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continuous efforts of this government to undermine the economic independence of Indians.

Moreover, missing is any input from the Muskoke people themselves. Where, for example, is the warm sense of humor of the People, or the beauty created by Muskoke artists? It is obvious that the author has never met the People. With books like these, it is little wonder that, when I meet non-Indian children, they tell me, "I thought all you guys were dead." Dead is the way Indian people are presented in this book. By presenting the atrocities and genocide practiced by the United States government as something that has ceased, this book simply serves as another clever piece of propaganda produced by the majority culture.

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Disease and Demography in the Americas. Edited by John W. Verano and Douglas H. Ubelaker. Washington, D.C.: Smithsonian Institution Press, 1992. 294 pages. \$62.00 cloth.

The arrival of Europeans in the Americas set in motion a series of historic events that has had dire demographic consequences for the indigenous populations. Old World diseases, along with Europeans, colonized the Americas, expediting the colonization process. Infectious diseases altered forever—quantitatively and qualitatively—the demographic composition of the Americas. Yet the true impact of European diseases and their demographic consequences are considered the most difficult to grasp intellectually. The death and amalgamation of millions of indigenous people historically are shrouded in misconceptions, described in overgeneralizations, and mired in complexity. It also is a topic that is charged politically. *Disease and Demography in the Americas*, as Herman Viola notes, "marks a major attempt to bring together the resources and research of a variety of disciplines and scholars to resolve the riddle of New World disease and demographics" (pp. ix-x).

The volume is the result of a symposium entitled "Disease and Demography in the Americas, Changing Patterns before and after 1492," held 2-3 November 1989 at the Smithsonian Institution. The symposium was sponsored by the Office of the Quincentenary Programs, National Museum of Natural History. The two-

day event evolved out of the upcoming "Seeds of Change" museum exhibition as well as the growing attention that scholars have devoted in their research efforts to the demography and epidemiology of native North America.

The twenty-seven chapters are organized into two sections. Part 1, "Disease before and after Contact," contains fourteen articles devoted to demonstrating the efficacy of using human skeletal material to assess health levels and population change in the precontact and postcontact experiences of selected Native American populations. The section opens with Donald J. Ortner's insightful essay, "Skeletal Paleopathology: Probabilities, Possibilities, and Impossibilities." As the title suggests, Ortner discusses both the potential and the limitations of paleopathological analysis by distinguishing between the current state of research and theoretical possibilities of skeletal paleopathology. For those readers who are not well versed in the subdiscipline, his article is essential reading. Ortner's essay outlines in cogent fashion the basic issues and methods of skeletal analysis.

Most of the chapters that follow explore the evidence for morbidity and mortality among selected New World populations using well-documented, well-dated, sample skeletal populations as their core evidence. Each article covers a specific region, population, populations, or topic, largely focusing on assessing the precontact health status of the representative populations, although many of the authors address postcontact health changes as well. Regional coverage of New World indigenous populations includes the Andes, the Amazon, the Southeast, the Southwest, the Northeast, California, Mid-America, and the northern Plains. Despite the diversity of region, approach, data samples, and theoretical orientation, the various authors draw a number of common conclusions.

First, the pre-Columbian paleopathological evidence indicates that precontact New World populations were not, by any means, disease-free, nor did they reside in a risk-free environment. The articles by Larsen et al., Powell, Buikstra, and Saunders et al. demonstrate the compromised state of health that existed in the precontact Americas. New World indigenous people experienced malnutrition, tuberculosis, treponematosi, a variety of zoonoses, environmental pathogens, osteoarthritis, and debilitating traumas, as well as degenerative conditions that affected their health status. The conclusion drawn by the various authors debunks the widely held myth that, prior to European colonization of the New

World, the Americas constituted a pristine, disease-free paradise. Such a generalization is no longer credible.

More significantly, it is clear that the health conditions of various Native American populations prior to contact with Europeans greatly affected the native population's ability to resist and respond to the new postcontact infectious threats. The articles by Verano, Stodder and Martin, Owlsey, Walker and Johnson, and others illustrate the importance of precontact health levels in coping with postcontact epidemiological conditions.

A final conclusion that can be gleaned from this series of articles was that each society responded in a unique manner to its changing health circumstances, especially during the postcontact period. Moreover, these localized population health differentials were embedded firmly in the sociocultural context of each society. That is, health levels and population responses largely were dependent on key cultural factors that, as Milner concluded, are poorly understood. It is not surprising, then, as Auferheide points out in his concluding commentary, that postcontact responses to European diseases were not only complex but rarely uniform across the New World. Each indigenous society had a unique postcontact epidemiological and demographic experience to which it responded in a particular way. One of the arenas that illustrates the differential impact of European colonization is demographic change. A discussion of the demographic changes that resulted from European contact, including the introduction of infectious diseases, is addressed in the final section of the book.

Part 2, "Population Size before and after Contact," contains eleven chapters. The overall objective of the section is to present the divergent positions of the scholarly community surrounding the debate over at-contact Native American population size, the magnitude and rate of postcontact population change, and the variability of demographic decline. In chapter 15, as an introduction to the case studies that follow, Ubelaker provides a historical overview and methodological assessment about changing academic perspectives concerning native North American demography, particularly at-contact population size. The importance of critically examining Native American population size, as he points out, is to contribute "to an understanding of adaptation and history of the Americas . . . [and] offer an opportunity to evaluate the impact of culture contact and arguments for relationships among peoples separated in time" (p. 169). The articles that follow Ubelaker's terse survey provide well-researched analyses

concerning the demographic and epidemiological consequences of European colonization.

Like part 1, the second section roughly follows a regional organization. Various scholars discuss historic population change and the impact of European-introduced diseases among selected Native American populations of the Northeast, the Southeast, the Greater Southwest, and the Northwest Coast, as well as the Amazon Basin, the Andean region, and the Caribbean. Each author or authors creatively draw on an array of archival, archaeological, epidemiological, demographic, and cultural data and computer simulations to examine the role played by introduced European infectious diseases in Native American depopulation and historic population change. Their efforts demonstrate clearly the complexity of indigenous postcontact demographic histories, especially with regard to population decline by introduced diseases.

Although their work does not overturn previous scholarship that proclaims that Native American populations collapsed substantially after European contact, these articles do call into question the magnitude and uniformity of that demographic decline. The articles by Snow, Thornton et al., and Trimble argue persuasively that epidemics and postcontact population changes within and between Native American societies were neither a uniform nor a homogenous epidemiological experience. Each society's epidemic history and its trajectory of postcontact demographic change was dependent on a multitude of internal and external variables. The authors' conclusions call into question the notion of continental pandemics, an issue that recently has been debated.

Megger's conclusions also raise new questions surrounding the debatable issue of at-contact population size. Comparing Amazonian archaeological site densities with early explorer accounts, Megger finds that early historical accounts grossly inflated the number of indigenous people in that region. Her findings add to the precontact population debate between Henry Dobyns and others, who argue against a substantial precontact population density for the native Americas.

Megger's conclusions are counteracted by several other volume authors. Cook, Upham, Boyd, and Reff contend that, where environmental and sociological conditions permitted, quite large and dense precontact populations existed. In these regions, introduced diseases caused profound depopulation and cultural changes.

The final two articles—one by Dobyns and the other by Kiple and Higgins—offer slightly different insights into Native American population history. Dobyns, using examples from the Great Plains, the Southwest, and the Southeast, argues that introduced European diseases traveled most effectively along Native American trade routes. Those Native American nations that became trading centers therefore suffered most from epidemic diseases. The article by Kiple and Higgins explores the complex connections between the introduction of yellow fever, African slavery, the decline of indigenous populations, and the establishment of sugar plantations throughout the Caribbean. Their analysis stands out as the only article in the volume to address, at least implicitly, the role played by colonialism in the epidemiological history of the Americas. Both articles reinforce the proposition that innumerable socioecological and political economic variables interacted in the epidemiological experience of particular Native American nations.

Part 2 concludes with a brief summary by Alfred Crosby, a distinguished historian. Crosby rightly observes that, although the articles do not produce any new insights, they clarify a number of issues. No longer can scholars generalize about the disease and demographic experiences of the indigenous populations of the Americas. Not only was every society and region impacted differently, but each reacted in a unique manner.

Disease and Demography in the Americas is a far-reaching volume, offering case studies throughout the Americas. The assembled articles convey the interdisciplinary skill and intensity of the current state of research and inform the reader about the particular perspectives related to the problem of disease and demography in the Americas. These works attest to the complexity of what Ezra Zubrow describes as one of the greatest, yet most tragic, demographic events in human history. The essays provide few new answers; nor does the volume solve any riddles. The importance of this body of work lies in the new questions that were generated about the demographic consequences for the Americas after 1492. *Disease and Demography in the Americas* certainly will stimulate further research, new approaches, and more debate. In this respect, it is a volume that deserves serious attention.

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