

Getting Curious with Jonathan Van Ness & Kathryn Olivarius

JVN [00:00:00] Welcome to Getting Curious. I'm Jonathan Van Ness and every week I sit down for a gorgeous conversation with a brilliant expert to learn all about something that makes me curious. This is part two of our conversation with Dr. Kathryn Olivarius, all about New Orleans history. In part one, we covered the basics on the Louisiana Purchase, New Orleans statehood, and New Orleans politics and power in the early 1800s. Today, we're getting into Kathryn's area of expertise: yellow fever. Now I did not even know that yellow fever was such a huge deal, but honey, was it ever! As we learned yesterday, every second or third summer in the 1800s, yellow fever became epidemic in New Orleans. And this disease could kill between 8 and 10% of the population each summer. As Kathryn's about to share with us, the story of yellow fever *is* the story of New Orleans, and people in the city are still feeling the effects of these epidemics. Didn't know you were curious about yellow fever? Neither did we. But this is one conversation you don't wanna miss. What was the first historical example that you came across where people were like, "This fucking yellow fever!" Like, when did they name it that? Like, when did they start clocking it?"

KATHRYN OLIVARIUS [00:01:13] Nobody outside of Africa or West Africa knew that yellow fever existed until the 17th century. In the mid-17th century, you see these massive epidemics that explode in the Caribbean. So in Barbados in the late 1640s, an epidemic kills, like, 14% of the island. You know, this is just huge. And it sort of spreads across the Caribbean, down to the Yucatan, all over. And so you see yellow fever has this very dramatic burst onto the scene in the mid-17th century. And by the 19th century, this is a disease every single person in the Atlantic world would have known about. They would have feared it. And they, you know, hoped either to never come in contact with it or else if they had come in contact with it, that they were survivors of it because survivors gained lifetime immunity.

JVN [00:01:58] And how did they figure that out? Just because people that had got it were like, oh, I'm alive and I continue to be and I don't get sick again.

KATHRYN OLIVARIUS [00:02:06] There's a lot of sort of mystery around this disease. They don't discover, for example, that this is spread by mosquitoes until the very end of the 19th century. And this disease is totally shrouded in mystery. There is no cure, there's no vaccination, there is no conclusive evidence of disease transmission. There is no telling as to why some people remain asymptomatic and have very mild cases or why it kills other people.

JVN [00:02:28] So it's basically like the COVID of, like, the 18...

KATHRYN OLIVARIUS [00:02:31] Except a lot deadlier. So if you were to fall sick with yellow fever in the 19th century, there were two equally likely outcomes from your brush for this disease. So either you would become immune for life or you die. And so we're talking a much, much deadlier disease than COVID. But I actually think that COVID is a really good

comparison because I think this gives us a touchpoint for understanding, even just a little bit of what people felt throughout their entire lives living in the shadow of this really destructive virus and not knowing basically anything about it.

JVN [00:03:01] And what does it do? You get it. And then it, what—what happens?

KATHRYN OLIVARIUS [00:03:05] Yellow fever is a hemorrhagic fever in the sort of same family as dengue and Zika and others. So victims experienced a sort of sudden onset of chills and nausea and lower back pains and headaches. Within hours or perhaps days, you have patients who are vomiting. They have incredibly high fevers. They grow delirious. Within days after that, your or even hours to this can happen very quickly. Your organs begin to shut down. Eventually you lapse into a coma and then at the end of your illness, you vomit this sort of partly coagulated blood that looked and felt like coffee grounds. And this is an incredibly painful way to die, too. I had all these examples of, you know, ministers, of people who are incredibly pious, who are screaming profanities at the very end of their illness.

JVN [00:03:49] Do people ever live after the coffee ground puke or then you die? Like, if you get the coffee ground puke, you die. Or do you—can you live?

KATHRYN OLIVARIUS [00:03:55] Your chances weren't good. But you could live. You could live. But that's just, that's blood coagulating in your stomach, which is not a good sign, because it means that your organs are deteriorating. And again, remember, you know, you have a 50% chance of dying and you have 50% chance of surviving and therefore getting lifetime immunity. And they understood this at the time. They understood that surviving the disease was the only way to basically survive long term. And they had at the time called this acclimation. And what they meant by that varied but acclimation essentially meant that you've adapted to the climate. You become immune.

JVN [00:04:26] We learned in our vaccine history episode that weren't they doing, like, smallpox vaccines in, like, the six or seven—so they knew the vaccines, like, existed. So there was no ever anyone getting double infected with yellow fever. Once you survive it, once you're like, done.

KATHRYN OLIVARIUS [00:04:42] If you survive yellow fever, you're immune. It's a pretty thorough lifetime immunity, in fact. And they know this. However, in a place like New Orleans, where you have, you know, epidemic yellow fever occasionally, but you also have endemic malaria, dengue fever, which is breakbone fever. You have scarlet fever, intermittent fever. You know, it's very easy to confuse yellow fever with these other fevers. And so this was, you know, a matter of constant speculation. You know, 1839, for example, if you got sick that summer, you'd say, "Well, I hope that was yellow fever. I think it was yellow fever. A doctor attended me and said it was yellow fever. But could it have been one of these other fevers? And does that mean I'm actually acclimated?" And so you see people who are worried their whole lives, if what they survived was actually yellow fever. And of course, surviving malaria had no bearing

on your ability to survive yellow fever, and vice versa. And they sort of knew this. So there was a lot of, again, debate about what exactly yellow fever was. Was it a discrete illness? You know, was this just the sort of dire end of the spectrum? It's really high risk, really high stakes questioning about the future of your health. And, of course, if you were sure that you were "guaranteed acclimated" or if you were sure that you were immune, this would deeply impact your choices. It would impact if you stayed in town during the summer, the sort of people you dealt with, who you married, even. The immunity calculus factored into all manner of questions in New Orleans.

JVN [00:06:02] That was, like, when you were vaccinated or not, like, in COVID. Like, can you—yeah, that's so interesting. Okay, so, did it end up being like a mosquito borne illness, like, if you get yellow fever, like, do give it to someone else or you're not contagious when you have it, cause you gotta get bit by the mosquito.

KATHRYN OLIVARIUS [00:06:16] So a mosquito infected with the yellow fever virus, if it bites you, it will pass it to you. And if a mosquito, another mosquito, bites you, you know, when you have yellow fever, they can spread that, too. So this is why actually, for a transmission to be really effective, you have to have a really closely packed human population. You need to be in cities, basically, because you need to have transmission from mosquito to human to mosquito to human. This needs to happen quite quickly. And you need to be sort of close together because these mosquitoes actually don't travel all that far over the course of their lives. So all of this needs to happen in pretty close proximity.

JVN [00:06:49] So then, like, people weren't really contagious, like to other people, like you had to get it from a mosquito.

KATHRYN OLIVARIUS [00:06:55] Right. And this is a huge question, a matter of massive debate during the 19th century as to whether the disease was, quote unquote, "contagious." And by contagious then, they meant spread by human to human through human contact. They did not conceive of the mosquito vector. So this disease was quote unquote, "non-contagious" in their mind because it didn't spread in that manner.

JVN [00:07:14] Would you see, like, people that had more money, like—it makes me think about Dr. Celeste Watkins Hayes' episode about the HIV social safety net and about how she talks about like, you know, when they say, like, "We're all in this together." And she's, like, "Yeah, public health, like we're all in this together. But some people are in yachts and some people are on, like, the fucking door from the Titanic. The Rose and Jack are on, like with, you know, 70-foot-waves trying to fucking survive this thing." So were enslaved people or people who are living in very close, cramped quarters, like, worse off as compared to, like, people who are in, like, a bigger house and, like, weren't so on top of each other?

KATHRYN OLIVARIUS [00:07:47] Long and short answer to that is yes. I mean, disease and health, these are always political issues. And the way that we experience disease and

epidemics and pandemics, this is deeply class-based. Think about the number of people who you know, at least in over here in Silicon Valley, the number of people who during the early days of COVID, they went to their houses in Sun Valley and they brought, you know, their teachers for their kids with them, and they ate organic food. And, you know, they, they had an extended vacation, whereas huge numbers of people could not afford to not take on disease risk, couldn't afford to stay home, they couldn't afford to not work, etc. That was sort of the way in which coronavirus—wouldn't even say this is necessarily exacerbated inequality. I think it just showed the inequalities that were already very, very present in our society. The same thing existed in antebellum New Orleans with this. If you were rich, you would basically leave the city, flee your townhouse that you would flee with a staff of people, enslaved people.

You would go to your country plantation and there you would spend the summer riding the sickly season out. Or you might go to New York and go to the theater, or you might go to London and do your business there and your family would come with you and they would tour museums and they would, you know, have a sort of grand time in Europe. While, of course, poor people, unfree people, so enslaved people, people who are, you know, impoverished, they could not afford to flee the city. And so they were basically stuck in this disease-scape for three months of the year, hoping that they would not get sick, and if they did get sick, that they would survive. So many accounts of this. The people saying, you know, there's nobody outside, everyone's shuttered indoors for as much of the summer as they can be. They'll sort of scurry to work, but they won't talk to people. They will touch people. Everyone was suspicious. There would be body carts coming down the streets, taking the dead to cemeteries where bodies would literally pile up because there weren't enough grave diggers to dig graves fast enough. And so there would be this just foul smell over the city of decomposing bodies. It was utterly miserable.

JVN [00:09:43] So we learned about sanitarians and public health reformers in the 1800s from our episode about the history of trash collection. So interest. So did New Orleans, like, have to endure such long, intense bouts of this disease, like you said, that people didn't really understand how it spread until the end of the 1800s. But how did, like, city officials resist funding to make a more robust public health system? Like, how did officials make it harder.

KATHRYN OLIVARIUS [00:10:06] So New Orleans did not have to be this way. That is like let me just emphasize that and put an exclamation point at the end of that. New Orleans was actually quite different than other American cities at this time in their basic rejection of public health. So during the 19th century, you see other cities—New York, Charleston, Richmond, Philadelphia—you see these cities not doing a perfect job, but they're increasingly sort of taking steps to protect the public's health. And so you see cities like New York, for example, or Philadelphia, they're investing in creating waterworks systems, drainage for the city, sewerage systems. They also build orphanages to account for kids who are left, you know, orphaned after epidemics or after their parents die. They built hospitals. They fund quarantines and, you know, quarantines in these days, you know, we think of quarantines as sort of like a physical space—one place. It's not quite like that. In most port cities, you'd have

sort of multiple quarantines for different diseases and ships would come into harbor and you'd have trained experts, not quite epidemiologists yet, but doctors who would inspect ships and they would seek to isolate cases of disease. And this didn't always work. But it often did. And it often worked to reduce sickness and death overall.

Now, New Orleans was basically the exact opposite of this. The city took essentially no steps—and I mean really no steps—to improve the public's health in any maintained and concerted capacity. So New Orleans instituted quarantines only four times during the antebellum period, four very brief times. They buckled every time that they were installed because of pressure from the business community. Basically, businessmen didn't want them because it would disrupt trade. And, you know, the city government essentially was most beholden to these big enslavers, these big planters who would argue against public health reform. You know, draining New Orleans has always been difficult. It still remains difficult in fact, too. But New Orleans really didn't invest much money into this until the very end of the 19th century. Every single visitor, and I mean every single visitor, they dedicate sections of their travelog or their diary to just how filthy and kind of disturbing New Orleans is and how out of sync it was with other cities at this time. It was filthy. You know, the roads were essentially just like mud walkways. People would walk on these sort of wooden planks on the side of streets, hoping not to fall into the morass. This is gross.

And in fact, one of the sort of—ugh, it's, it's totally disgusting, but, you know, as New Orleans sits so close to sea level, burial in the ground is very, very difficult, if not impossible. So that's why you have aboveground crypts, in fact, in New Orleans. This is why if you go to the Saint Louis Cemetery, no. 1 or 2, you have these aboveground crypts because it keeps people away from the soggy ground. But if you're poor or you were enslaved or you didn't have family to sort of look after you, you'd be buried in Potter's Field. That's the cemetery of the poor and indigent. And that just means that you were basically dumped into a very low lying grave. And many, many people described what would happen after even a light rain, which is that bodies would rise to the surface and then crawfish and dogs and birds would feast on them. And even in some circumstances, bodies would literally float out to the Mississippi River along with the trash. It would float into the Gulf of Mexico. You know, this is a filthy city. And the city officials, politicians, councilmen, they in general didn't care very much because they didn't want to spend any tax money on this. And their attitude always was basically, you know, there's nothing that we can do to solve the yellow fever problem. What we can do is we can help you once you've survived, make money, but it is your individual responsibility to get acclimated. So, nobody asked you to come here. It's your job as a man and as a brave American to face this disease, to get acclimated and survive, and become what they called an "acclimated citizen." And we are not going to have anything to do with you until that time.

JVN [00:13:59] Phew, okay! So this is also giving me, like, a little Steven Thrasher. Dr. Steven Thrasher taught us about, he wrote an incredible book called *The Viral Underclass*. We got to interview him last year during the monkeypox outbreak, which, you know, all of these—it's same story, different century honey and different ways, different players. But it's just so

interesting. So, acclimated means that you survived yellow fever. You mentioned that earlier. Obviously, you would benefit from that because you could work more often. You could go to different parts of town. And I hear when you said, you know, "It's your job as a man to come down here as a fearless American and set up your homestead," Yeah, so we got some gender stuff in there. What about women? Because obviously they can get yellow fever and you and then what differentiated immunity from "immunocapital," like what does that "immunocapital" mean?

KATHRYN OLIVARIUS [00:14:50] So one of the ways that I conceive of New Orleans is this: if you're familiar with the history of Louisiana in New Orleans, you're probably familiar with this kind of tripartite social hierarchy. That is, white people who are free, that is free Black people, and that is enslaved people. This is the defining racial hierarchy of New Orleans. But on the side of this, you have this other invisible hierarchy at work. So here you also have so-called "acclimated citizens." These are yellow fever survivors, people who have faced the disease and have sufficiently proved to others that they are yellow fever survivors. They are sort of sitting at the top of everything—social, political, cultural life. Then you have so-called "unacclimated strangers." These are people who are kind of in this social purgatory. These are people who are still awaiting their brush with yellow fever, people who have not sort of demonstrated their worth by getting sick and surviving. And then at the bottom of this hierarchy, you have a combination of groups. You have the dead. These are people who, in the logic of the time, were not of sufficient sort of moral character to have survived in the first place.

So this generally includes drunks. This includes foreigners who are of low character, include "sexual deviants," so-called at the time. This includes all people who, sort of post hoc, after the fact, have been tarred with these sort of moral blights. So you have the dead in this category, too. Then you also have enslaved people and most free people of color. And these are people for whom immunity added nothing to their economic or social standing, but only to that of others—to generally their enslavers. You're totally right that, you know, a lot of the language that people use at the time was to do with masculinity and manliness. And so there's so much kind of coding going on in the way that people described what it meant to be acclimated. And acclimation, by the way, one of the things that's really tricky about this, also really interesting for historians, is that immunity is invisible. So if you survived certain diseases, like smallpox, generally, you'd be left with scars on your face. If you had syphilis, you'd be scarred, things like this. But yellow fever, immunity is invisible. And so you basically have to prove to others. You go to the park and convince them of your acclimation status.

And a lot of that is tied up in the performance of masculinity. And so, you know, you would talk about how you had braved this epidemic as a man, that you had taken on disease risk willingly, that you had done this so that you could become a better patriarch and to guard the lives and livelihoods of your dependents—this is mostly women and children. You could leverage your acclimation. You could get better jobs. You'd be paid more. You know, you had access to new lines of insurance and credit. You could sort of socially improve. You could enter

the ranks of government. You could, in many cases, vote now. There's a lot of sort of social power that comes from being acclimated in this space. And, of course, for women, the sort of calculus is, again, a little bit different. But if you were a white woman and you were sort of on the marriage market, if you were acclimated, that was a huge bargaining chip. And you would have some of the first questions, you know, suitors would come and ask:

“When did you have yellow fever? What were your symptoms exactly? Can I talk to your doctor to confirm what you're saying is correct because I don't totally trust you? So put me in touch with your doctor and I'll ask him about your symptoms to make sure that you can fulfill, that if you were to get married, that you're not going to just die in October. Obviously, I don't want you to die. But I want you to survive long enough, at the very least, for you to be able to bear children,” which was considered to be the sort of benchmark of matriarchy or, you know, being a proper matriarch and woman in this time period. So all of this is very gender coded. And you actually have people, men who say, you know, that facing yellow fever in New Orleans was akin to what soldiers did at Yorktown in facing down the British during the revolution. These are equal levels of bravery required. Basically, you are a veteran of this disease, that you are in this sort of invisible fraternity of disease survivors. This is the way that men related to one another. The language of masculinity and surviving disease—this was all very much molded together and became this sort of hot mess of confusing metaphors and things like this. But it meant a great deal to people at the time for their own self-identity and self-worth.

JVN [00:19:02] So people that were immigrating to New Orleans from within the United States, like, you know, European settlers or whatever, were taking a huge risk coming to New Orleans as opposed to just, like, staying their ass up in Philly. You're like, not going there. And were people experiencing, like, southern migration? Like, were people coming to New Orleans, like, for this wild new opportunity and to, like, even though it was, like, you know, all related to like slavery and like all this, like, fucked up shit. But they were, like, “We can get rich if we survive yellow fever.”

KATHRYN OLIVARIUS [00:19:30] That is 100% correct. It was called “Mississippi” or “Alabama Fever” in the 1810s and twenties. You see this huge surge of people pouring into New Orleans. And they sort of, I guess intellectually, at least, know that the risk is there. They know that yellow fever exists. They've read about it. They've heard about it. But they also are really, you know, just like people today, by the way, this should sound familiar to us. They're really good at writing themselves out of the data. So, you know, we're all very good at this, where we think, “You know what? I know I read about this, but I'm different. I'm healthy.” Think about how many times you heard this during COVID-19. I had students who would say, “Well, you know, I do yoga and I drink green juice and I'm healthy, so I'm not going to get COVID. This is a disease that *other* people get.” And of course, that's untrue. But it's these lies that we tell ourselves either to make ourselves feel better or essentially, you know, it's a sort of survival mechanism perhaps, too, that we're really good at writing ourselves out of the data.

And people, you know, even if they knew that the risk was there, people still came in droves and they came because this was the place that ambitious white men went in the 19th century. This is sort of like the Silicon Valley of its day, where everyone says, you know, "Yes, cotton plantations, they fail, you know, more times than they succeed. But again, I'm great at this and I've got this, you know, inheritance of \$1,000. I want to invest this in a plantation or I'm going to you know, I'm going to use this to buy property. I'm going to do whatever it is and I'm going to become, you know, a millionaire." And there are all these stories from New Orleans of these basically millionaires popping up basically overnight. They're part myth. They're part true. People did become very rich—or white people—almost exclusively through the use of enslaved people, of course. Then, you know, they'll rewrite the narrative to say their wealth is totally due to their own genius and their own sort of savvy in a way that—not to make too many Silicon Valley comparisons where I am right now—it I think, you know, you see this logic all the time too, that geniuses and titans of tech, they sort of rewrite their genesis stories to not talk about the people that they exploited or else the huge amounts of risk and failure that they met along the way. This is, you know, high chance of failing in antebellum New Orleans, you also had a high chance of dying. And people just fundamentally either sort of swallowed that and sucked it up or hoped that it wouldn't be them.

JVN [00:21:45] And you mentioned earlier that social hierarchy of the acclimated people. So there was, like, if you were a enslaved person or a free person of color or, like, a queer person and you survived and it, it didn't matter because no one was trying to fuck with you anyway, but at least you could, like, go to the store and not worry about dying or something?

KATHRYN OLIVARIUS [00:22:06] Free people of color and enslaved people—so Black people in New Orleans—for the most part, if they became immune, the value of that immunity, the monetary value or the social value, that devolved to their white owner—not free people of color, but for enslaved people. For the other people in that sort of group of outsiders, here, the sort of ultimate outsiders were the people who died of yellow fever, who after the fact, people would say, "Well, you know, of course, you know, they sort of deserved to die because, you know, because if survivors are these moral, upstanding, manly men, the dead are the opposite." They're poor. They're, you know, at the time they would say, effeminate. They were sexually licentious. That meant that they were either, you know, sort of sleeping around or habituated prostitutes. You know, there's a sort of sea of kind of, quote unquote, "immoral behavior" that would be ascribed to this behavior after the fact. And it was all a way of seeking to kind of make—

JVN [00:22:59] Make you feel safer.

KATHRYN OLIVARIUS [00:23:00] Yeah. And to sort of actually provide a kind of logic to the illogical and random workings of a virus.

JVN [00:23:09] Yes. Hello, religion.

KATHRYN OLIVARIUS [00:23:10] Yeah, exactly. Yeah, It's actually, it's very much like that. Sort of the surviving elect, they deserved to survive. Therefore, the poor deserve to die.

JVN [00:22:19] So we spoke with Jacki Antonovich and Sabrina Strings about how America's medical profession is rooted in racism and eugenics. That is literally not hyperbolic. It's, like, actually, like, literally history, which, like, even when I started reading about that, like, I could feel my grandma—who was, for the record, born in North Carolina in the thirties—I can feel her rolling her eyes. But it, it's true. It really is true. And of course, those people roll their eyes because if they acknowledge it, it makes them feel really bad. And people don't like to feel bad, so they just rewrite their narratives, as you were saying before, Kathryn. So all roads, typically with racism and eugenics, it, like, it always leads back to Francis Galton. We're frequently talking about this man. He was the cousin of Charles Darwin who invented, like, survival of the fittest and, you know, evolution. But, you know, eugenics is, like, the first cousin as well of evolution, except for, like, racialized and with people. And it's really, really evil and pseudoscience. It's caused a lot of pain and suffering. But you in your book have introduced us to a whole new cast of these Francis Galton-esque fucks who were deeply pedaling and, you know, these eugenicist ideas in New Orleans, such as Samuel Cartwright. So how did doctors use yellow fever to justify enslavement? Is it kind of what you're just talking about, like, you know, “non-moral upstanding people” get it, like, or die of it. Like, can you expand on that for us?

KATHRYN OLIVARIUS [00:24:36] Totally. So pro-slavery thought has existed basically since the advent of slavery in the sort of greater Atlantic world. In the United States, you see a series of pro-slavery thinkers really sort of gaining national fame by the 1840s and fifties. So Samuel Cartwright, he's a really famous one. He's from Louisiana. He is probably the most famous sort of medical pro-slavery theorist in the United States. He would do this really sort of disturbing mix of kind of scripture and science and ethnology, all to essentially describe racial slavery as natural, even humanitarian—that this was the best system, it was a system of “kindness.” This is what Cartwright would say. Famously, in fact, he came up with various diseases of Black people, including “drapetomania,” which is the disease causing slaves to run away. Or also he came up with this Black-only disease called “rascality,” which he said that this was the root of slave misbehavior. He's a totally loathsome, racist person. And one of his major ideas, one of the sort of backbones of his way of thinking about slavery, race and the South in general, was that he was a major progenitor of this theory—he didn't create it, but he propagated it—that all Black people were, quote unquote, “perfect non-conductors” of yellow fever.

So he's saying essentially is that all Black people, no matter where they're from, whether from West Africa or the Caribbean or from Virginia, all Black people possess either perfect immunity or at least were highly resistant to yellow fever, meaning that they didn't die in anywhere near the same numbers from yellow fever as did white people. Now, other doctors said this, too. Josiah Nott who was from Mobile, Alabama, he was another major progenitor of this. A lot of doctors said this. And what's really fascinating and just frankly very confusing also as a historian is that they're saying one thing. So they're saying on the one hand, “Yes, all Black

people are perfectly immune to yellow fever. There is this sort of yellow fever racial logic that exists here, that this is a disease that impacts different races of people differently." So they're saying this on the one hand. However, on the other hand, there is evidence literally everywhere that Black people did and in fact still can die from yellow fever. There is no such thing as racial immunity to yellow fever. There's no such thing as hereditary immunity, in which immunity is passed from parent to child. Skin color, race has nothing to do with one's ability to fight off this virus. But at the time, basically the entire medical and therefore also political community said that there was this special racial immunity.

And they used this essentially to justify the expansion and entrenchment of slavery in and around New Orleans, because they said, "Well, okay, so yellow fever is this problem, but we have a solution, which is that we're going to put Black people to work in the most dangerous, exposed and disease spaces. They're going to do the hardest labor associated with sugar cutting and sugar boiling. They're going to work on the levees. They're going to work in these dangerous spaces. And this is a good thing. This is a humanitarian thing, because this will protect the health of white people who would otherwise die in these circumstances." People argue this time and again and it's this unbelievably sort of vexing mix of things in the archive where, you know, again, you have this logic of racial immunity on the one hand, but then you have the reality that, you know, epidemics come and enslaved people died in huge numbers. And enslaved people themselves, of course, were totally petrified of yellow fever because they could not afford expensive medicines or flee cities when an epidemic came down. They, you know, were trapped in New Orleans. They were trapped on plantations, and they were in this totally vulnerable position. And of course, this is just one more sort of cruel twist in a massively cruel system. But you see, also, powerful actors in this space bending yellow fever epidemiology to meet their statecraft needs—ideological needs of this society.

JVN [00:28:29] So. That's all these fuckers. And it also is giving me echoes of some of these. I mean, it's not a new thing, but the way that people are, you're seeing now, like with a lot of the anti-trans legislation. There was this video I saw on TikTok of this state legislator saying, like, "Oh, I'm sorry, are you calling my constituents demons," because he was testifying at the state thing being, like, "Oh, well, you know, in his Christian faith, like he believes that, like, transgenderism is this, like, demonic possession. And he was literally talking about that's why they need to have this law. And she was, like, "I'm sorry, are you calling other constituents of, like, Judaic, you know, Islamic, other faiths, demons because they aren't practicing your faith?" And he was, like, "No no no no no." But, but the ways that people have always been really comfortable to, like, infuse their religious ideology into, like, health or matters of, like, public health debate, I think is really a huge problem, and how comfortable we all are to witness that. And this goes back like, you know, centuries. Like, but even these doctors, when you look at like how I mean, obviously I respect the medical community and we deeply need them. But in this time, like, who could even be a doctor was limited by race, wealth. And, you know, now it's more wealth, who can be a doctor, obviously, anyways. But, but a lot of these environments are still present then and now that allow for such catastrophic lack of care to people.

KATHRYN OLIVARIUS [00:30:05] Totally. All these things have really deep roots in the past. And just to reiterate what you said, too, you know, doctors are wonderful. We need doctors. They're, you know, fabulous. But one of the things that is really, really striking about, you know, studying this time period. So, you know, doctors are white men. These are white men who have, you know, varying levels of medical education. Medical education in this time period is deeply infused with racial thinking.

JVN [00:30:32] Oh, yeah. That was the other thing I was gonna say, too, is that, like, Francis Galton really did in the late 1700s, like, popularize the pseudoscience around, like, racializing health and, you know, is measuring heads and hands. And he also was really intrinsic to the idea that, like, women are for birthing and men are for working and, like, that you know, the, the evolution of how people are evolving to be more civilized, etc. So a lot of this racialized medical thinking was based off of a lot of Galton's assertions in the late 1700s when this really starts to get, like, much more drummed up. So by the 1850s, because, you know, you were, we were just speaking about, you know, in the 1830s, 1840s, you know, Louisiana's been a state for, you know, 20, 30 years at this point. The yellow fever situation is, you know, raging. It's still an every 2 to 3 years thing. But by the 1850s, some white elites start to become yellow fever denialists, which also sounds familiar. It's giving Marjorie Taylor Greene. It's giving whispers. What was the deal with that pivot?

KATHRYN OLIVARIUS [00:31:32] So by the 1850s, the yellow fever situation is, not only is it continuing, it's getting worse. Yellow fever is coming every second or third summer. The worst epidemic in New Orleans history—in fact, one of the worst natural disasters in American history even still—happens in 1853. 12,000 people die in the course of three months. Very, very quickly. It's a devastating epidemic. And it's followed by another epidemic in '54 and '55. And what's really curious is at this time, when sectional tensions between the north and the south are increasing, you know, slavery is an issue that is increasingly dividing the politics and society of the United States, and you see you have people, elites, politicians, commercial leaders in New Orleans who increasingly are saying, “No, no, no. Yellow fever is not a problem in New Orleans. This is all some massive northern, probably abolitionist conspiracy. These are rumors that are being circulated by those abroad to discredit us, to undercut us, and to undercut the system of slavery that has made Southern prosperity possible.” So what they see essentially is a conspiracy of northerners and outsiders who want to degrade them and who want to undercut them and basically castigate them as pre-modern diseased, lecherous, unclean people.

JVN [00:32:48] [SOUTHERN ACCENT] “And we don't want to have your way of life shoved down our throat that you do in the north. The way of our life down here is fine and we're good. This is rumors and slander.” So they basically start pitching New Orleans as the health spa in the 1850s.

KATHRYN OLIVARIUS [00:33:03] Yeah, exactly. Those are things in the middle of an epidemic when, you know, literally there are bodies that are exploding outside of cemeteries because

they're bursting, because the fluids in them are just overwhelming. They'll say this even as thousands of people are dying a week, and they'll just insist that, "Mom, dad abroad or, you northern newspaper or journalist, you're just imagining this. I don't know what you're talking about."

JVN [00:33:29] And it was that also, like, a little bit possible for them to do because there were so many other diseases and people were, like, "It could be the..." people were dying, all sorts of shit, like you could have the flu, you could die of all sorts of shit then, like, medicine just wasn't—

KATHRYN OLIVARIUS [00:33:42] This is the one time that I'll be fair to anybody in New Orleans propagating these myths at the time. So they'll say, "You know, I don't really understand why you New Yorkers are so concerned about yellow fever in New Orleans when you guys have so much consumption. That's pulmonary tuberculosis. You know, you guys are dying left and right. And, you know, look at your Five Points and look at your Lower East Side and look at all of these areas of the city that are, you know, the abodes of the poor and are filthy and people are dying in droves. And don't lecture us about, you know, yellow fever in New Orleans." And they're not totally wrong. Every city is, you know, I feel very, very lucky to have been born in the 20th century after, you know, antibiotics were discovered, things like this. Cities were incredibly dangerous places to be. Not just New Orleans, though their sort of protestations about this doesn't do anything to change the problem in New Orleans or the fact that New Orleans had triple the national mortality average, that this is, you know, what are we three times the death rate in New York.

JVN [00:34:34] Okay, so then what's this idea about, like, "whites across every social class"? That's one of those sentences where you're, like, "I hope no one ever takes that one out of context because it's, like, this shit just sounds so bad." But whites across every social class, what's the deal with that?

KATHRYN OLIVARIUS [00:35:50] So you have these elites, these commercial civic leaders who are arguing that, you know, they're denying young people's ravages. The most interesting and kind of, like, heartbreaking, perplexing part, as you know from me, the historian looking at this, is you see people, poor immigrants from Ireland, who arrive in New Orleans. They pay their head tax coming into New Orleans. They're essentially paying upfront for their medical costs, their future medical costs. They're living in these absolutely abysmal conditions, in these very cramped quarters. They're looking for work. They're living in Irish Channel. And they're petrified of yellow fever. And what kind of becomes the kind of racial drive over this place is that you see these people who are privately petrified of yellow fever, publicly saying, echoing the sort of talking points of the elite. So they'll say, "Oh, yellow fever, you know." It becomes, you know, "Yellow fever is just not that big of a problem. You know, I hear that acclimation is a very gentle process. Only the weak die from this anyways."

And they'll write home to family and say, "Oh, don't worry, I'm going to be just fine." And this is, you know, I really do think that this is a part of the way that basically, like, whiteness coalesced in New Orleans. And so you have people who are very vulnerable to yellow fever for whom it is decidedly against their interest to deny the reality of yellow fever. You know, you see them saying, you know, very shortly after their arrival, "Oh, yellow fever is not a big problem." And basically this is them basically pledging their fealty to the system of whiteness and white supremacy, but also the system of slavery and to the wealth that, you know, slave-grown products generate. This is basically them saying, you know, "I'm accepting this culture of violence, I'm accepting this culture of exploitation." And so disease denialism and pro-slavery thinking kind of become this Gordian knot of logics that revolve around each other. And this is a way in which sort of race comes to trump class in New Orleans, across the Deep South, that you coalesce on the basis of your whiteness rather than on the basis of your poverty or your class.

JVN [00:36:48] Right. And I can't remember what episode it was of the podcast, but I mean, that is this idea when it comes to the intersection or, like, the *non-intersection* of, like, poverty and race in that like, yes, there are white people who are impoverished. Yes, there are white people who live in poverty, but they get that social bargain of, "You get to use the whites only spaces at the time you get the access to, like," you know, and it doesn't cost the white elites anything, but it gives them, you know, this sense of an extra thing while everyone else is fighting over crumbs. But you get to have this bargaining chip of whiteness, like, that same bargain still exists. It's why you have current day, you know, scholars talking about this idea that just how you were saying people making decisions against their own interests. It's a Trump voter in, you know, rural Arkansas or Tennessee, people who will vote for people that actually make public health worse, who, you know, make it clear that they espouse this idea of, like, rugged individualism, like, "You deal with whatever you come into contact with because you're a strong-willed American. And that's what we do. And, like, it's on you to take care of yourself Like, yes, small government, but also no trans people and no gay people. And you have to, like, you have to be in line with this bargain which holds up gender and holds up race and holds up." It's just still very, I just see it so much in our current society, like, this whole, you know, Gordian knot that you're talking about.

KATHRYN OLIVARIUS [00:38:17] It's the central organizing principle of American history in so many ways since, you know, the very beginning of American settlement on the East Coast. This is, this has always been the way in which, you know, the classes have been pitted against each other and, you know, divided, and it's fighting over crumbs. That's exactly right.

JVN [00:38:35] Well, Stacey Abrams taught me that. I didn't invent that, but it's so true. And I just don't understand how anyone can't not buy this. Like, when you look at the history, like, how could, like, how is this even a fucking discussion? Okay, so now we're getting into, like, the Civil War era, and this is, like, as if there wasn't, like, enough to fucking complicate the understanding of, like, New Orleans up until this point. Like, it gets even more complicated.

So you write that during the Civil War, New Orleans was a, quote, “economic and military lynchpin for the Confederacy.” What was New Orleans’ significance in the Civil War?

KATHRYN OLIVARIUS [00:39:10] So if you think about it, New Orleans was, of course, going to be really important to the Confederacy and then also to the Union side later. On the Gulf of Mexico, it’s at the very base of the Mississippi River, this was always going to be a really important place for the Union to recapture and control if we’re going to control the Mississippi River, essentially, and envelop the south in what was called the “Anaconda Plan.” So that basically trying to wrap around, do this naval blockade that would wrap around the South.

JVN [00:39:37] That was the North’s plan?

KATHRYN OLIVARIUS [00:39:40] Yeah, the Anaconda Plan.

JVN [00:39:41] That’s hot. I’ve never heard of that, honey, you better give me fucking J-Lo. You better get me fucking snakes on a fucking partridge, bitch. I love that! [CROSSTALK] Not you, bitch, but just, like, the universe—

KATHRYN OLIVARIUS [00:39:49] Snakes on a barge. I would love that.

JVN [00:39:53] Anaconda, I think is just like—that part when that snake bites that one, like, Colonel Mustard looking guy’s finger. I screamed! I think I tell that story like, every like every three years on this pod. I won’t tell it now, but I just, it really, it’s like a core memory for me, like Anaconda. It’s like a big core that movies like it’s like it’s almost like Erin Brockovich, like, First Wives Club-level, like, Twister. Like, it’s, like, a big deal for me. I’m okay, but I’m not going there. So, okay, so but the Anaconda Plan, like, historian! Like, we are learning shit! So they just wanted to fuckin’, they just wanted to [SOUTHERN ACCENT] wrap around like a boa constrictor anaconda just suffocate the South’s resources.

KATHRYN OLIVARIUS [00:40:30] Exactly. So that, that means stretching all the way down the Eastern seaboard around Florida and then up the Mississippi River, too, basically to totally enclose the south and this naval blockade.

JVN [00:40:40] So the north went down there to New Orleans and they seized it, or that didn’t go well or what happened?

KATHRYN OLIVARIUS [00:40:44] New Orleans was recaptured by the Union in 1862. So this is pretty early on in the war, actually.

JVN [00:40:50] So it’s one of the first things that they do.

KATHRYN OLIVARIUS [00:40:52] And actually, you know, in a strange way, New Orleans really, you know, didn’t suffer that much. You know, the battle to recapture New Orleans really was a

pretty small one. And New Orleans during the war never really suffered the damage that other southern cities would, like Atlanta or like Columbia, South Carolina, for example. So in come the Union Army, it occupies New Orleans. And one of the really interesting things about this is Benjamin Butler, who is a pretty pompous, pretty arrogant Union general, he comes in and he institutes all these orders to clean up the city. And so he has this famous Women's Order in which he basically directs the women of New Orleans. He says that, you know, you cannot spit on or disrespect the Union officers or else will treat you like a prostitute. That's literally in the order. But he also has all these sanitation orders where he orders soldiers and townspeople to literally clean up the city, sanitize things, remove dead animals, institute a quarantine. And actually, Butler was so successful in these that over the course of the war years, only a couple cases of yellow fever were reported, even though hundreds of thousands of soldiers were entering the port each year. So, Butler proved that quarantine could and would work in New Orleans.

JVN [00:41:57] So did, when the Union soldiers occupied New Orleans, did they make people stop practicing slavery? Or, like, were people still practicing through, like, this time until the Emancipation Proclamation?

KATHRYN OLIVARIUS [00:42:09] So one of the really important things to think about with the Civil War is that basically, ever since, you know, since the first shots were fired at Fort Sumter in South Carolina in 1861, you have enslaved people who are running to Union lines, who are essentially making their freedom real, in a de facto sentence. They're using their feet to say, basically, "I'm running away from my plantation, I'm running away from the city, and now I'm free." And, you know, the sort of legal status of these people was always up for question. It would be for many years of the war. But with the Emancipation Proclamation in 1863 that Abraham Lincoln, the president, issued, this legally at least freed all of the people in these states, quote unquote, in "rebellion." And that included Louisiana still. So, yes, there was still slavery. It was being practiced sort of in New Orleans. There wasn't that much of it by the time of Union occupation anyways.

JVN [00:43:59] So then in 1863, were—anyone who is still in New Orleans as a formerly enslaved person—were they able they could, like, theoretically escape if they were able to like, get their stuff and, like, get to the north? Like, they could theoretically be a free person and like, get out of there?

KATHRYN OLIVARIUS [00:43:14] Yes. And they could also enlist in the Union Army. You have a lot of people in New Orleans and in the surrounding areas enlisting in these colored regiments. This happened after 1863. And so, you know, Black soldiers were decisive in the Union's victory. And a huge number of people, a huge number of people were formerly enslaved in New Orleans, and especially in sort of Mississippi Valley, Mississippi and Louisiana. And I should say this too, the Union Army, the brass had that many similar racist ideas that enslavers had over the previous decades and centuries, in that they also thought that all Black people were acclimated naturally, and so they would use black soldiers often for sort of

dangerous jobs, like digging trenches in Vicksburg, Mississippi, or doing the kind of quartermaster work in these environmentally exposed places. And so they operate by a sort of similar logic. It's disappointing, actually, to see this in the record that you can see, you know, Union soldiers all the way up to Ulysses S. Grant, who would become president, he very much was of the same attitude that many enslavers said, that all black people are perfectly immune to yellow fever, and therefore this justified them doing those sort of lowest rungs of labor within the Union Army.

JVN [00:44:21] Ugh, no, Ulysses! So you also write in no uncertain terms that, quote, White planters had never needed slavery. They just wanted it. And I, and when you read a lot of the records, like, I mean, they were really saying, you know, "How much they needed, how much, you know, blah, blah, blah, blah, blah." Like, they were saying, it was, like, "so crucial." So what happened to those planters after the Civil War and what happened to the people they'd enslaved?

KATHRYN OLIVARIUS [00:44:43] So the thing that's really fascinating about these planters who in the 1850s during slavery, they had said that all black people were perfectly immune to yellow fever. This is therefore a justification for why slavery should exist. After the war, after emancipation, they'll say, "Actually, it wasn't Black skin or race that had made Black people immune to yellow fever. It was slavery. It was the condition of slavery." So that it was basically a prophylactic condition. And now after emancipation, they would sort of catastrophize and say, "Now that they are freed from white supervision, these free people, all these people who had been enslaved, they will die in these huge numbers." Of course, this never happened. I mean, many Black people did die after the war. There are many historians, especially Jim Downs at Gettysburg now, who's written about these massive epidemics of smallpox and other diseases that really impacted the way that Black people experienced freedom in the aftermath of emancipation. But you have these planters who are just shifting the logic of immunity and of yellow fever to fit the new political economy of emancipation, of this post-emancipation world. And so many people who had been enslavers, you know, they would hire Black sharecroppers, they would hire acclimated Irishmen, you know, acclimation. And that still mattered a great deal in job interviews and things like this where you would have planters who would still discriminate on this basis though, of course, the sort of political economy of the South had fundamentally changed in freedom.

JVN [00:46:05] But Lincoln's not president very long, like, after the North, the kind of wins in 1865, like, he wins reelection. And he's only alive for, like, really a very hot second into that second term, right?

KATHRYN OLIVARIUS [00:46:16] Yeah. He dies April 1865, right after the house is ratified. The 13th Amendment right after his second inauguration. His second inaugural address is probably its best speech ever. And, you know, he really is not alive for very long, and then in comes then the vice president, the very drunk asshole Andrew Johnson, my least favorite president.

JVN [00:46:33] And he was famous for having been, like, the only Southern senator who didn't, like, secede, which is why Lincoln picked him to try to, like, be a more, like, you know, unifying ticket or whatever—

KATHRYN OLIVARIUS [00:46:45] Precisely.

JVN [00:46:46] Great. But he basically says, like, you know, Lincoln had made Reconstruction be a thing like legally. But then after ten years Johnson's, like, "Oh, we don't need it any more. Like, it's fine. Like, we don't need to do 40 acres and a mule. Like everything's even Steven. We're just going to pretend like that's over. Like, it's all, we're all good now."

KATHRYN OLIVARIUS [00:47:02] That happens basically the moment that Andrew Johnson becomes president. Oh, you know, he's a Democrat, actually, you know, in the Republicans and the radical Republicans control Congress at this time. But, you know, he's hated Washington and he is vetoing all of this legislation that Congress is passing. But Congress actually had the votes. They were able to, you know, pass over his veto things like the first Civil Rights Act, the chartering of the Freedmen's Bureau, all these sort of key pieces of legislation and during Reconstruction, but also the 14th Amendment and the 15th Amendment, too. And so, you know, Johnson he's impeached. Actually, he's not voted out of office.

JVN [00:47:36] The one vote.

KATHRYN OLIVARIUS [00:47:37] One vote, one vote.

JVN [00:47:38] Which paid off. Which was paid off. Yeah. You know, that's a whole other podcast.

KATHRYN OLIVARIUS [00:47:42] And then Ulysses Grant becomes president after that. And he is not hot on Reconstruction necessarily.

JVN [00:47:49] So they all just kind of want to be like that little, like, clip of Homer when Homer, like, backs into the bushes, like when he's backin' away slowly, just, like, like, "Uhhh, like, we're fine. Like, it is, like, it's over." It's obviously not fine, but but okay, so actually, if you're listening to the podcast at this point, which I really hope you are, check out Kathryn for, she's going to give us, like, a post-Civil War New Orleans in, like, one or two minutes, maybe for social, we'll figure something out, but it's going to be good. So check us for that later. We could also maybe do, like, a ten minute special follow up or something later as well. But so in *Necropolis*, you write about how death records and newspapers suppressed truths about yellow fever. What was it like to research for this book?

KATHRYN OLIVARIUS [00:48:25] It was both really fun and also really frustrating. You know, yellow fever is in many ways, it's an amazing disease to study because it's so present in the archive. It's all over every source, every single newspaper or tax record or doctor's ledger or

diary, everything. Also, you know, New Orleans was such a sort of shocking and deadly place in the 19th century that people obsessively wrote about it. So in that respect, this was a really interesting project to work on. But it's also tricky, too, because as a historian, you know that the data was compromised. I'm not a, you know, sort of data supremacist. I think it's a lot of people who sort of feel like they can get all the answers out of sort of regressions and data, things like this. But all the data from New Orleans is compromised because the elites try to suppress the true nature of death in New Orleans. And so that's tricky. It's trying to sort of triangulate a truer picture of the past than official records suggest. But it's, you know, it's fun, too, because you kind of feel like you're a detective with one of those little boards where you use string, like on Homeland or something where you are sort of connecting dots. "And this came over here and this is how many people died from, according to this clerk in 1847. You know, what about over here? Who says this over here?" It's really fun to sort of to map together a truer picture, one that also, I think you know, people on the ground at the time would have recognized themselves. And I think that that's also part of the duty of a historian is to try to build a world that people at the time would have recognized.

JVN [00:50:48] Were you ever able to find, like, a really smoking gun in that work where like one person like, was reporting, like, much smaller amounts than you're able to tell from like either, like, a hospital or like some sort of, like, maybe buying new people or something. Like, how did you figure that out?

KATHRYN OLIVARIUS [00:50:04] Constantly. I mean, this is, so—1819, for example, you know, the city won't ever declare an epidemic of yellow fever. However, you know, from ecclesiastical records, you know, from cemetery reports that literally thousands of people died that summer. You know, just there's it's a polar opposite world where you have, you know, one group of people saying one thing. And then in the reality, it's different. I will say that the sort of the strangest source I remember this like very clearly. I was reading a diary of a man whose two kids and wife, in fact, died from yellow fever in 1847. And he had this diary and it ended in 1853. And on the last page, squeezed between after the last entry was a mosquito that had been squished into the page, with blood around it. And I thought to myself, like, "Oh my gosh, that's the mosquito." When he died from yellow fever a few days later. I was like, This is the offending mosquito. And I closed the book very carefully to try to keep it in there, but not like, "Wow," this is where also it's so important not just to like—I say this to my undergrads now, it's so important to not just, like, Google things and look things up online, like getting into archives and actually feeling what these documents are like. It makes all the difference.

JVN [00:51:11] Wow. It really speaks to, like, that archives and our history is, is so—we just learn so much about a place and a time from the people at that time, which is just the pictures that you're able to create are just so interesting. So what's next for you and your work, Kathryn? What's next book? What's your next research? What, what are you obsessed with?

KATHRYN OLIVARIUS [00:51:34] My husband is going to kill me for saying this because I have regaled him with too many disgusting stories of people dying, vomiting black blood over the

last few years. But I think my next project is going to be about syphilis and the Civil War and the way that basically the Civil War was a super spreader event for this particular venereal disease, this horrific venereal disease, and the ways in which also syphilis spread within camps between soldiers and prostituted women, but also on the homefront as well to wives and girlfriends, but also as soldiers have sex with each other. There's you know, sexuality in this war is a huge and really tricky question. And it's, it's hard to research because people obviously don't talk about a lot of things that I'm interested in, but it's—that makes it kind of all the more fun.

JVN [00:52:24] Oh, my God! Gay stuff, syphilis. And also that episode of The Borgias when the one guy dies of syphilis. And they put, like, hot, melted mercury up his pee hole. Kathryn, I'm—you're going to have to come back and tell us about, like, the hot liquid mercury at the pee hole. I'm so excited for that project and read to tell us everything. Thank you so much for your time and for sharing your literal life's work and scholarship with us. Like, we have to have you back on Getting Curious. We are obsessed with you, Kathryn. Y'all, you need to be following her. Where are you? Where are you the most active? Are you a Twitter queen? Are you an Instagram queen? Where are you at?

KATHRYN OLIVARIUS [00:52:51] I'm on, I'm on Twitter most of all @katolivarius.

JVN [00:52:52] All right. So that's why we're following you, Katherine Olivarius. Thank you so much for coming on. Getting curious. We adore you and your work so much.

KATHRYN OLIVARIUS [00:53:00] Thank you so much.

JVN [00:53:06] You've been listening to Getting Curious with me, Jonathan Van Ness. You can learn more about this week's guest and their area of expertise in the episode description of whatever you're listening to the show on. Our theme music is "Freak" by Quiñ - thanks to her for letting us use it. If you enjoyed our show, introduce a friend and please show them how to subscribe. Follow us on Instagram @CuriousWithJVN. Our editor is Andrew Carson. Getting Curious is produced by me, Erica Getto, and Chris McClure—with production support from Emily Bossak and Julie Carrillo.