PLAGUES AND PREJUDICE:
BOUNDARIES, OUTSIDERS AND PUBLIC HEALTH

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Thesis submitted for the Degree of Doctor of Philosophy
at the University of Adelaide
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ABSTRACT

Blaming minorities for introducing disease or for being a health threat has been a feature of the social life of many communities as a process that has justified hostility against those minorities and led to the creation of restrictive public health policies and laws focused on them.

This thesis traces the history of this process, predominantly in England and Australia. Examining the response to a number of outsiders and marginal social groups, such as Jews, Chinese and Southern and Eastern Europeans, it considers the role that public health played in arguments for their exclusion and control. It measures the strength of the public health case, arguing that a health threat was generally not a real issue but, more typically, a badge which labelled the outsider as dangerous to the community.

Whilst racial or ethnic minorities were obvious arrivals from the "outside", the process of identifying outsiders generally as health threats was more widely at work. The undeserving and unruly poor, homosexuals, persons involved with illegal drugs and other marginal groups were all seen as presenting health threats to the community. In response, public health regulation was, potentially, a powerful way of controlling these groups and separating them from the mainstream community.

The unifying theme that joins these various narratives is the argument that communities are anxious about the things and people that lie beyond their social and geographical boundaries and that intruders from the outside are seen as anomalous, out of place, challenging spatial order and threatening to the community. Thus, order, classification and the boundaries that separate one social or spatial grouping from another are central ideas about which much public health policy and views about health are organised. It is less to do with preventing disease; more to do with maintaining order. Ill health is the price of disorder; dirt is "matter out of place".
Durkheimian social theory, concentrating on his dichotomy of the "sacred" and the "profane", and the later elaboration of this theory by Mary Douglas and others, provides the theoretical underpinning of the historical narratives discussed in this thesis. This theory offers explanation for the rituals of solidarity and other social events that bring communities together by identifying outsiders and expressing the threats (prominently public health threats) that they present to the community.

The analysis of public health policy from this perspective offers new insights into public responses to current health issues such as AIDS, illicit drug use or continuing anxieties about outsiders. As the concluding Chapter argues, improved medical knowledge about the nature of the disease process or the publicising of "correct" knowledge about the extent of particular health risks are unlikely to provide a public reassessment of this way of thinking. Ideas about outsiders and their alleged health risks are central views about groups and the things that separates them from the outside. This is a social rather than a scientific process and should be analysed as such.

NOTE

* In this thesis, the word "they" is used rather than "he or she" where the gender of the subject is not specific.

* Where early statutes are cited, regnal years and chapter numbers are given. Later statutes are cited by year and jurisdiction