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*Tuberculosis and the Politics of Exclusion: A History of
Public Health and Migration to Los Angeles* (review)

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American historians credit Walter Reed with directing the definitive experiments and writing the academic report that validated the finding in international science. According to the author, other—sometimes overlooked—characters played a crucial role in linking yellow fever to the mosquito. Most notably, the American physician Jesse Lazear was the first to work experimentally on the hypothesis of the mosquito before Reed got interested in the hypothesis. It was only after the death of Lazear, who allowed himself to be bitten by yellow fever–infected mosquitoes, that Reed began to work in this direction and later took credit for the discovery. The discussion of the nationalistic and political meanings of the “heroes” in the official accounts is remarkable.

Another important merit of the book is the comprehensive and detailed description of specific sanitation measures (such as street hygiene, disinfection, and drainage reforms) in the major cities of Cuba and their relationship with mixed, and sometimes contradictory, medical paradigms: the novel germ theory of disease inspired in bacteriology and the previous miasmatic theory, which underlined filth.

This work is based on sound archival research carried out in Cuba and the United States; provides a careful discussion of the legal and journalistic debates that took place; has a fluent and compelling narrative; and provides new findings, nicely constructed tables, and didactic images. Some sections of the book and the conclusions suggest the long-term implications and relevance of Cuban yellow fever for the construction of the Panama Canal, for the international medical work of the Rockefeller Foundation, and for the contemporary relationship between imperial power and disease control in developing countries. However, the conclusive section is too succinct. Anyway, this is an outstanding book, and at fewer than two hundred pages it could be a splendid introduction to courses on global health, the history of international health, and the history of health and colonialism.

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Emily K. Abel. *Tuberculosis and the Politics of Exclusion: A History of Public Health and Migration to Los Angeles*. Critical Issues in Health and Medicine. New Brunswick, N.J.: Rutgers University Press, 2007. x + 188 pp. Ill. \$68.00 (cloth, 978-0-8135-4175-4), \$23.95 (paperbound, 978-0-8135-4176-1).

Emily Abel's *Tuberculosis and the Politics of Exclusion: A History of Public Health and Migration to Los Angeles*, as its title implies, gives an account of tuberculosis policy in Southern California. California, as anyone who has studied—or lived in—the state surely knows, has been a place of perpetual refashioning. No less true, apparently, was this for thousands of people who came to the state seeking not just to

recreate themselves but to remake their health. At first, this health-seeking migration was implicitly encouraged by local boosters who advertised Southern California's regenerative powers. Advertising was one thing, however; actual accommodation quite another. Many a sufferer of tuberculosis arrived in the area to find talk of California's salubriousness overblown. Single men muddled through as they could (much fewer were single women who would have braved the journey alone; "health seeking was clearly an overwhelmingly male enterprise," Abel writes on page 14). More fortunate men could have relied on doting wives or daughters for health care and financial support. To illustrate the point, Abel provides close readings of the published and unpublished diaries and memoirs of women such as Martha Shaw, whose husband developed the disease a scant two months after their wedding.

Tuberculosis had the effect of altering Southern California's cultural landscape. By the early twentieth century, there were thousands of such health seekers in California, most of them stranded there by dwindling resources. State health officials emerged as the most vocal critics of the boosters' claim of California's miraculous healing properties, rhetorically drawing the distinction between poor migrants and the respectable middle class and warning the former group that no social services were available to them. Tuberculosis, of course, was a disease to which society's most unfortunates found themselves most vulnerable. Mexican migrant workers were chief among these, but so too were Japanese, the constant objects (along with the Chinese) of nativist objection.

Though California cannot be said to have ignored the problem, public health professionals and welfare services administrators shifted blame to one another to compensate for the inadequacies of the system. The problem, as Abel informs us, was larger than tuberculosis. Health officials expressed alarm also about the always looming inevitability of outbreaks of typhoid fever or even plague that, they feared, might travel from nonwhite quarters to those of white respectability via Japanese and Mexican food handlers and agricultural workers. Assessing the poor conditions in which these workers were forced to live and work, a Dr. Titian Coffey expressed the sentiment held generally among his class: poor living conditions enforced poor hygiene and even poor morality. All three were so tightly bound together, many argued, that the exact strands of causality and influence were impossible to discern.

I have argued that the economics and politics of the Great Depression quickened black medical and nonmedical leadership's critique of scientific racism in epidemiology and public health, eventually producing limited but important changes in both fields (biology found itself briefly decoupled from the racial construct, but only to be replaced by the "cultural" paradigm).¹ In Abel's California, we find a different story. As much as many Southerners (even "liberal"

1. Samuel Roberts, *Infectious Fear: Politics, Disease, and the Health Effects of Segregation* (Chapel Hill: University of North Carolina Press, 2009).

ones) would have wanted the option, the expulsion of African Americans from the United States was never viable as it had been practiced upon thousands of Mexicans and Filipinos under California's 1935 Repatriation Act. More were expelled during these lean years for having resorted to charity than those who were forced to leave because of their health. Nonetheless, readers understandably might raise the question how government policy influenced and was influenced by nonwhite physicians and lay leadership (one wonders, for example, what messages were sent from the state or national governments of Mexico in response to the poor treatment of their nationals). In this regard, the chapter on "Fighting TB in Black Los Angeles" is an interesting one but leaves us wondering why it is the last and how it speaks to the problem of race as Abel has described it in the preceding chapters (Abel misidentifies the NMA as the "Negro Medical Association" instead of the National Medical Association—the importance being that the NMA did not segregate itself as did the AMA and certainly would have seen the inclusion of "Negro" in its title as only contributing to the race problem; see pp. 134, 185).² This last criticism, however, is certainly less important than what Abel has given to the subject, a well-researched and clearly written book.

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Richard Verville. *War, Politics, and Philanthropy: The History of Rehabilitation Medicine*. Lanham, Md.: University Press of America, 2009. xii + 277 pp. Ill. \$39.95 (978-0-7618-4594-2).

Lawyer and disabled advocate Richard Verville has written a first take on rehabilitation medicine in America from WWI to the recent past. It is largely an institutional history rather than a clinical one, first tracking the growth of the specialty to board recognition and AMA approval, then largely shifting to the politics in Congress and with the White House.

The first third looks at events before WWII. Verville focuses on five persons, Henry Kessler, Frank Krusen, Howard Rusk, Bernard Baruch, and Mary Switzer. Because they were not particularly active before WWII, Verville mostly treats that period as a prologue instead of a time with its own events. He has limited sources for anything before 1945 and fairly limited sources throughout: there are no archival footnotes. Some interviews are cited, but it is unclear where they are archived. And while the bibliography is fairly lengthy, the chapter notes cite far

2. For more on Mexican American community response and the politics of public health, see Natalia Molina, *Fit to Be Citizens? Public Health and Race in Los Angeles, 1879–1939* (Berkeley: University of California Press, 2006).