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# Unveiling the epidemic tapestry: a historical analysis of epidemics among the Great Andamanese tribe

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**Key Words:** Andaman Homes, British rule, Palaeolithic era, decline, epidemics, diseases, vulnerable tribal group, quarantine,

**Objectives:**

1. Tracing the background and condition of the Great Andamanese tribes.
2. To discuss the timeline of major outbreaks of epidemics among the Great Andamanese Tribe
3. To identify and analyze specific epidemic outbreak.
4. To review the impact on population and social dynamics.
5. To examine the potential causes, response and coping mechanisms within the tribe.

**Research methodology:**

This Research uses both the Historical method and Qualitative method to search out the findings and get better result outcomes of the proposed objectives.

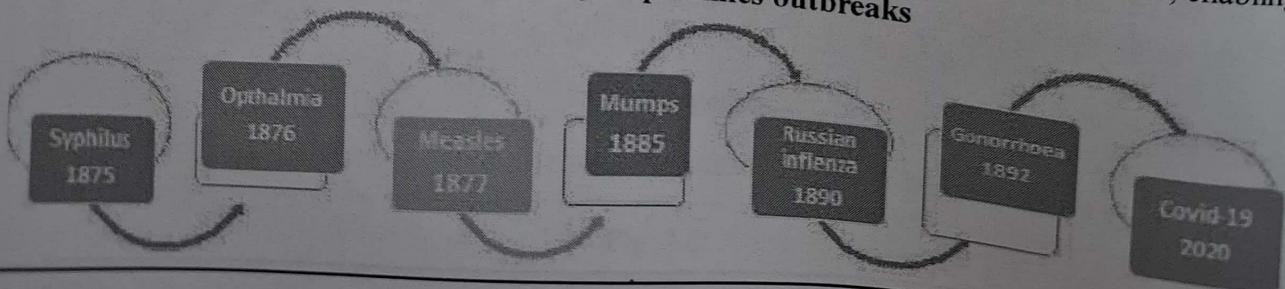
**Preface:**

The Great Andamanese, an indigenous tribe in the Andaman Islands in the Bay of Bengal,

have a rich history. Radcliff-Brown (1948) identified ten distinct tribes among them—Cart, Bo, Jeru, Kede, Puchiwar, Bale, Bea, Kol, Juwoi, and Kora. Inhabiting the islands for thousands of years since the Palaeolithic era, they once had a significant population, estimated between 2,000 to 6,600. However, various factors, including diseases, alcohol, colonial warfare, and loss of hunting territory, led to a drastic decline. As of August 2020, only 59 remain, with nine testing positive for COVID-19. Despite their diverse origins, tribal and linguistic distinctions have faded, identifying them as a unified Great Andamanese ethnic group with a mix of Burmese, Hindi, and aboriginal ancestry.

Anthropologically classified as Negrito peoples, alongside tribes such as Onge, Jarawa, Jangil, and Sentinelese, the Great Andamanese are recognized as the earliest inhabitants of the islands, having migrated from the mainland tens of thousands of years ago. Their isolation persisted until the late 18th century due to a strong resistance to external contacts and the geographical remoteness of the islands, enabling

**Timeline of major epidemics outbreaks**





independent evolution for the ten Great Andamanese tribes and four additional indigenous groups over millennia.

In 1789, the East India Company assumed control of the Andaman Islands, establishing a penal settlement in 1858. This brought 5,500 to 8,000 indigenous inhabitants and introduced diseases, reflecting the adverse effects of "civilization" on the Andaman Islands since the mid-19th century. The Great Andamanese people faced further threats to their precarious existence, endangering their cultural and traditional lifestyle.

#### Chain of events :

**Syphilis-** In 1875, the Andaman Islands witnessed the initial outbreak of syphilis, a sexually transmitted infection caused by the bacterium *Treponema pallidum*. Colonel Cadell observed that syphilis existed among the Andamanese before 1875, but it escalated in severity in two phases: the first in January 1875 and the second in 1884. F.E. Tuson, a British official overseeing the Andamanese, initially ignored symptoms despite witnessing a woman with a swollen bubo at the Andaman Home. Eventually, multiple islanders at Viper Home were found with sores, leading to their isolation in a shed. Inspection of various Andaman Homes confirmed a syphilis outbreak among the inmates. Initially, about 16 indigenous individuals were hospitalized, and Major General Charles Arthur Barwell reported in 1875-76 that only one woman and one child succumbed to the disease in its severe form. Despite initial beliefs of having the situation under control, the disease spread to distant villages. The Great Andamanese, who initially resisted British rule, had been subdued by punitive and friendly measures by the 1860s. The Andaman Homes, established in 1863 to "civilize" the islanders, faced criticism from German anthropologist Egon Freiherr von Eickstedt. He argued that the Homes led to the islanders' dependence on foreign foods, exposure

to vices, and subjected them to abuse and torture, resulting in various diseases, including syphilis. The spread of syphilis was traced back to the Andaman Homes, where convicts sexually exploited the islanders. A senior petty officer named Shera, identified as a significant offender, later died from syphilis. To contain the epidemic, measures were implemented, including the construction of a special hospital and well-ventilated barracks, instructions for infected individuals to avoid partners, frequent bathing for Home residents, and expeditions to remote areas to bring syphilitic cases in for treatment.

During the second phase of the syphilis outbreak, hereditary syphilis emerged as a significant issue among the Great Andamanese. In April 1884, Malays arrived to collect bird nests and trepang, sparking conflicts with the Andamanese. Colonel Cadell and Portman's survey in August 1890 revealed only 14 surviving Great Andamanese on Stewart Sound Islands. Rutland Island and Port Campbell inhabitants had perished, leaving only a few in South Andaman and the Archipelago. High child mortality rates and ongoing hereditary syphilis marked the current generation as the last original Great Andaman inhabitants, vulnerable to health impacts highlighted in Portman's Annual Report of 1890-91.

**Oph-thalmia-** In the midst of the prevailing chaos, the Great Andamanese faced yet another severe epidemic in July 1876 ophthalmia (It refers to severe inflammation or infection of the eyes, particularly affecting the conjunctiva). This outbreak resulted in many islanders experiencing partial or complete blindness. Concurrently, the incidence of syphilis continued to rise. According to the E.H. Man's Annual Report of 1876-77, the hospital admitted 54 patients, with seven fatalities, five individuals still undergoing treatment, and 32 discharged (possibly others having fled due to fear of treatment). Numerous indigenous people opted to endure their suffering



in isolation rather than seeking medical assistance from the settlement. The prospect of "detention," "discipline," and the lengthy treatment process at the hospital drove many to retreat to distant jungles instead of seeking aid from the settlement because they felt more comfortable in their native places rather than these manmade infrastructure.

**Measles-** In March 1877, a devastating epidemic erupted on Ross Island when Madras convicts introduced measles. This highly contagious viral infection, primarily transmitted through respiratory droplets, initially struck children at the Andaman Orphanage and swiftly spread, affecting the entire Great Andamanese population. Within a month, the hospital reported 100 cases, and in six weeks, 51 out of 184 patients succumbed to the disease. E.H. Man's 1876-77 Annual Report outlined the impact, noting outbreaks at Viper Home and among syphilitic patients and visitors, resulting in numerous deaths. However, critics argued that Man's report significantly downplayed the true extent of the devastation caused by measles, which spared only the Jarawa. Maurice Vidal Portman documented a devastating impact on the Great Andamanese population, estimating that half to two-thirds succumbed to measles and its aftermath, particularly affecting syphilitic patients. The west coast of the South Andaman bore a severe brunt. The decline, attributed to a measles outbreak and neglect at the Andaman Orphanage and Ross Island, was deliberate. The resulting fear led to an aversion to hospitals, hindering recovery and contributing to the population drop from 3,500 in 1858 to 2,000 by 1883. Colonel Thomas Cadell predicted extinction within 30 to 50 years. In 1883-84, the government expressed regret but claimed powerlessness. In 1884, islanders were transported for treatment, revealing the grim situation. Andaman Homes reported 11 births and 38 deaths in 1884-85, with surviving

newborns affected by hereditary syphilis introduced before 1873.

**Mumps-** Around 1885, the male members of the South Andaman's 'friendly tribes' faced numerous health challenges, succumbing to various illnesses. In August of that year, the Great Andamanese grappled with a mumps epidemic, causing swelling and pain in the jaw due to the contagious mumps virus. The period of 1886-87 witnessed two births and 13 deaths, followed by five more deaths the next year. Portman reported continuous sickness and fatalities in the subsequent year, with 33 Andamanese losing their lives and no recorded births. The health struggles persisted, painting a grim picture for the community during this time.

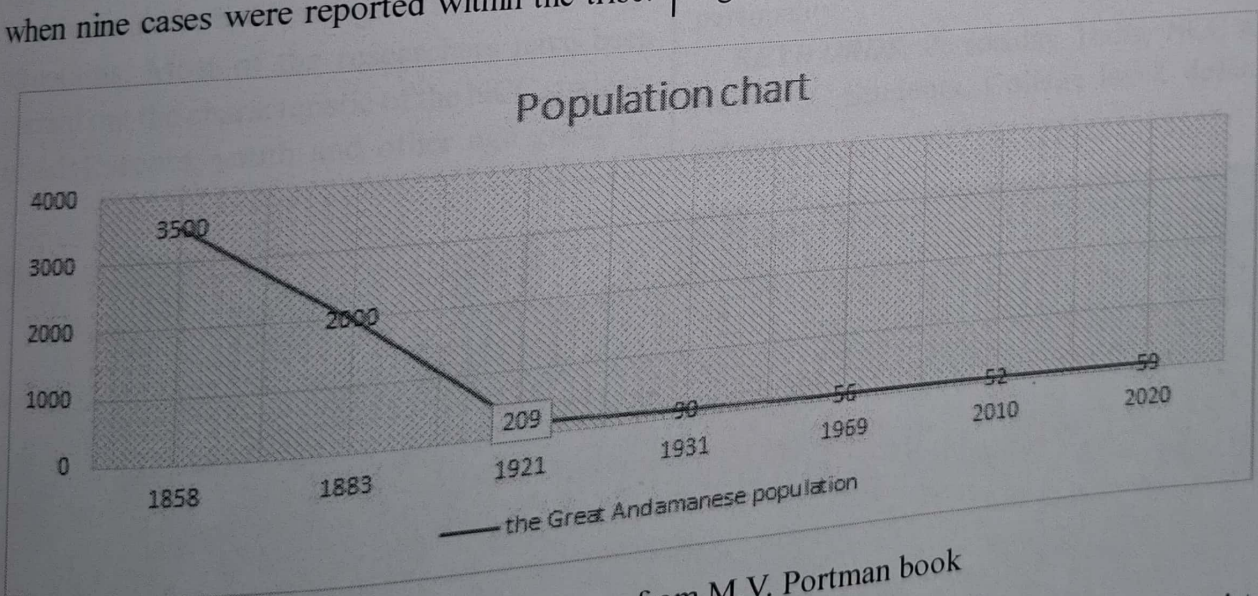
**Russian Influenzas-** During the 1890-91 period, a significant occurrence unfolded as the Russian influenza, also known as Asiatic flu, broke out, leading to the deaths of approximately 1 million people worldwide. This contagious disease rapidly spread throughout the Andaman Islands, impacting the already vulnerable Andamanese population, whose health had been compromised by syphilis. They succumbed to the illness in large numbers. The outbreak commenced in April 1890, and by July of the same year, about 41 Andamanese, including Punga, the chief of the Port Mout sept, and numerous members on Ross Island, lost their lives to this new disease. Even the last representative of the Rutland Island sept fell victim to it. The epidemic had severe repercussions, resulting in the suspension of activities at the settlement. In an effort to sustain the Andamanese, special food, tonics, and wine were provided. On July 29, a group of 10 men and 6 women arrived from Long Island, reporting that, aside from a few individuals in specific locations, influenza continued to spread among the population, affecting areas like Mount Kunu, Juruchang, and the Archipelago Islands between Port Blair and Rangat. (Portman vol.2.p.673)



**Gonor-rhoea**-In July 1892, a gonorrhoea outbreak afflicted the Great Andamanese, resulting in 50 deaths over two years. Deaths became common, births scarce. Chief Riala of the Áka-Béa-da tribe passed away on February 26, 1894, succeeded by Mé-bul-pé-lá-pich, the last of the South Andaman, who died on March 11. Polala, chief of Bálé, succumbed to a heart ailment. The once-proud islanders were reduced to a sickly remnant, with 245 living precariously in South Andaman Homes. By 1931, their numbers dwindled to 90, facing health issues and sterility. Post-independence, relocated to Blue Island in 1969, 56 survive on government aid on Strait Island after losing their traditional habitats.

**A touch of Covid 19** - In the wake of the COVID-19 pandemic, the Great Andamanese, a tribe with a mere 59 members, faced a new challenge almost a century after gaining independence. The Andaman and Nicobar Islands administration, recognizing them as a Particularly Vulnerable Tribal Group (PVTG), raised concerns when nine cases were reported within the tribe.

While five individuals recovered, the remaining four cases on the remote Strait Island, where the tribe resides, sparked worry. Being a small population, the Great Andamanese have regular interactions with the general population, despite restricted visits to Strait Island. Although the Union territory had recorded a total of 2,985 COVID-19 cases, with 676 active cases and 41 deaths, this marked the first instance of a vulnerable tribe being affected. Avijit Roy, Joint Secretary of Health for Andaman and Nicobar Islands, served as the key official overseeing the territory's COVID-19 response. In reaction to the outbreak, all 59 Great Andamanese underwent testing—34 on Strait Island and 24 in Port Blair—following five positive cases in Port Blair. The four individuals on Strait Island who tested positive were swiftly relocated to isolation wards in G B Pant Hospital in Port Blair and eventually recovered. This incident underscored the challenge of balancing the preservation of vulnerable tribes' unique identity with ensuring their health during a global health crisis.



Reference: data taken from M.V. Portman book

**Conclusion:** The Great Andamanese's poignant story reflects resilience amid historical adversity. Once thriving, their population declined due to epidemics and colonial impact. Exploitation eroded their vibrant culture, and COVID-19 now poses an additional threat.

Collaborative efforts among anthropologists, health authorities, and policymakers are crucial. Lessons from the past call for renewed commitment to cultural preservation, healthcare, and isolation measures. Future research must address the unique impact of COVID-19 on



vulnerable tribal groups. The Great Andamanese's tragic history underscores global challenges faced by indigenous populations, emphasizing the need for research, awareness, and collaborative action for a resilient future.

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