government, and the medical division was set up to provide health care for African-Americans. They built makeshift hospitals. They provided nursing and care and treatment as best they could. But, certainly in the political controversies during Reconstruction, Southerners reacted strongly to the federal government spending funds to take care of black people. And, as you know, the Southerners won arguments in Reconstruction, and therefore the federal government retreated from a national effort to provide health care to African-Americans. At the same time, a small group of educated African-Americans was involved in trying to provide care for this newly freed population, which had so very little. And they, too, argued to the federal government that now they were citizens, they wanted the government to provide health care to them. It was a moment where citizenship was tied to health care in a way that hadn't really been articulated before.

What stuck out about the response of white Americans to this outbreak?

There were reports in white newspapers that said, "See what freedom has brought to the slaves? They bring with them disease, and that proves that they are not fit for freedom." And, certainly, by the end of the nineteenth century there was this notion that African-Americans' bodies were not fit for civilization. In fact, the burden of the diseases that they increasingly were suffering from, in particular tuberculosis, meant to some white observers that they were not going to live long into the future as a people. Frederick Hoffman, who was a statistician for the Prudential Insurance Company, wrote that, yes, they're going to die out. They're uninsurable because they, as a people, are going to die out under the burden of disease.

The last point I want to make is that this notion, this kind of extinction thesis, was something that really came to prominence in the late nineteenth century for African-Americans. But it's something that had been spoken about in medical circles, in the white medical circles, earlier with respect to Native Americans, who certainly at the moment of first contact with the early colonists in Massachusetts and Virginia seemed to be suffering from and dying of high rates of diseases that did not affect the white colonists in the same way.

So the notions that these bodies are different—that Native American bodies were different, and that the bodies of African-Americans were fundamentally different—gets deeply sedimented into medical theory and practice. And I think that's something from the nineteenth century that is still with us.

What specifically did you mean by "extinction thesis"?

There were white elites saying that there's so much disease in the African-American community—high rates of tuberculosis, high rates of pneumonia, high rates of other kinds of diseases, including sexually transmitted diseases—that this group of people can't possibly live as long as whites would live, and that at some point they're going to simply

die out under the burden of disease.

It's amazing how there's no internal consistency between that idea and what you were talking about regarding 1793, but the ultimate effect is the same.

Yes. And so, again, they're saying that black people have different bodies, different biology, different physiology, as well as extending that to cultural difference, being intellectually different and deficient.

So then you have the flu epidemic of 1918, which takes place in an interesting historical period. You have the First World War, and an uptick in xenophobia going on around then, right in the heart of the Jim Crow era.

Vanessa Northington Gamble wrote a really wonderful paper pointing to the fact that the expectation of observers in the 1918 influenza epidemic was that black people would suffer disproportionately from it and die, in part because it was already well known that African-Americans had high rates of respiratory disease. But it didn't work out that way. African-Americans did not seem to be dying at higher rates than whites—or at least that's what white and African-American observers noticed. It's very difficult to nail it down because we're talking about respiratory diseases, but a lot of the white observers and black observers were surprised at that. It was a puzzle that African-Americans didn't have higher rates of influenza.

Are there other twentieth-century events that you think about in this context?

I would turn to next to the Tuskegee syphilis studies, where the United States public-health service was engaged in studying the effects of syphilis and advanced syphilis on African-American men who lived in Tuskegee, Alabama. It was a very flawed study in many, many ways. It is not clear that the cases and controls were kept separate. The medical care given to people in the study was insufficient. So it wasn't rigorously done, but it continued for forty years, because at the core of it was the notion that syphilis must be a different disease in black people. It continued even after people knew that penicillin could be used as a treatment. So here we go again, carrying that theory forward of a kind of innate black pathology, an innate difference and deficit in black bodies that would be manifested in susceptibility and/or immunity to disease.

And over time you see very little that dislodges that view, despite growing evidence of the role of social conditions in the production of disease or, as people now talk about, the social determinants of health. Still there's a view that there is something specific about black bodies that's different than white bodies, and that just continues, and that's certainly part of what I think is a subtext of the discussion about the impact of the COVID-19 pandemic on black communities.

How do you think that is a subtext?

It's a subtext in the sense that, when the news came out that African-Americans were disproportionately affected by the coronavirus, immediately some observers said it is because, you know, black people have these preëxisting conditions, like high rates of hypertension and high rates of diabetes and high rates of obesity. And there was at least

one commentator who said, Oh, they just don't take care of themselves. And that's why they're more vulnerable to the disease. So it's something that black people either do or that's in their bodies that makes them more susceptible to disease, rather than observers looking directly at the social conditions that, in fact, have produced higher rates of obesity and hypertension and other comorbidities that seem to have an impact on who's more susceptible to the coronavirus. So, again, a narrative of black bodies being different, and deficits in black people's behavior being responsible for them being more vulnerable to disease, harkens back to some of the themes of the earlier epidemics.

It seems like the point that is important to get across now is that bodies, speaking in a macro sense of different populations, are different, but they're different because society has created these inequalities, which, as you say, lead to comorbidities, and those conditions then affect death rates. It's not that the bodies are inherently different.

Yes, exactly. It's the social conditions that continue to produce these vulnerabilities in certain populations, not that the people somehow are inherently biologically different. But, again, if you think about this in terms of the vulnerabilities that people have based on the social conditions that they live in, they may live in communities with high density, they may live in houses where there are lots of people living in small spaces, they may do work where they're more exposed to something like a coronavirus. Those are the conditions that make them more vulnerable. It's not that their bodies are somehow inherently different.

Is there a paradox here, in that you are talking about an obsession with black bodies when the greatest fear now might be that people just don't even care enough about these inequalities to be obsessed?

I don't think it's a paradox. I think it is coming from the same thing. But I do think that what it represents in terms of this society's investment in public health. There are places in this country where whites, who are the larger part of the population, do not want to invest in a public-health infrastructure that would respond to the needs of the most vulnerable in their community. And that's a reaction to government authority. We have a fragmented public-health system, which makes people on the margins much more vulnerable to outbreaks of all kinds of diseases than the majority population is.

A previous version of this piece misspelled Matthew Carey's name.

A GUIDE TO THE CORONAVIRUS

- Twenty-four hours at the epicenter of the pandemic: nearly fifty *New Yorker* writers and photographers fanned out to document life in New York City on April 15th.
- Seattle leaders let scientists take the lead in responding to the coronavirus. New York leaders did not.
- Can survivors help cure the disease and rescue the economy?

- What the coronavirus has revealed about American medicine.
- Can we trace the spread of COVID-19 and protect privacy at the same time?
- The coronavirus is likely to spread for more than a year before a vaccine is widely available.
- How to practice social distancing, from responding to a sick housemate to the pros and cons of ordering food.
- The long crusade of Dr. Anthony Fauci, the infectious-disease expert pinned between Donald Trump and the American people.
- What to read, watch, cook, and listen to under quarantine.



Isaac Chotiner is a staff writer at The New Yorker, where he is the principal contributor to Q. & A., a series of interviews with major public figures in politics, media, books, business, technology, and more.

More: [Coronavirus](#) [Racism](#) [Interviews](#) [Epidemics](#) [History](#) [Public Health](#)
