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The Link Between Nutrition and Native Immunity

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Native peoples suffered from infectious diseases after contact with European colonists, but it wasn't because they had no immunity against the diseases brought over. Nutritional decline and environmental disruptions are what led to increased disease susceptibility in Native populations

Diseases such as smallpox and measles only became prevalent after traditional diets and lifestyles were disrupted

Early European explorers did not report diseases among Native Americans until the mid-18th century, after the introduction of sugar, white flour, coffee, tea and alcohol had weakened Native American health

Modern children are at risk due to nutrient-deficient diets and vaccination practices weakening the immune system

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I have long believed that native peoples — in the Americas, in Africa and in the South Seas — began to suffer from infectious disease as soon as they came in contact with European colonists. In fact, many have asked me how such healthy people could succumb to disease so quickly.

My answer — and not a very good one — was that in traditional cultures that had not had contact with infectious disease, the people did not need to build a strong immune system during growth, so that the nutrient-dense diet could be vectored into building a strong body, keen eyesight and good hearing; and I theorized that having never consumed sugar and therefore not needing a supercharged pancreas to produce a lot of insulin, these people

were much more vulnerable to the effects of sugar when they consumed it.

This explanation is just another version of the “immunologic inadequacy” and “lack of genetic resistance” arguments that allow doctors and public health officials to ignore the main cause of disease, whether in the Old or New Worlds: malnutrition.

Malnutrition as a Cause of Infectious Disease

I recently learned that native peoples did not contract infectious disease immediately on contact with the Europeans. For example, fishermen and early explorers visited the northeastern waters along the Atlantic coast during the 15th and 16th centuries, yet we have no historical commentary on the existence of disease or epidemics among the aboriginal peoples during that time.

According to Raymond Obomsawin, in his document “Historical and Scientific Perspectives on the Health of Canada’s first Peoples (2007),” “Since the prime purpose of this early contact was to commercially exploit natural resources, any visible evidence of the physical weakness or sickness of the indigenous inhabitants would surely have excited some keen interest.” Instead these early reports marveled at the Native American’s good health and robust constitution.

Obomsawin notes that the first recorded outbreaks of infectious disease in Native Americans living in the Ottawa Valleys occurred between 1734 and 1741.

Champlain established the first European settlement at Quebec on the St. Lawrence River over 100 years earlier, in 1608, and it wasn’t until the 1800s that smallpox, measles, influenza, dysentery, diphtheria, typhus, yellow fever, whooping cough, tuberculosis, syphilis and various other “fevers” became prevalent in the aboriginal population.

By the mid-18th century, Native American life had succumbed to serious disruptions. As a result of intensive trapping, the game populations had dwindled, seriously affecting the availability of food and skins to make clothing and footwear. During this period sugar, white flour, coffee, tea and alcohol arrived on trading ships, which the colonists traded to the Indians for furs.

The same pattern prevailed on the West Coast, where the salmon fisheries became significantly depleted by the mid-1800s. These northwest peoples spoke of “disease boats” or “pestilence canoes,” the Spanish and British seagoing vessels that arrived with increasing frequency.

They brought smallpox, but also the foods that made them vulnerable to smallpox. An early 100-foot sailing cargo vessel could transport as much as 800,000 pounds of “goods” — or maybe we should say “bads.”

Tribal peoples largely dependent upon the buffalo were not affected until the early 1870s, when the animals became depleted through exploitation and deliberate campaigns to kill off the herds upon which they depended.

The Transformation of Aboriginal Health

According to a Canadian government report, “The transformation of Aboriginal people from

the state of good health that had impressed travelers from Europe to one of ill health … grew worse as sources of food and clothing from the land declined and traditional economies collapsed.

It grew worse still as once mobile peoples were confined to small plots of land where resources and opportunities for natural sanitation were limited. It worsened yet again as long-standing norms, values, social systems and spiritual practices were undermined or outlawed."

Regarding Plymouth colony, the Pilgrims were not the first Europeans in the area. European fishermen had been sailing off the New England coast, with considerable Native American contact, for much of the 16th and 17th centuries, and trading for beaver skins commenced in the early 1600s, prior to the arrival of the Pilgrims in 1620.

In 1605, the Frenchman Samuel de Champlain made an extensive and detailed map of the area and the surrounding lands, showing the Patuxet village (where the town of Plymouth was later built) as a thriving settlement.

In 1617 to 1618, just prior to the arrival of the Mayflower, a mysterious epidemic wiped out up to 90% of the Indian population along the Massachusetts coast. History books blame the epidemic on smallpox, but an analysis has concluded that it may have been a disease called leptospirosis.[1](Even today, leptospirosis kills almost 60,000 people per year.)

Both wild and domestic animals can transmit leptospirosis through their urine and other fluids; rodents are the most common vector, and the beaver is a rodent. During springtime, both male and female beavers secrete a sticky, pungent substance called castoreum to attract other beavers, often depositing it in small "scent mounds" near the runways leading into their lodges.

Trappers used castoreum to scent their traps in order to catch the beavers and also traded it with the Europeans, who valued it as a base for flower-scented perfumes. Perhaps this early instance of disease was a kind of Beaver Revenge, spread by the leptospirosis organism in their castoreum — payback for exploitation of their species, for hunting them almost to extermination!

Anyway, the point is that the infectious diseases that caused so much suffering did not arrive until after a period of nutritional decline; and fear and despair almost certainly played a role.

Most Infectious Deaths Attributed to Lack of Water

When disease broke out in a village, the afflicted often found themselves abandoned by those still healthy, so they had no one to care for them. Unable to get water for themselves, they typically died of thirst. This may explain why the death rates during outbreaks were so much higher for the Native Americans (typically 90%) than for Europeans (typically 30%).

This is not to say that exposure to new microorganisms does not play a role in causing epidemics of infectious disease — but these new organisms are not likely to cause disease in well-nourished individuals with strong immune systems.

Modern Diet Is Nutrient-Deficient

Now let's fast forward to today. We have a population of children who are extremely poorly nourished. Both bad diet and the practice of vaccination can weaken the immune system. (See Tom Cowan's book "Vaccines, Autoimmunity, and the Changing Nature of Childhood Illness" for an explanation of how vaccinations depress rather than enhance the immune system.)

And thanks to the practice of vaccination, we are also seeing the emergence of new and more virulent forms of diseases like measles and pertussis. Dr. Cowan and many others are predicting a resurgence of massive epidemics, outbreaks of infectious disease against which modern medicine will be helpless.

Dear parents, please be forewarned and protect your children in advance — feed them nutrient-dense foods, especially foods rich in the fat-soluble activators, and just say no to vaccines.

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Note

[1] The Lancet, vol 3, issue 12, P757-771, Dec 2003

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