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INTRODUCTION

Since the 1970s, Alfred Crosby's Columbian Exchange concept has made biology central to understanding European success in conquering the Americas. European colonization, Crosby emphasized, included much more than just people moving across the Atlantic. Europeans and indigenous peoples exchanged their microbes, flora, and fauna with each other and in doing so created profound changes that put the two groups of people on different historical trajectories. Europeans benefited by the acquisition of American crops, particularly carbohydrate-rich maize and potatoes, and they found an outlet for their increasing population in the Americas. Indigenous peoples of the Americas meanwhile died at alarming rates from the germs that colonizers carried in their bodies. Lacking acquired immunity to diseases such as smallpox and measles, Natives suffered catastrophic rates of infection and mortality. Scholars debate the numerical extent of Native depopulation, but they nonetheless agree that the Columbian Exchange created an epidemiological tragedy of monumental proportions and that without such a calamity European conquest and colonization would have been much more difficult if not impossible.¹

Since Alfred Crosby first coined the phrase, the Columbian Exchange has justly deserved the scholarly attention it has received. This book adds to that growing literature and seeks to expand our understanding of colonization's biological impact on indigenous peoples. Specifically, I argue that the disease component of the Columbian Exchange was a mediated process in which the larger aspects of colonialism heightened Native vulnerability to infection and mortality. In other words, epidemics and massive death tolls among indigenous peoples occurred not simply due to their virginity to European- and African-introduced germs. Colonialism created conditions in which many new diseases could spread and in which those diseases produced extremely high fatality rates. Biological catastrophes certainly resulted with the arrival of infected Europeans and Africans in the Americas, but the dissemination of those germs to Natives and

their impact on indigenous bodies also depended on nonbiological processes of colonialism.²

In the American Southeast, English-inspired commerce in Native slaves was the element of colonialism most responsible for making indigenous peoples across the region vulnerable to newly introduced diseases. Around the middle of the seventeenth century, labor-hungry Virginians escalated their acquisition of captives from their allied Native partners in exchange for manufactured goods. South Carolinians expanded both the volume and the geographic extent of such trade and brought indigenous communities as far west as the Mississippi River into the Atlantic market economy. When smallpox entered the English slave-trade network in 1696, an unprecedented biological catastrophe occurred that I call the Great Southeastern Smallpox Epidemic. This horrific event was not simply the result of a deadly virus being introduced to a previously unexposed population but stemmed from the Native slave trade facilitating the spread of such a lethal germ to communities that had been rather isolated from the outside world. The English quest for indigenous labor continued to shape the contours of epidemics in the early eighteenth century, but ultimately massive depopulation wiped out viable sources of potential captives, undermined economic relations between the English and their indigenous partners, and precipitated the Yamasee War in 1715, a conflict that essentially ended the Native slave trade. Before 1715, however, English commercialization of aboriginal practices of warfare and capture had created the deadliest period that southeastern Natives ever had with epidemics.³

While this book draws attention to the biological impact of English colonialism, it also addresses the epidemiological significance of Spanish colonialism on the Southeast. Prior to the advent of the Native slave trade, during a time scholars call the protohistoric period, the Spanish were the only Europeans to have a sustained presence in the region. Beginning in the early sixteenth century, the Spanish sent several exploratory parties into the Southeast, most notably Hernando de Soto's entrada, which entered Florida in 1539, headed north into the Carolina Piedmont, turned west across the Appalachian Mountains, and reached the Mississippi in 1542. Neither Soto nor any other Spanish explorer found the great wealth they were looking for, but the Spanish did establish a permanent outpost at St. Augustine in 1565 and thereafter established a string of Catholic missions stretching northward along the Georgia coast and westward along the Florida panhandle. Before the English even arrived on the scene then, indigenous peoples of the Greater Southeast potentially had experience with Columbian Exchange diseases. Documented outbreaks did occur among mis-

sion communities, making it seem possible that undocumented epidemics occurred beyond the purview of Europeans. Indeed, scholars generally date the arrival of the Atlantic world's deadliest diseases to the protohistoric period, while some believe that such arrival caused a population collapse as high as 90 percent before the mid-seventeenth century.⁴

With closer attention to disease ecology, however, this study suggests that the impact of newly introduced germs during the protohistoric period is often misunderstood and exaggerated. Each bacterial and viral species that accompanied Europeans and Africans to America depended on a complex set of ecological circumstances to become epidemic in a new environment. Some diseases, for example, cannot be transmitted directly from person to person without an insect vector. The presence or absence of the appropriate vectors of course determined whether an infected European or African was to spark an epidemic once he or she arrived in a new environment. Epidemics of person-to-person transmitted diseases also depend on ecological conditions such as settlement patterns, intercommunity trade, and hygiene practices. Instead of assuming, then, that the mere presence of the Europeans ignited region-wide epidemics, it must be asked whether indigenous peoples had disease ecologies that made them vulnerable to particular germs. It must also be asked whether the Spanish altered Native disease ecologies in a way to ignite region-wide epidemics. My analysis suggests that the protohistoric period was a time in which Columbian Exchange diseases had only a limited impact on the Greater Southeast. Specifically, malaria had a significant chance of becoming widespread and may have resulted in some demographic disruption, but that disease alone would not have produced the 90 percent population collapse that has been suggested. The deadliest scourges—smallpox, bubonic plague, measles, influenza—had only a slight potential of traveling beyond Catholic missions and into the Greater Southeast. Only after the English built an extensive trade network over the last half of the seventeenth century did conditions emerge that facilitated the thorough spread of the Columbian Exchange's most lethal germs.

Putting the protohistoric period in proper epidemiological perspective is of vital importance to southeastern specialists. Particularly, my analysis cautions scholars who read the archaeological record for evidence of a protohistoric occurrence of depopulation from newly introduced diseases.⁵ Many of the population movements, abandoned communities, and collapsed polities that scholars have found in the archaeological record and attributed to epidemic disease can be attributed to nonepidemiological causes, and some can be linked to the tumultuous circumstances related to the Native slave trade. The coalescence of var-

ious communities into the historic polities known to us as the Cherokees, the Creeks, the Choctaws, and the Chickasaws, for example, originated with slave raiding rather than conjectured epidemics associated with preceding Spanish colonialism.⁶ English colonialism, in other words, played the paramount role in radically transforming the social landscape from the heavily populated one that the Spanish found in the mid-sixteenth century to one inhabited by the smaller number of Native polities more familiarly known to us.

The Columbian Exchange may not have initiated the coalescence of the Cherokees, the Creeks, the Choctaws, and the Chickasaws, but diseases did play a role in their emergence as the most important Native polities in the eighteenth century. Newly introduced diseases, as this book will demonstrate, had a differential impact across the social landscape.⁷ Between 1696 and 1715, pathogenic microbes arrived in rapid succession, giving indigenous peoples little reprieve and little chance to recover. Since every disease has a particular nature that distinguishes it from others, though, the combined impact of this onslaught varied across the region. The incubation and contagious periods vary from one germ to another; thus the ones that remain within their human hosts the longest became the most widespread. Natives who lived closer to colonial settlements faced multiple diseases, while those who lived farther away faced fewer and had lower overall rates of depopulation. Colonialism also contributed to epidemics having a differential impact. The slave trade especially heightened its victims' susceptibility to infection and mortality. Fearing gun-wielding slave raiders, Natives often could not maintain their usual subsistence routines and faced malnourishment. They also had to live in compact and fortified settlements where fairly typical germs associated with poor sanitation put their malnourished bodies in an even weaker state. It was, in fact, during the height of the Native slave trade that indigenous peoples suffered the worst biological consequences of colonialism as the deadly synergism of Columbian Exchange diseases, aboriginal germs, and malnourishment took a truly horrific toll. By 1715 much of the Coastal Plain, the Piedmont, the Gulf Coast, and the Mississippi Valley had been widowed of its aboriginal population. Some of the survivors fled into the interior to join the larger confederacies, while others remained near European settlements as either tributary communities or as depleted peoples on the verge of becoming so. The Cherokees, the Creeks, the Choctaws, and the Chickasaws all suffered depopulation from Columbian Exchange epidemics, but they experienced fewer diseases and could use their military power to protect themselves and even bring in captives to augment their sagging numbers.

While this study attempts to move the examination of infectious diseases and

their impact on indigenous peoples in new directions, it employs the methodologies of two well-established fields: ethnohistory and environmental history. Scholars in these fields have employed anthropological concepts and epidemiological knowledge to develop a more complex view of European expansion, colonization, and the fate of Native peoples. Ethnohistorians point out that one cannot examine how indigenous groups responded to colonization without knowing what they were like before contact and before written records documented their past. Scholars in this field combine the evidentiary base of anthropology, such as the archaeological record, ethnography, and oral history, with documentary evidence to retell history from a more balanced perspective. They also pay particular attention to the cultures of indigenous peoples, examining cultural change and persistence as they interacted with colonial powers.⁸ Environmental historians use ecological knowledge and concepts in retelling history not as a mere matter of people interacting among themselves but as human beings having a reciprocal relationship with all elements of nature, including the simplest of living matter—microbes. This reciprocal relationship continually produced ecological changes, ranging from minor unobservable phenomena to major catastrophes that fundamentally shaped broad patterns of our past.⁹

This book draws from other disciplines, but it remains a work of historical scholarship. It engages the two primary tasks that all historians must fulfill. First, historians must establish the sequence of events that compose the human past. In other words, they create narratives based on known facts arrayed in a chronological format. Second, historians attempt to explain why and how the past has developed. This involves asking questions, interpreting what we believe to be true, and analyzing what it all means. To be sure, the topic of this book necessitates an analysis that utilizes medical and anthropological concepts. Because colonial-era indigenous peoples did not leave written records and the biological forces that European observers poorly understood greatly affected Native actions, interpretation demands an interdisciplinary approach. Every effort, however, will be made to preserve the historian's preference for common language rather than scientific jargon.

Successfully combining narrative, analysis, and interpretation is a demanding task for any historian, but the structure of this book nonetheless attempts to accomplish that goal. Chapter 1 recreates the disease ecology of the Native Southeast as it existed before European contact, assessing how vulnerable indigenous peoples were to infection and mortality from Columbian Exchange germs. Chapter 2 focuses on Spanish colonialism during the protohistoric period. It carefully examines the potential epidemiological impact that exploration and

colonization of Florida had on the greater Southeast. Chapter 3 moves the analysis to English colonialism in the last half of the seventeenth century. It reconstructs the development of English-inspired commerce in indigenous captives and then shows how the Great Southeastern Smallpox Epidemic followed the course of the Native slave trade. Chapter 4 continues to explore the ways in which the Native slave trade facilitated biological catastrophe in the early eighteenth century. It specifically focuses on the Yamasee War, a multitribal revolt against South Carolina whose origins lay in the biological catastrophes that the Native slave trade created.

By putting the Columbian Exchange into a larger colonial context, I neither intend to diminish the suffering that countless indigenous peoples went through, nor do I intend to obscure the horrendous legacy that infectious disease has left. Epidemiological disaster still remains vivid in the historical record and should continue to help understand European expansion and Native defeat. As this study shows, however, epidemics should be seen not as the inevitable consequence of biological forces but instead as contingent on the type of colonial system that Europeans chose to impose on the region and its indigenous inhabitants. In the Southeast, the English slave trade gave the Atlantic world's diseases the agency they needed to produce the stunning biological catastrophes that forever changed the historical trajectories of both Natives and newcomers.