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Civic Health:
Government Responses to Epidemics in Late-Eighteenth Century America

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Civic Health: Government Responses to Epidemics in Late-Eighteenth Century America

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Abstract

In the 1790s, newly independent Americans faced successive waves of public health crises that challenged their efforts to build a strong and prosperous nation. This working paper argues that governmental responses to epidemics in the early national era allowed contemporary leaders to establish centralized institutions and regulations. Based on their theories that health and physical wellbeing were a measure of national strength, they brought public health firmly under political control. In order to illuminate how and why local governments and federal officials exercised responsibility for minimizing death, this working paper focuses on regulatory and institutional developments as well as discourses promoting government-controlled public health measures. Famous founders as well as ordinary citizens recognized that shared threats to life required collective action to coordinate resources and implement expert opinions, especially following the devastation of war and successive yellow fever outbreaks. By illuminating the early American connection between good government and public health responses to epidemics in the late-eighteenth century, this working paper contextualizes current political controversies related to the coronavirus pandemic and highlights how health care—particularly in times of disaster—is intertwined with issues of the purpose of government and social order at the heart of nationhood and citizenship.

In the aftermath of the American Revolutionary War, poet Philip Freneau published a poem on the “Rising Glory of America” in which he celebrated the newly independent United States as a place of “happy people, free from toils and death. . . / No fierce disease, / No fevers, no slow consumption, ghastly plague.”¹ He extolled healthfulness as a national virtue, and Freneau was not alone in this. Early national leaders, including revered revolutionaries such as General George Washington, considered health and physical well-being a measure of national strength and supported government efforts to improve public health. Their efforts to build a robust public health infrastructure surged when successive waves of epidemics arrived in the 1790s, when municipal and state leaders created permanent public health institutions, offices, and regulations in order to minimize death and prevent future epidemics. These efforts reached the federal level when legislators debated their authority to intervene in public health issues, eventually expanding their own powers. In the face of epidemic-levels of disease, early national leaders rallied the collective power of their local and the national government to care for the sick, minimize death, and prevent future occurrences.

The perception of Americans as particularly healthy was widespread in the late eighteenth century. Less than a decade after the Revolutionary War, physician William Currie published a book

on diseases in America and concluded “that the probabilities or chances of enjoying health, and prolonging life, is much greater in the City of Philadelphia, and some other parts of the United States, than in other districts of the World, containing a proportionable number of inhabitants.”² In Dr. Currie’s estimation, the people of the United States enjoyed a better climate and physical constitution than citizens of other nations, and therefore America was superior for fostering the well-being and health of the people. Currie’s peer Benjamin Rush, a preeminent American physician and signer of the Declaration of Independence, linked American healthfulness with their representative form of government. In a lecture that argued the idea that physical and moral health resulted from good government, Rush declared that “there is an indissoluble union between moral, political, and physical good” and “the human life exists in the greatest quantity, and for the longest time, in a republican state.”³ In linking government and health, these medical experts believed that governments controlled, or at least influenced, conditions that promoted health, particularly through laws and institutions.

In other words, a healthy citizenry required concerted action from political leaders. Citizens were not hesitant in calling for their leaders to take stronger action to protect their communities against sickness. In 1783, the *Pennsylvania Gazette* published a letter from “A Citizen” which reminded the city’s leaders to “consider that the *Lives*

1 Philip Freneau, *Poems Written and Published during the American Revolutionary War* (Philadelphia: Lydia R. Bailey, 1809), 78.

2 William Currie, *An Historical Account of the Climate and Diseases of the United States of America* (Philadelphia, 1792), 192-193.

3 Eric T. Carlson, Jeffrey L. Wollock, and Patricia S. Noel, eds., *Benjamin Rush’s Lectures of the Mind* (Philadelphia: American Philosophical Society, 1981), 163.

of your fellow citizens are committed to your care, as well as their liberties and property.”⁴ An article in the *Massachusetts Centinel* argued for improved cleanliness to improve health: “Some good regulations for cleaning our streets and abating some nuisances, with the appointment of proper subordinate officers to inspect, and see that the laws are duly executed.”⁵ The general sense of disorder and uncleanness expressed by these authors was not without merit. The authors writing to their newspapers in the late 1780s had just spent the better part of a decade living through a war with armies occupying cities and marching through the countryside. Buildings and streets were damaged, while cities experienced an increase in their impoverished and transient populations. In calling on their governments to give attention to public health by cleaning up their cities, they tasked their governments with working to restore order because a good government fostered the conditions of both moral and physical health.

Calls for politicians to address and solve life-threatening issues resulted in new endeavors, such as committees to evaluate cleanliness and official positions to oversee the efforts. The attention paid to managing death began to see concrete expression in incremental legislative changes in which the government slowly assumed the duty of promoting the health and protecting the lives of citizens. Public health was certainly a concern in the colonial era, but their approach was largely ad hoc and piecemeal. Early-eighteenth-century leaders implemented quarantines, guarded houses

and roads, and established temporary hospitals to treat the impoverished sick. But overall, these efforts and measures were in reaction to sickness that was already present and relied on residents to report violations. The early national efforts focused on preventing, locating, and rectifying any sources of sickness or contagion before they could infiltrate the population. The Massachusetts General Court enacted laws in 1785 to prevent fatal maladies resulting from the environment, with regulations such as the inspection of burial grounds. The city of Boston appointed funeral porters and named superintendents to each burial ground in the city who were to ensure that “that no bones or parts of Skeletons are suffered to remain on the surface or Tombs [and] Graves left open to injure the health or the feelings of the Inhabitants, or to offend the Eye of a Stranger who may incline to take a view of our Burial Places.”⁶ In line with dominant medical theories at the time, the Boston commissioners believed the stench of corpses, along with other bad odors, infected the air, spreading sickness to the living. Likewise, the 1789 charter of Philadelphia granted the City Council the authority to pass “such and as so many laws, ordinances, regulations and constitutions . . . as shall be necessary and convenient for the government and welfare of the city.” Councilmen immediately hired physicians to work in municipal institutions such as the jail and workhouse. They also passed a number of regulations aimed at mitigating the unhealthy effects of markets and noxious trades such as tanners and butchers to the outskirts of the city. Officials declared

4 *Pennsylvania Gazette*, 27 August 1783.

5 *Massachusetts Centinel*, 24 May 1785.

6 *A Report of the Record Commissioners of the City of Boston: Containing the Selectmen's Minutes from 1787 Through 1798* (Boston: Rockwell and Churchill, 1896), 305-306.

that these spaces had “become a common nuisance, injurious to the health of the inhabitants” and therefore tried to remove them from the most populated areas and enforce stricter cleaning requirements.⁷

The re-emergence of yellow fever in the 1790s motivated leaders to take bolder action aimed at building permanent public-health offices and infrastructures. Yellow fever is a virus transmitted by mosquito bites, though early Americans were unaware of its origins and exactly how it was transmitted. The disease first infected the North American English colonies in the 1690s and appeared regularly through the 1760s. It disappeared for several decades before suddenly resurging in the 1790s and striking port cities along the east coast and in the Gulf of Mexico. Cities such as Boston, Philadelphia, New York, and Charleston experienced severe epidemics between 1793 and 1805. Everywhere the disease spread was threatened with economic, social, and political chaos if the death and destruction were not controlled.

When yellow fever appeared in the newly independent United States in 1793, it was but one emergence in a pandemic whose origins traced back to a British ship as it sailed from the west coast of Africa to the West Indies and finally to America. The most famous wave of yellow fever in the early republic was the first one in Philadelphia, then the nation’s capital, which began in August of 1793. Federal politicians fled the city, residents with means moved to the countryside, and business and economic activity came to a standstill while approximately 5,000 remaining inhabitants perished. When

yellow fever reached epidemic proportions, the city’s governmental and social support networks failed to meet the needs of its citizens. There was intense debate among medical experts and intellectuals on both sides of the Atlantic regarding the nature of yellow fever—whether it was contagious and could be brought in on ships, or whether it naturally emerged in warm, wet climates—and how to treat it. Individual physicians such as Rush and Currie chose to treat the disease in a variety of ways depending on their opinion of its origins. Political leaders felt the need for a stronger response than treating individual patients. To more forcefully confront yellow fever, local and state officials worked to implement policies and build institutions that could minimize mortality and protect the lives of citizens on a broad scale.

The fear engendered and the breakdown in support networks during the epidemic motivated Philadelphia and other localities to create institutional changes to prevent such mortality disasters in future. Philadelphia’s mayor formed a committee in September of 1793 to consider exactly how they could avoid a repeat of the epidemic. The Committee to Attend to the Malignant Fever aimed to formulate “some steps [that] may be taken to bring the subject before the Legislature, that the evils now experienced may be avoided in future.”⁸ By the time the epidemic had concluded in early 1794, the Committee met with the governor about “taking the necessary steps to prevent as much as possible a future calamity in the city and suburbs,” the most important aspect of which they felt included cleaning the docks since they assumed that was

7 Minutes of the Philadelphia City Council, Philadelphia City Archives, 48, 8.

8 Minutes, Committee to Attend to the Malignant Fever, Historical Society of Pennsylvania, 5.

where the contagion first spread.⁹ The 1793 epidemic was the motivating factor in a decade of building government institutions to address public health threats. In 1794, after the first yellow fever epidemic had died down, Philadelphia's legislature created the Health Office, a quarantine station, and a public hospital, all under the control of two dozen "Inspectors of the Health Office" who would search out sickness and violations.¹⁰

Other American cities watched the epidemic unfold in fear, wondering if and when something similar could happen in their local communities. Like Philadelphia, Boston's leaders responded to the massive loss of life by expanding municipal powers in an attempt to escape yellow fever. Physician Isaac Rand wrote, "The causes of disease can be obviated by wise laws, energetically executed." According to Rand, it was not only practical to implement regulations but also "patriotic, . . . opulent and wise."¹¹ As Rand argued, the creation of a committee specifically aimed at preserving the lives of citizens and managing the response to mass mortality was not just humane, but a sign of devotion to one's government. In December 1798, Boston's politicians requested that the Massachusetts General Court approve the creation of a board of health. The General Court approved and granted the new health officials the authority to investigate, with a search warrant if necessary, "all nuisances and other conditions injurious to health."¹² The city had tried to regulate certain noxious trades in the past from polluting the water and air and spreading sickness, but the

creation of the Board of Health was the first time Boston officials gained legal authority to oversee healthfulness as a whole.

As national leaders witnessed outbreaks of yellow fever, they considered what authority they possessed to regulate health measures. In 1796, after yellow fever again reached epidemic proportions in American cities in 1795, Representative Samuel Smith from Maryland proposed a bill that would have allowed the president to determine quarantine policy in the nation. The aim of the bill, ultimately, was to override the confusion caused by conflicting state policies and actions. The bill mandated "That the President of the United States be . . . authorized to direct at what place or station in the vicinity of the respective ports of entry within the United States, and for what duration and particular periods of time, vessels arriving from foreign ports and places may be directed to perform quarantine."¹³ It further allowed the president to use federal resources, particularly customs officials and revenue cutters, to enforce health laws.

Supporters of the act claimed it fell well within the federal government's responsibilities according to the Constitution. The first representative to speak, Benjamin Bourne of Rhode Island, set the tone of the debate by declaring federal quarantine authority was "the nature of a commercial regulation, to which, by the Constitution, Congress alone were competent."¹⁴ Others in favor of the act argued that epidemics were so calamitous

9 Minutes, Committee, HSP, 207.

10 *Pennsylvania Gazette*, 9 July 1794.

11 Isaac Rand, *On the Epidemic Lately Prevalent in Boston*, (Boston: 1800), 477.

12 *Columbian Centinel*, 3 November 1798. The measure was approved 13 February 1799.

13 *The Debates and Proceedings in the Congress of the United States* (Washington, DC: Gales and Seaton, 1900), 1349.

14 *Debates and Proceedings*, 1350.

that states could not adequately respond. One representative contended that even if not a question of commerce the law did not infringe on state authority, but would actually strengthen it. Local officials like Pennsylvania's Governor and Board of Health could order "quarantines to be performed, but they could not force any vessels to observe their directions, without the aid of the General Government."¹⁵ In other words, even the best state-level quarantine laws lacked enforcement ability, and therefore it was the constitutional right and the moral duty of the federal government to intervene.

Opponents of the act argued that, if passed, the federal government would overstep its constitutional authority. A main component of their argument was that most states already had health laws, so it was an internal matter. Pennsylvania's Albert Gallatin argued that "quarantine had nothing to do with commerce. It was a regulation of internal police. It was to preserve the health of a certain place, by preventing the introduction of pestilential diseases, by preventing persons coming from countries where they were prevalent."¹⁶ Gallatin rejected the notion that the federal government had any authority over national public health and that trying to tie the issue to commercial authority as delineated in the Constitution would result in the federal government usurping powers reserved to individual communities and states. In supporting Gallatin, William Lyman of Massachusetts declared that "quarantine was not a commercial regulation, it was a regulation for the preservation of health."¹⁷

According to these representatives, defining quarantine as a commercial consideration would impugn upon states' abilities to make other health laws and potentially backfire by interfering with states' efforts at preventing contagion.

In the end, the House of Representatives compromised in 1796 and only allowed the federal government to provide assistance, rather than direction, in state quarantine measures. On May 27, 1796, both chambers of Congress passed "An Act relative to Quarantine" which declared "That the President of the United States . . . is hereby authorized, to direct the revenue officers and the officers commanding forts and revenue-cutters, to aid in the execution of quarantine, and also in the execution of the health-laws of the states."¹⁸ This was a much more limited bill. It allowed the federal government to assist in enforcing state public health measures, particularly quarantine, yet stopped short of allowing national officials to supersede any state laws.

Another half decade of yellow fever made Congress reconsider, however, and in 1799 they passed a stronger quarantine law that granted national officials more authority. In February, "An Act Respecting Quarantine and Health Laws" replaced the 1796 law and granted federal agencies and officials greater powers in quarantine and public health measures. The later law reiterated that the Department of Treasury could provide assistance to enforce state quarantine and health laws but expanded on this to allow the Treasury to revise the length and specifics of local quarantine regulations. A second section of the 1799 act granted

15 *Debates and Proceedings*, 1350.

16 *Debates and Proceedings*, 1353.

17 *Debates and Proceedings*, 1354.

18 *The Laws of the United States of America*, v. 3 (Philadelphia: Richard Folwell, 1796), 315.

the federal government unprecedented emergency powers related to epidemics. These sections permitted federal officials, particularly the Secretary of the Treasury and federal judges, to remove goods and people in danger from “the prevalence of any contagious or epidemical disease.”¹⁹ In practice, this meant that customs officers and federal prisoners could be removed from an unhealthy area to a safe location established by federal authorities. Federal officials had watched waves of epidemics ravage American cities in the 1790s. Though they were hesitant to override state authority, officials grew their powers beyond assistance to direction and enforcement by the end of the century.

At roughly the same time, national authorities under the direction of President John Adams established a federally supervised institution to manage public health. In 1798, Adams signed the Seaman’s Act that created the Marine Hospital Service, a network of hospitals located along major waterways throughout the United States.²⁰ Like it had in the 1799 quarantine act, the federal government began to supersede local public-health efforts. The act read that “the President of the United States is hereby authorized . . . to provide for the temporary relief and maintenance of sick or disabled seamen, in the hospitals or other proper institutions now established in the several ports of the United States.” In this case, the federal government assumed control over public hospitals located in port cities such as Boston and Charleston. With the Seaman’s Act, mariners paid a type of

proto-insurance out of their monthly wages to employers that contributed to hospital care with the national government covering the remainder of the expenses. Congress had explored the avenue of mariners’ hospitals for nearly a decade before it was enacted, and its passage inspired praise from physicians and politicians.

Adams and others believed it was necessary because it protected the health of sailors, who contributed to the economic and commercial health of the nation. Sailors performed dangerous work in close quarters for their occupation, and ships and docks were among the unhealthiest environments. In the opinion of federal officials, seamen were simultaneously a potentially undesirable population who might be enfeebled and impoverished should they become ill, but also the life’s blood of American commerce and prosperity. Physician Samuel Latham Mitchill celebrated “the authority of the General Government” in protecting “the youngest and stoutest seamen in the merchant service.” Dr. Mitchill contended that “the excellency and utility of this regulation is universally admitted” by the general public and that it immediately improved the public health of a vulnerable yet important population since “the seamen of the United States are daily experiencing the advantages of it.”²¹ Federal officials remained respectful of local authority regarding public health, but they were so committed to preservation of life efforts and believed it needed such strong governmental response that they claimed new federal powers to promote

19 *The Public Statutes at Large for the United States of America*, vol. 1 (Boston: Charles C. Little and James Brown, 1845), 620.

20 *Public Statutes at Large*, 636.

21 “Pilots to Pay Hospital Money for their Apprentices,” in *American State Papers: Documents, Legislative and Executive, of the Congress of the United States*, vol. VII (Washington, DC: Gales and Seaton, 1832), 571.

health throughout the nation.

Coming out of the Revolutionary War, public health experts embraced optimism about what could be accomplished regarding human life. Such possibilities encouraged politicians and activists to think about human society and enact expanded responsibilities for government authorities by building a public health infrastructure that would prevent mortal catastrophe through institutions, oversight of citizens, and permanent offices. Assigning leading politicians the responsibilities of preventing epidemics marked a shift in the purpose of government in post-revolutionary America. Their work involved fundamental questions regarding the obligations of government and social order, as well as the size and

pervasiveness of government in the wake of the Revolutionary War. But late-eighteenth-century Americans understood these government-supported health measures were a mandatory component to the health of the population and national strength. Famous founders, medical philosophers, and ordinary citizens recognized that shared threats to life required collective action to coordinate resources, staff them properly, and implement expert opinions. The healthfulness of which so many Americans boasted and its connection to their form of government would not have been possible without decisive government actions to minimize epidemics and maintain public health.

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