

Western Quarantine - Excluding the “Other”*

Batı Karantinası - “Öteki”ni Dışlamak

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Abstract: This paper employs examples of 19th century travel literature and other sources to explore the nature of the system of western general quarantine which began in the 15th century and continued into the 20th century. It records 19th century western travellers often deliberate disregard for non-western quarantine measures in the Ottoman Sultanate, the employment of quarantine-style settlements in western colonies forming an integral part of western apartheid and racist systems and, the use of disease, quarantine and the absence of quarantine measures, as weapons employed by the western powers against the “other”, being the rest of the worlds’ populations, as a part of the process and practice of western colonisation and imperialism.

Keywords: Quarantine, Exclusion, Satalya-Antalya, plague, othering, racial segregation

Özet: Bu makale 19. yüzyıl seyahat edebiyatından ve diğer örneklerden yararlanarak 15. yüzyılda başlayan ve 20. yüzyıla kadar devam eden batıya özgü karantina kavramını irdelemektedir. Çalışma, Osmanlı Sultanlığı’na özgü karantina deneyimini dışlayan 19. yüzyılda batılı seyyahlarının kaleminden karantinaya alınmış bölge ve insanları, ırkçı ve ayrımcı sistemin parçaları olan kolonileri, salgın hastalıkları, ötekine karşı kullanılan silahları ele almakta ve bütün bunların batılı kolonizasyon ve emperyalizmin dünya nüfusları üzerindeki etkisini ortaya koymaktadır.

Anahtar Sözcükler: Karantina, dışlama, Satalya-Antalya, veba, ötekileme, ırksal ayırım

The western general quarantine was employed to defend the west itself, but the colonies and subject populations of the 19th century western imperial-colonial powers throughout the world were, in many cases not protected by any imperial-colonial quarantine system. This was because other interests took precedence over the health of the subject populations, such as the financial cost of these measures, their impact upon free trade, upon shipping profits and upon the circulation of labour and of native and colonial garrison troops. The exclusionary nature of western quarantine policies is best observed in the total lack of quarantine for native subjects of the British Empire, spread over a quarter of the world’s surface, except if the native wished to visit Britain or other western countries. One rule for the west, the greatest vector of epidemic disease in the world over the past 500 years, as McNeill (1976, 199-234) records, quite another rule applied to the non-western “other” by the western colonial powers.

There was no quarantine for European explorers, troops, colonial settlers, traders or 19th century tourists (In respect to tourists, Thomas Cook organised the first of his “*Eastern Tours*”, to Egypt and Palestine in 1869, Sattin, 1988, 138. Although there were organised tours to

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Palestine in the 1850's, the bulk of all tourists to Palestine between 1868 and 1882, 4,200, were brought by Thomas Cook, see Shepherd, 1987, 170-192, and, as a consequence of the 1869 tour, William Howard Russell of the London Times, newspaper wrote, "*Cooks tourists have arrived... the tourists are all over the place*". On the absence of quarantine for those outward bound from Europe to Malta and the Levant in 1853, see for example B. Dorr's (1856, 15) typical remarks, departing from European ports to the rest of the world with cargoes including malaria, smallpox, tuberculosis and cholera, while the populations of colonised and subject countries were largely unprotected by any quarantine measures at their colonial administered ports, in India, Ceylon or Java for example, and the western imperialist's distribution of diseases such as cholera, spread by British recruited Bengali sepoy troops to populations throughout the world from its endemic reservoir in British ruled Bengal in the first decades of the 19th century (For cholera pre-1816, W. H. McNeill (1976, 262) writes: "*One may safely assume that well defined customs pretty well confined the dissemination of the infection to the range of the Hindu pilgrimage*), in contrast to the traditional practice of a local quarantine (The traditional response of native peoples through custom and taboo to epidemic disease such as plague or cholera contained and limited the threat, but, with the arrival of outsiders ignorant of local tradition, such as the British East India Company army recruiters in Bengal in 1816-17, or immigrant Han Chinese marmot trappers in Mongolia in the first decades of the 20th century, cholera from Bengal and plague from Mongolia were able to leave their endemic locations and rapidly spread around the world killing millions of people, McNeill, 1976, 194, 155-156, 160-161), reveals a callous disregard for the life of non-western populations that is quite remarkable when juxtaposed with the west's avowed 19th century "*civilising mission*" to the rest of the world (In respect to the west's "*civilising mission*" around the world, see for example Kiernan's penetrating remarks, Kiernan, 1998, 146, 158-159, 163-164 and 180-181).

"The Hungarian on the north, and the Turk and the Servian (Serbian) on the southern side of the Save, are as much asunder as though there were fifty broad provinces that lay between them, of the men that bustled around me in the streets of Semlin (Zemun-Serbia), there was not, perhaps, one who had ever gone down to look upon the stranger race dwelling under the walls of the opposite castle. It is the plague, and the dread of plague, that divides one people from another. All coming and going stands forbidden by the terrors of the yellow flag. If you dare to break the laws of quarantine, you will be tried with military haste: the court will scream out its sentence to you from a tribunal some fifty yards off: the priest, instead of gently whispering at you the sweet hopes of religion, will console you at duelling distance, and after that you will find yourself carefully shot and carelessly buried in the ground of the Lazaretto" (Kingslake, 1844, 7) ...*"He (the officer) then advanced, and asked once more if we had done with the civilised world, held forth his hand – I met it with mine, and there was an end to Christendom for many a day to come"* (Kingslake, 1844, 8). Such was the quarantine barrier erected between western Europe and the rest of the world in 1834 as described by Alexander W. Kingslake in "*Eothen*", who then, in the course of his travels in the Levant deliberately proceeded to wander the streets of plague ravaged Cairo while 80,000 natives, one in three of Cairo's population died of plague (Kingslake, 1844, 160-181; Lane, 1860, 3, fn. 1; Sattin, 1988, 73. 200,000 people died of plague in Egypt during this 1834 outbreak, which then spread to Cyprus where one third of the population died of plague, and then it was conveyed to the huge Ottoman province of Konya, which included all of modern Konya, Karaman and Antalya provinces, where it raged with extreme ferocity from 1835-40 causing a similar loss of life, see, Duggan, 2004, 149; 2005, 368-370) and he then deliberately broke the Ottoman (non-western) quarantine regulations in force at the Ottoman port of Satalieh (Antalya) to protect the population of Antalya from plague which could be brought into the port by shipping from plague infected Egypt, Cyprus and Syria, on his return journey towards "*the civilised world*"-Europe, giving a display of western Anglo-

22, 289).

The cordon sanitaire system of a general quarantine was erected by the European states to protect themselves, and to exclude – significantly reduce contact with the “*other*”. It was built at the same time as Europeans were spreading diseases around the world, accidentally, as a by-product of western exploration and contact with the “*other*” (Neale, 1851, 12-20; McNeill, 199-234); and deliberately, as a method of reducing the numbers of the native inhabitants, clearing the ground for white colonial settlement, as in North America from 1633 onwards (Naphy, & Spicer, 2004, 163, John Winthrop (1588-1649) the Governor of Massachusetts records: “*For the natives they are neere all dead of small poxe so the Lord hathe cleared our title to what we possess*”; while the Hahuatl people of Central America between 1518 and 1605 were reduced through contact with western imported disease from a population of 25.5 million people to 1.1 million people, Churchill, 1997, 138-140; Naphy, & Spicer, 2004, 163, regarding the natives of South America and also the native Pacific islanders, native Australians, Siberians and Hottentots likewise devastated by contact with western imported diseases including smallpox, measles, syphilis *etc.*, McNeill, 1976, 227, fn. 47-50), with the deliberate employment of smallpox against the native inhabitants, on smallpox infected blankets given as gifts to the native American Indian tribes in the 18th century by the British (McNeill, 1976, 251, distributed by order of Lord Jeffrey Amhurst in 1763; Churchill, 1997, 154), and in the 19th century by white North Americans to systematically reduce the numbers of the native American population in 1837, (Churchill, 1997, 155-156. See also, for the subsequent history of the deliberate development and deployment of disease-germ warfare capability by British, USA, German, Russian, Italian and Japanese institutions in the 20th century and for the suspected use of plague and other diseases by American forces during the Korean War, the means were present, their utilisation in this conflict remains disputed, Harris, & Paxman, 2002, 165-166; 170; see also, Blum, 2003, 104-105), that is genocide.

Cholera spread, initially through troop movements from British East India Company ruled Bengal in 1816, where it had been endemic and confined for centuries by a local quarantine, to Nepal and then Afghanistan, reaching Muscat in 1821 and Ceylon, Indonesia and other parts of South-East Asia, Japan and China in this same year; the Gulf, Iraq, Syria and Anatolia and eastwards to the Caspian Sea by 1823, killing many millions of people, this due to the lack of any quarantine for British Indian troops and the use of British Indian troops to fight colonial wars and so thereby to cheaply and with less adverse publicity expand the British Empire (McNeill, 1976, 262-264; Markham, 1995, 8; Porter, 1997, 402; Kiernan, 1998, 53-56, 61, 66-67, 104, 184-186; and Farwell, 1973, for the wide use of British Indian troops in the Empire; Peters 1994, 301-315; Moxham, 2000, 130-131, points out that the cholera deaths in British administered India were increased through the salt tax burden on the native population; Wills, 1996, 112, suggests an average death rate from those infected with cholera in the 19th century of 50%). Cholera breached British quarantine in Malta in 1837 where it killed 4,233 of a population of 123,000, and struck this British colony again in: 1850, 1854, 1856, 1865, 1867, 1887 and 1911 due to its nodal importance in British troop and trade movements (Savona, Ventura, 1997, 31. Also due to a late 18th century Act of the English Parliament, all ships proceeding to English ports from Ottoman ports had to undergo quarantine in Malta, as there were no quarantine-Lazaretto facilities available in England and, of course, any possible outbreak of disease would be restricted to this distant Catholic Island’s facilities; Attard, 1995, 60. For an account of the British run quarantine station at Malta, Manoel Island, in the 19th century, see Gifford, 1837, 34 ff). Cholera reached across Europe to the Baltic Sea in 1830-1831, spread from Ireland in 1831 to London in 1832 when it killed 7,000 and reached the Republic of the United States of America the same year and Mexico in 1833. It struck England

Slatter, 1994, 193-194. See also Fellows's comments on reducing the time spent in quarantine between the east and Europe, rather than three weeks quarantine at Syra and two weeks quarantine on the border between Greece and Europe, it was quicker to undergo a single quarantine in Malta and then freely enter Europe. He describes quarantine as "*one long imprisonment*", Fellows, 1852, 486; 14 days in quarantine at Orsova for Lady Emmeline in 1838 at, "*one of the shunned barriers between Europe and the habitually plague-stricken Ottoman empire (sic)*", Cust, 1928, 17; 4 days quarantine for Abul Hassan Khan in 1809 before entering England, Cloake, 1988, 24; and 3 days quarantine at Southampton in 1844 for Lutfullah after a long sea voyage, Eastwick 1857, 402; and yet, only 48 hours quarantine for Farahani, only extended if someone died, Farahani, 1990, 291, and deaths were often concealed or bribes paid; and five days shipboard quarantine at Batumi in 1886, if no passenger looked unwell to the inspecting doctor and if the Ottoman health certificate was in order, Farahani 1990, 302. See also, Howard, 1789 passim. For other bribes paid by Europeans to reduce the time spent in non-western quarantine, see for example, Lovell, 1995, 141, 149, only 24 hours of quarantine at Ottoman Jaffa "*with the aid of a well-placed baksheesh*" in 1853, as opposed to up to five days to be spent in the Ottoman quarantine station in Beirut). As Christian Snouck Hurgronje remarked, "*The authorities of quarantine (for the Mecca pilgrimage) especially the chief Doctor, take something from the captains of the steamers so they (the doctors) won't cause any trouble if someone dies during the two days stopped at quarantine, they don't renew the period of quarantine (if somebody dies on board) and don't delay the steamer... The whole quarantine system has no other purpose than exploitation*" (Hurgronje, Mekka, 1888-1889, 218). Oddly, given the west's apparent concerns over the possible spread of disease by returning Muslim pilgrims, their return journey quarantine lasted only two days in Egyptian ports in the 1880's and was corrupted by the payment of bribes paid by European steamship captains to the British appointed doctors at these quarantine stations, to prevent any delay to the steamships passage elsewhere!

The idea of quarantine, of a *cordon sanitaire* (A French term that originally denoted a barrier implemented to stop the spread of disease), was also applied in the establishment of the western European cantonments and colonial settlements throughout much of the non-western colonised world, carefully sited away from centres of the "*unclean-diseased native population*", as R. Lawless describes of French colonised Morocco: "*Where possible, new cities for European settlers were built some distance from the pre-colonial centres, as at Fez and Marrakesh, and separated from them by a cordon sanitaire or green belt of open land. In this way (General) Lyautey hoped to separate as fully as possible the European inhabitants from the Moroccans and, while the segregation was never as complete as he intended, the basic lines of apartheid were remarkably well maintained*" (Lawless, 1981, 266). This western quarantine system established the precedent for the apartheid systems of South Africa, Israel and elsewhere in the colonized world and it institutionalized, and thereby justified racist divides, as H. Hobhouse (1999, 11-12) records, "*Europeans were advised never to build within a mile of a native village and never to allow native children into their own house*".

The difference between a western 19th century quarantine station or Lazaretto, a reservation for the remaining native population within a country settled by westerners as in the USA or Israel, a late 19th or 20th century British, German or American concentration camp or the USA's detention camps for suspects in Cuba, Afghanistan, Iraq, Poland and Bulgaria as elsewhere today, is slight (Note for example in the aftermath of September 11th 2001, CNN discussing the housing of Arab Americans in concentration camps, Miles, 2004, 365); the "*other*" and those that might just possibly have been in contact with the "*other*", are to be isolated, as they are or could be diseased in fact or potentially, by virtue of being "*other*", to be deceased or released

communications. The fact that western hegemony has been built upon the appropriation of other civilisations discoveries, knowledge and inventions that are then subsumed into the construct called western civilisation without either acknowledgement or royalties over the centuries and into the present day, from paper and printing to potatoes and maize, the concept of zero and the decimal system, vaccination, gunpowder, spectacles and rockets, to the often illegal collection of non-western plant species for gene manipulation, I think makes the point. The non-western “*other*” being either of temporary use or a hindrance to the exercise of western global hegemony, as is exposed by statements such as: “*Your either with us or against us*”, by US President George Bush in 2001, or the western refusal to accept the “*other*” as an equal in fact, to be seen not only in the manner of the establishment of so-called “*global institutions*” after World War Two, the IMF, World Bank and United Nations, and these institutions policies towards the “*other*”; but also in various western overt and covert campaigns against Islamic states or any other alternative model to “*West-Way*” is derided in the Western and today's global western media (for the 19th century precedent for this, see, Rabbani, 1994, vii-ix) and, in time, all alternatives to “*West-Way*” are to be destroyed leaving a neo-colonial wasteland. An intent made clear by Huntington 1997, 215-18, 312, *etc.*, and by other members of the Western establishment today. Contrary to the thesis of Greek tragedy -that the recognition of guilt will lead to change- in my opinion, western attitudes towards the “*other*” will remain unchanged, regardless of proven western guilt and genocide towards the “*other*”, see for some examples, Lindquist, 1997. Even the admission of guilt by some western leaders, following the mid-20th century decolonisation by the western colonial powers, with the exception of the colonial settler state of Israel, served only as a foil, to the far cheaper to run western-led neo-colonialism of today).

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