REPORT

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A Postcolony's History of Quarantines Comes to the Fore

Racism and economic exploitation drove medical advancements in Panama's Canal Zone in the early 20th century. Now, deep inequality in the coronavirus pandemic underlines the need to address colonial legacies in public health.

A column of Panamanians wearing medical masks and wielding brooms marched down the road in La Chorrera on a hot April day. The group, made up mostly of teenagers, were on a police-enforced mission to clean the city's streets and parks as punishment for violating coronavirus lockdown orders. Due to Covid-19, the streets remained mostly empty, but videos of the sweepers—flanked by police and other authorities—swiftly circulated in the press and on social media.

A hundred years ago, a group of Panamanians also had a run-in with authorities seeking to manage a deadly contagion. On a November morning in 1904, U.S. medical officers in the Canal Zone approached more than 40 Panamanian children headed to school. The medical officers drew and examined the blood of the "natives" in their search for the parasites that cause malaria, against which the Canal Zone had declared war. For 10 days, the 29 children who tested positive for plasmodium parasites received quinine treatment like a new morning ritual. When many of the parasites cleared, the Canal Zone's Department of Health celebrated the promising results of the United States' budding anti-epidemic medical technology.

The department's case report left the local schoolchildren nameless, reducing their identities to data sets. The same research that transformed Panamanian children into silent medical subjects, however, also made Panama more habitable for U.S.-Americans unadapted to the isthmus's tropical climate and diseases. For U.S. officials, the public health infrastructure of the Canal Zone operated like a sophisticated, modern machine. For Panamanians, that infrastructure led to invasions of their homes and their very bodies.

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Panamanians facing Covid-19 in 2020 similarly found themselves entangled in strict anti-epidemic measures. Despite these measures, the country's daily number of new Covid-19 cases skyrocketed to more than 1,000 in July, resulting in the highest case rate per capita of any Latin American country. Vulnerable groups, in particular, faced a crisis.

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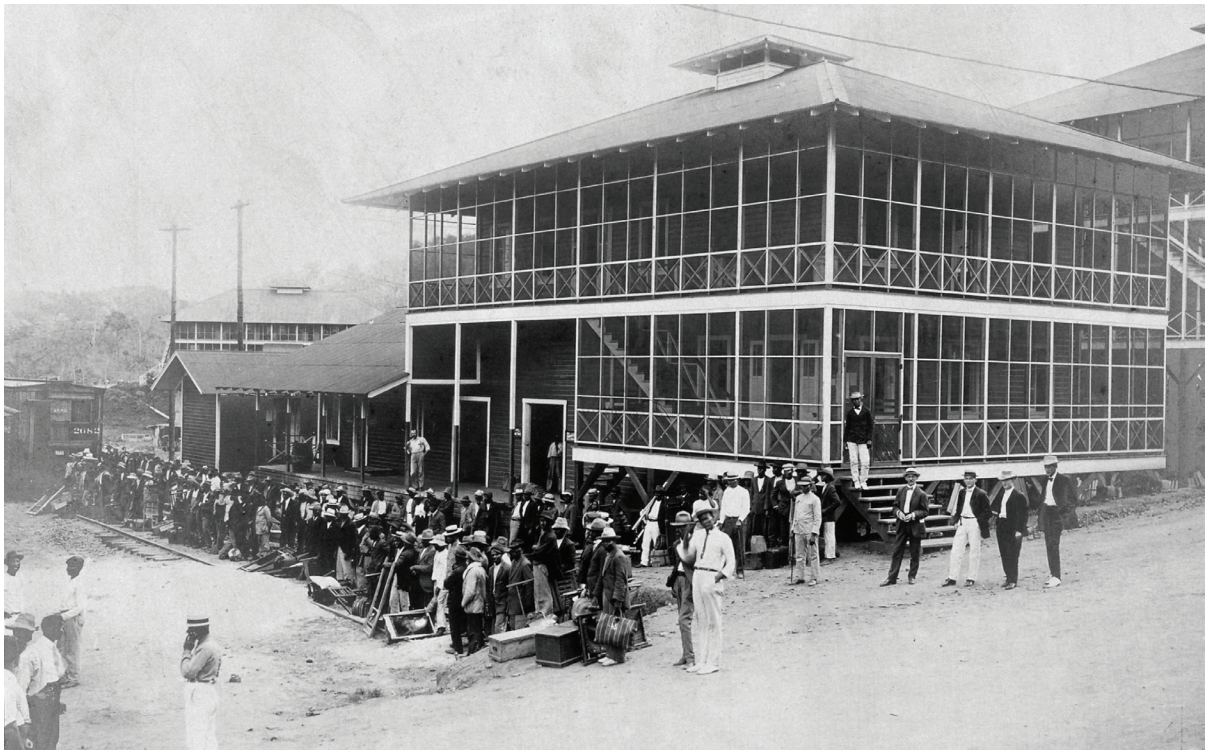

Panama Canal construction workers arrive at the train station in Gorgona, ca. 1910. (WELLCOME LIBRARY, LONDON)

The shortcomings of Panama's fight against coronavirus lay bare the often-forgotten colonial roots the country's public health technology and the limitations of scientific knowledge developed within a colonial laboratory. By design, Panama's anti-epidemic medicine has always left innumerable deaths and debilitations in its path. Now, the Covid-19 pandemic has shown that, without proper social assistance and economic security, even the most intricate webs of flawed public health infrastructure cannot protect life. Panama's Canal Zone is no longer controlled by the United States. Yet by recycling the same methodologies the Canal Zone government used in its fight against yellow fever and malaria, Panama's government has reproduced colonialism's devaluation of the lives of laborers, especially West Indian and Black workers.

A War Against "Invisible" Insurgents

Despite implementing strict lockdown policies in April, the Panamanian state had limited success in quelling the spread of Covid-19. The Ministry of Health laid out measures allowing people to leave their homes during designated hours based on gender and the final digits of their government-issued identity cards. Most Panamanians found themselves rushing to purchase essentials for the week within the brief span of two to four hours.

The approach echoed the attitudes of a nation at war, with civil liberties collapsing. Those who violated quarantine orders faced criminal consequences, and police detained nearly 40,000 during the strict two-and-a-half-month lockdown. Detentions of transgender and nonbinary Panamanians, in particular, garnered international condemnation. In some areas, like La Chorrera, punishments turned into a spectacle as bystanders recorded detainees. Overnight, Panama became what Minister of Health Francisco Sucre called "a war that involves everyone."

Historians of colonial medicine have shown how many measures developed to contain infectious diseases were born in the laboratories and

An aerial photo of Gorgas Hospital, formerly known as Ancon Hospital, in Panama City. The hospital was run for most of the 20th century by the U.S. Army. (UNIVERSITY OF FLORIDA PANAMA CANAL MUSEUM COLLECTION)

journals of military medical officers, not academic researchers. This research often sought to improve life for white Americans stationed in colonial settlements in places like Cuba, Puerto Rico, and the Philippines. As Warwick Anderson wrote in his 2006 book *Colonial Pathologies*, "Americans felt they battled invisible foes, whether guerilla or microbe." In Panama, the construction of the canal depended on the elimination of deadly mosquito-borne diseases—such as malaria and yellow fever—through sanitary reforms led by U.S. military officers and civilian sanitary brigades.

Even today, the U.S. historical memory of the Canal Zone's sanitary reforms upholds a narrative of Western civilization's wartime victory over deadly contagions. This selective history has covered up the more sinister colonial undertones of the canal's construction, as historians such as Julie Green and Paul S. Sutter have documented. Yet, the often-silenced experiences of migrants interrupt these traditional narratives. Migrants working in Panama a century ago and others passing through the isthmus today reveal the uneven distribution of deaths and illness that has long been a part of Panama's public health infrastructure.

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Gold Lives and Silver Deaths

During the pandemic, border closures and other shutdowns trapped many migrants traversing the isthmus in shelters with scarce food and medicine. Migrants from more than 50 countries including India, Somalia, and Yemen entered Panama in 2019 after crossing the life-threatening jungles of the Darien Gap, usually en route to the United States or Canada. In 2020, the majority of migrants who wound up stranded originated—much like the migrants that arrived in Panama a century earlier—from the Caribbean, particularly Haiti.

After the United States seized the Canal Zone in 1903, the work of U.S. medical officers to understand and prevent the spread of diseases altered everyday life for local Panamanians and migrant laborers, mostly from the West Indies. The Zone's autocratic government systematically implemented quarantine measures for migrants arriving by ship, constructed large hospitals and sick camps, deployed sanitary brigades to inspect living and working quarters, and tested and treated sick laborers.

When case numbers of yellow fever and malaria dropped, U.S. officials in the Canal Zone—and later historians—hailed these measures for taming a virulent slice of the tropics. For instance, U.S. historian David McCullough's 1977 book *The Path Between the Seas* described the canal project as "one of the supreme human achievements of all time, the culmination of a heroic dream of four hundred years and of more than twenty years of phenomenal effort

and sacrifice." Many U.S. historians still cling to this nostalgic narrative.

West Indian laborers and local Panamanians, on the other hand, found themselves tangled within a new public health system that relied primarily on their criminalization and segregation. At the demand of the Canal Zone government, West Indians received health inspections and, if necessary, remained quarantined in a detention house. West Indians were subject to sanitary inspections of their labor camps, vast fumigations, and fines and imprisonment for violating sanitary laws. These measures also aimed to reorganize the behavior and morality of the Zone's employees by reducing alcoholism, gambling, and sexual promiscuity. With scientific knowledge and punitive policing, the Department of Health aimed to reduce all risks of disease to ensure speedier construction of the canal.

Still, reorganizing Panama's natural environment was not enough to cease the high death rates in the Canal Zone. By the end of 1904, the Department of Health reported in frustration that the rates of malaria cases in the district of Gorgona were due to residents' failure to follow sanitary laws. U.S. Army physician and Chief Sanitary Officer William Gorgas lamented: "It has been impossible to convince many that mosquito nets are necessary."

Like in many colonial societies, government infrastructure in the Canal Zone did not improve everyday living conditions for the majority. Coercive measures, like mandatory quarantines and camp inspections, only led to punitive consequences for Panamanians and West Indians, not less illness. Only those on the "gold roll," mainly white Americans, resided in locations where implementing hygiene standards was remotely feasible. Much like the migrants sleeping on mats and facing hunger in present-day Panama, most migrant workers on the "silver roll" in the Canal Zone lived in labor camps on meagre pay and little food. Living in segregated areas far from the gold-roll workers, silver-roll workers did not receive mosquito nets from the Canal Zone government. As an expendable, second-tier class in a colonial society, these majority-Black workers were more likely to fall ill to infectious diseases.

As historian Olive Senior has noted, many of these laborers carried only one change of clothes that remained persistently soaked in swamp water. Despite a considerable colonial medical infrastructure, for West Indian workers in the ditches of the Canal Zone, the fragility of life and the proximity of death were palpable. Government assistance and pensions did end up in the hands of workers, but usually gold-roll workers. Only in the late 1930s did West Indian Canal Zone laborers with disabilities become eligible for disability relief. Most received no more than $55 monthly.

In fact, while Chief Sanitary Officer Gorgas and other U.S. officials focused on eliminating mosquito-borne illnesses for the benefit of white Americans, other public health crises that plagued Canal Zone laborers went unaddressed. The Department of Health's periodic reports reduced case statistics on cancer, limb amputations, stillbirths, strokes, rheumatism, ulcers, and suicide to one or two pages. Reminiscing years later about his time in Panama, Albert Banister, a Saint Lucian worker in the Canal Zone, remembered seeing hundreds of men lying dead in the streets of Colón for multiple days. They had dropped dead not from yellow fever or malaria, but from starvation.

A 21st Century Slow Death

Now, during the coronavirus pandemic, Panama's public health strategy has continued to place the burden on working-class Panamanians. Even for Panamanians who have not been infected with Covid-19, the stress of the pandemic, poverty, and necessary labor productivity has generated other forms of suffering and death.

Many have critiqued the austerity and neoliberalization of medicine on display across Latin America in the age of the coronavirus. In Panama's case, analysts have highlighted the neoliberal policies, doubled down since Ricardo Martinelli's presidency (2009-2014), that have earned the country its

Living quarters of Black (West Indian and Panamanian) Panama Canal workers photographed ca. 1910. (WELLCOME LIBRARY, LONDON)

reputation as a luxurious tourist spot and a center for international finance. In late April, more than 25 protests broke out across the country to decry the lack of government support amid the shutdown. In July, the government implemented renewed lockdown measures and cuts to public employees' salaries before undertaking any major distribution of public assistance checks or food aid.

Speaking to Panamanian broadcaster Telemetro in July, economist Felipe Argote criticized the government for allowing the invisible hand of neoliberal capitalism to direct its pandemic recovery plans—or lack thereof. Since the pandemic reached the Americas, Panamanian officials have attempted with little success to secure funding to build a new hospital to treat Covid-19 patients and to increase testing rates. As the virus spread, vulnerable Panamanians were forced to leave their homes out of hunger, facing a slower, but no less certain, death. Like during the government's desperate attempts to eradicate tropical disease 100 years ago, during Panama's recent experiment in increased interventionism, this slow death—to borrow Lauren Berlant's term—has particularly impacted Black migrants and working-class people.

Many of these unequal deaths have been erased in Panama's pandemic reporting, and a lack of Covid-19 race and ethnicity data has alarmed Panamanian activists. According to Chief Sara Omi, president of the Emberá General Congress of Alto del Bayano, official statistics of Covid-19 in Indigenous Emberá communities have been incomplete. In the Alto del Bayano community of Ipetí Emberá, for instance, state data confirmed only

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25 Covid-19 cases as of late August. But Omi told the Spanish news agency EFE that some 98 percent of the community's 700 inhabitants had contracted the virus, though many did not get tested. Samuel Samuels of Panama City's Directorate of Ethnic Peoples has called for the state to record Black and Indigenous Covid-19 case rates.

A Medical and Historical Reckoning

Western medicine clings tightly to the idea that medical technologies are invincible due to their basis in rigorous scientific research. Yet, the efficiency of anti-epidemic technology is stitched into a larger system defined by colonial legacies of inequality and government indifference. Far from being a sophisticated machine that interacts only with microbes, public health systems work within countries' political imaginations and, historically, within colonial imaginations. Tellingly, Panama's Emberá people allege that they have prevented Covid-19 deaths with ancestral medicine, while the capital city's hospitals have served only as deathbeds. Regardless of its research rigor, a public health system is bound to inflict harm when embedded within a larger political system buttressed by centuries-old ideologies that diminish working-class, Black, Indigenous, and migrant lives.

The narrative of the Panama Canal's scientific triumph shaped Latin America's relationship with medicine and science throughout the 20th century. Now, critical studies of Panamanian and Central American history have the potential to erode long-held beliefs of Western medicine's invincibility and craft new approaches to the region's crises. A retelling of the Panama Canal's history that centers migrant workers demonstrates that the end of mass suffering in the Canal Zone was only for those living on the gold roll. It also reveals that public health and anti-epidemic measures in Central America have been rooted in governments' historical mission to ensure labor productivity, profits, and political stability in colonized lands. Slow deaths and recurring traumas for the poor and racialized majority have persisted.

In the streets of Panama and neighboring countries to its north, Central Americans have begun confronting this history with grief and outrage. Guatemalans and Salvadorans, for example, have waved white flags as pleas for assistance. Those bearing the brunt of the coronavirus pandemic—often the most excluded from decision-making—have already exposed public health's cruel contradictions.

Despite its catastrophic impacts, the pandemic represents a moment for Central America's professionals in science, medicine, and government to rethink the role of science in their communities—especially a science founded in a colonial society. By doing so, they can work to reimagine science as a response to a nation's needs, not a cold branch of knowledge separate from the masses. Only then can anti-epidemic technology truly work in the service of Panama's overlooked Black and migrant workers. Through a solemn reckoning with anti-epidemic medicine's past, Panama and its Central American neighbors can perhaps find cures to their ailments from outside the old colonial laboratory.

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