


YELLOW FEVER: A WORD THAT EVOKES MEMORIES OF SUFFERING IN ITALIAN IMMIGRANTS FROM BRAZIL

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ABSTRACT

Yellow fever is still one of the most widespread diseases in tropical countries. Thanks to the discovery of a vaccine, which occurred in 1937, the number of deaths due to this disease reduced enormously. However, by the time mass vaccinations began, it had caused numerous epidemics and killed hundreds of thousands of human beings. European immigrants who arrived in Brazil were exposed to this disease, and in many cases it tragically interrupted the hope of a better future. The main objective of this work is to show the importance of yellow fever in the collective imagination of Italian immigrants who came to Brazil. In the first part of our work, we will show a brief history of this disease and its current diffusion. Subsequently, we will see, through historical reports and documents, the impact that this disease had on the migratory movements of Italians who came to Brazil, and how it marked their collective imagination, leaving memories of fear and suffering.

Keywords: Yellow fever. Immigration. Italian immigration. Immigration in Brazil.

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INTRODUCTION

Yellow fever – also called *yellow typhus*, *icteroid typhus*, *American typhus* or even *black vomit* (alluding to a characteristic symptom of the disease) – is an acute infectious zoonotic arbovirus, caused by the yellow fever virus, known scientifically as *Arbovirus*, of the genus *Flavivirus*, family *Flaviviridae*.

In Brazil, the transmission of yellow fever occurs in different ways, depending on the environment, that is, in the city "the transmitter of the disease is the *Aedes aegypti* mosquito, the same as dengue. In the forests, yellow fever occurs in monkeys and the main transmitters are mosquitoes of the genera *Haemagogus* and *Sabethes*, which preferentially bite these primates" (ABC DA SAÚDE, 2008); man can be infected by a mosquito that has bitten a sick monkey, but wild yellow fever usually occurs when man is in the monkeys' habitat.

The yellow fever vaccine brought the epidemics of this disease, which decimated thousands of Brazilians in the second half of the nineteenth century and the first half of the twentieth century, to end and, until recently, the population no longer lived the terror of this disease (FRANCO, 1976). In 2007, however, some cities in the Brazilian Midwest once again experienced the fear of the return of a yellow fever epidemic. The health centers were almost invaded by the population, who queued waiting to be served. This picture of despair occurred throughout Brazil, even in regions that were not considered at risk.

The situation was controlled by the health authorities, but this feeling of fear, coming close to psychosis, finds an explanation in the roots of the history of Brazil, particularly at a time when immigrants arrived en masse. The literature on the history of Italian immigration in our country is marked by allusions to this public health problem, which came to modify the destiny of several people and even entire colonies. Many historical studies on Italian colonization in Brazil address the problem and, above all, the despair experienced by these immigrants. The simple lexical unit *yellow fever* evokes, in older people, frightening memories or, in younger people, transmitted by relatives who lived at the time of the epidemics.

In this work, we present elements of the history of yellow fever and Italian immigration in Brazil and proceed to a study on the reminiscences, in the collective unconscious of this population, of fear and suffering in relation to the yellow fever epidemics that occurred in our country. Economic aspects will also be analyzed, as they were at the base of the main problems that immigrants experienced in Brazil.

ELEMENTS OF THE HISTORY OF YELLOW FEVER IN THE WORLD AND IN BRAZIL

Yellow fever is a very old disease and was first identified in 1648 in Guadeloupe and Yucatan. This disease hovered like a ghost over every vessel that crossed the Atlantic Ocean, linking Africa to the Americas during the seventeenth century.

The migratory movement towards the Americas facilitated the proliferation of the mosquito vector of the disease, repeating a process that was not new to humanity:

Historically, we know that population movements accompany the transmission of diseases. Prof. Giovanni Berlinguer recalls how this issue occurred in a dramatic way, for example, with the conquest of America, an event that caused the microbic unification of the world. The whites "exported" smallpox, measles and influenza, which immediately caused devastation in that population that, not knowing the causal agents, did not have specific immune defenses. From America, the conquistadors "imported" syphilis and this caused in Europe (particularly in Spain, France and Italy) an epidemic that lasted many years and was acute and lethal. Another migration of peoples (and agents of infection) occurred from the 1600s onwards, when black slaves deported in the Americas saw the spread of yellow fever. In this case, a dramatic evolution also occurred, although less slow for a biological reason: the disease is not transmitted by breathing, skin or sexual contact, but through an insect vector, the *Aedes aegypti* mosquito. With the slave ships that crossed the Ocean arrived not only diseases, but also mosquitoes, which took some time to adapt to the new world and reproduce in sufficient numbers to be able to reach the appropriate density to determine the appearance of the disease. (GERACI, 2006, p. 19)³

In 1848, American physician Josiah Clark Nott (1804–1873) was the first to be convinced that yellow fever was spread by mosquitoes, but the first to present a scientific theory about the transmission of the disease was Cuban physician Carlos Juan Finlay (1833–1915). During the Cuban-American-Spanish War (.....-1898), yellow fever became such a problem that U.S. authorities created the Yellow Fever Commission, headed by military surgeon Walter Reed (1851-1902). The work of this Commission finally proved that it is really a mosquito that transmits the disease and described the contamination process (WHO, 1989, p. 13).

In the different countries of tropical America, several epidemics devastated cities and turned entire villages into deserts, even reaching the United States. In the eighteenth and nineteenth centuries, this country was the scene of yellow fever epidemics: 20 in Philadelphia, 15 in New York, 8 in Boston and 7 in Baltimore, having strongly affected the industry and commerce of the time (WHO, 1999, p. 12).

In Brazil, there are many historical records of epidemics, but, according to the Oswaldo Cruz Foundation, those with the greatest impact, especially because they affect large urban centers with high population density, occurred from the mid-nineteenth century onwards:

³ Our translation from Italian.

Witnesses related the outbreak of the epidemic that broke out in the mid-19th century in the capital of the Brazilian Empire to the arrival of a slave ship from New Orleans, which had made stops in Havana and Salvador before docking in Rio de Janeiro, on December 3, 1849. In February 1850, yellow fever had taken hold of the city and had already spread to the beaches of Mineiros and Peixe, Prainha, Saúde and beyond. According to estimates, it affected 90,658 of the 266,000 inhabitants of Rio de Janeiro, causing 4,160 deaths, according to official data, or up to 15,000 victims, according to unofficial accounting. (FIOCRUZ, 2008)

This was only the first major epidemic recorded in Brazil, but yellow fever was raging throughout the national territory and new large epidemics returned to haunt the then capital of the Empire. In fact, in 1873 Rio de Janeiro recorded 3,659 deaths from yellow fever and, three years later, another 3,476, in a population that was around 270 thousand inhabitants (FIOCRUZ, 2008).

Under the baton of hygienist Oswaldo Cruz, already in the Brazilian Republic, the fight against yellow fever, smallpox and other diseases began. However, Public Health measures alone were not enough, but these were closely linked to the need for a total reformulation of urban life, involving architecture, urbanism and popular education:

The hygienists then began their program, which included a wide repertoire of actions aimed at reforming both the city's natural landscape and the practices, habits and creations of its residents. They highlighted most of the Gordian knots that the engineers would try to untie. The city built without method and without taste should be submitted to a rational plan that would ensure the removal of the poor from the central area, the expansion to more salubrious neighborhoods, the imposition of norms to make the houses more hygienic, the streets wider and straighter, etc. (...). The first urban plan for Rio de Janeiro was then prepared by an Improvement Commission. The sanitation of the soil and the drainage of the subsoil of Rio de Janeiro were, therefore, the measures considered most urgent among those voted at the Second National Congress of Medicine and Surgery, in 1889, to clean up the Brazilian capital. (FIOCRUZ, 2008)

Conditions in Rio de Janeiro improved considerably with these measures, with the guidelines of the sanitary physician Oswaldo Cruz and his team always at the forefront of the modifications. The twentieth century was entered with the conviction that epidemics, especially in the large urban centers of the time, were under control and that the national situation showed considerable improvements. New variables emerged, however, further complicating the yellow fever scenario in Brazil:

Viscerotomies and immunity tests carried out in various regions of the country confirmed the evidence that the disease was a more complex problem than previously imagined. Masses of people displaced by internal migrations were transporting the virus to the coast and multiplying the infection of non-immune people in large cities, which would fatally result in the recreation of an epidemic situation as serious as that of the 19th century. The Revolution of 1930 changed the institutional bases of the campaign, which began to be directed against the two modalities of yellow fever, urban and wild. It acquired national coverage under the direction of the Rockefeller Foundation.

An increasing number of elements have been incorporated into the yellow fever imbroglio. It had started with a few coastal centers, a single vector, a clear correlation of litigants, and began to incorporate numerous inland cities, more vectors, new ecological scenarios, an undetermined number of potential hosts and a succession of vaccines, which would culminate, in 1937, in the one in use until today, made from the 17D virus. (FIOCRUZ, 2008)

Despite the difficulties, the fight against yellow fever was fought insistently and precautionary measures were taken, including mass vaccination, which has been available in Brazil since 1937. In 1958, the 15th Pan American Sanitary Conference, held in Puerto Rico, recognized that Brazil had total control over yellow fever and that the *Aedes aegypti* mosquito had been eradicated from its territory. The excess of self-confidence turned into recklessness, having given rise to epidemics of another disease, also transmitted by *Aedes aegypti*:

In the following years, the number of personnel engaged in the campaign against yellow fever was drastically reduced. The efficient system structured by the Rockefeller Foundation and maintained by the National Yellow Fever Service was gradually unraveling. In 1967, the *Aedes aegypti* reappeared in Pará. The following year, it was also found in Maranhão; in 1976, in Bahia. The country was unequipped to face the problem, and the mosquito was reconquering its primitive territory: it arrived in the cities of Rio de Janeiro and Natal in 1977; to Santos in February 1980; It would be present in 226 municipalities six years later, when it burst into the headlines of the newspapers as the protagonist of a "new" type of urban epidemic, dengue. (FIOCRUZ, 2008)

Today, dengue is a serious problem faced by the population, more serious than yellow fever. This continues to be a problem, but infinitely in smaller proportions than in ancient times in Brazil. There are outbreaks, but they are controlled and the number of victims is not even comparable to those previously recorded: in 2000, for example, 85 cases were registered, of which 40 died (FORMENTI; SANTOS, 2008).

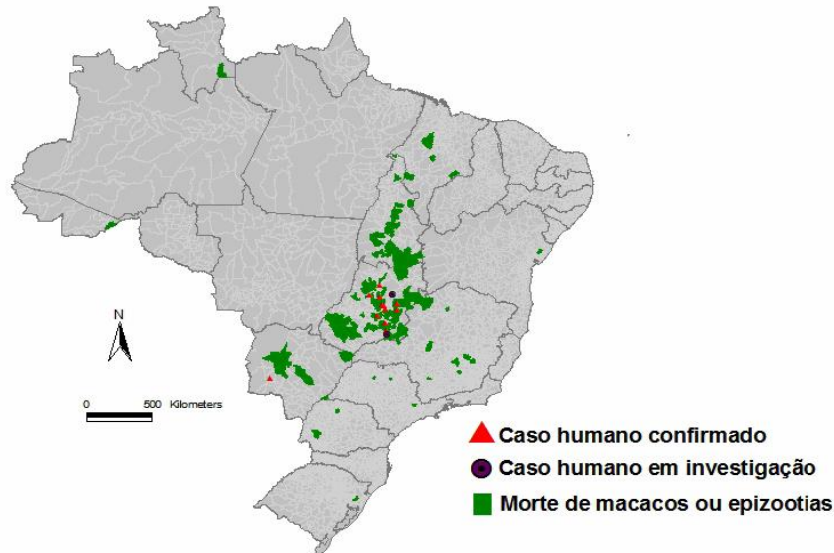
In 2007, yellow fever came back to haunt Brazil, but in many states no cases were recorded; in others, cases occurred after a few years without problems, such as in São Paulo:

The State of São Paulo recorded the first death from yellow fever in the last eight years. The victim is a bricklayer from Cravinhos, in the region of Ribeirão Preto, who died last April, but only now have the tests confirmed the disease. A second suspected case of death from yellow fever is being investigated in Rincão, also in the Ribeirão region. (FOLHAONLINE, 2008)

The geographic distribution over the Brazilian territory of cases of wild yellow fever that turned into humans between 2007 and 2008 shows that the problem was restricted to some states and isolated cases or in small numbers were recorded in others, as shown in

the map of the yellow fever outbreak below, prepared by the Brazilian Ministry of Health (MS-SVS, 2008):

Figure 1: Distribution of municipalities with records of monkey deaths, epizootics due to yellow fever and human cases (Dec./2007 to Jan./2008)



Source: Brazilian Ministry of Health (MS-SVS, 2008)

Preventive measures were quickly taken by the health authorities, especially with regard to vaccination:

From December 2007 to date, 10,056,000 doses of yellow fever vaccine have been distributed to 27 federated units and 6,207,830 doses have been applied, of which 5,677,254 doses were applied in January. Partial data received from the Federal District and Goiás indicate that 1,376,230 and 2,022,917 doses of yellow fever vaccines were administered in December and January, respectively. The criteria for the distribution of vaccines have strictly observed the occurrence of human cases of sylvatic yellow fever and epizootics due to sylvatic yellow fever and the data on vaccination coverage, according to the parameters referred to below. (MS-SVS, 2008)

In other times, especially in the nineteenth and twentieth centuries, among the population attacked by yellow fever, there was a very high number of foreigners, generally immigrants who had recently arrived in Brazil, as we will see later. The picture has changed considerably since then, not only with regard to the occurrences of yellow fever but also with regard to the number of foreign victims. In the 2007 outbreak, only one case was recorded:

The Spaniard Salvador Peres de la Cal, who died on the 12th, would have been contaminated on a farm in Cristianópolis, 103 km from Goiânia. He arrived in the country on November 25, passed through Salvador and, in December, arrived in Goiás. (FORMENTI; SANTOS, 2008).

Although human cases of yellow fever were restricted to a few Brazilian states and measures were quickly taken, the population of Brazil panicked and went to health centers to get vaccinated, even though their region did not present a danger. The collective panic created difficult and even conflicting situations, as huge queues formed at health centers, which generated fatigue and irritation in many who wanted to get vaccinated. The doses available were not always enough for the number of people who showed up and the protests in front of these places sometimes generated confusion, which was controlled by the police forces. Hospitals and blood banks resented the situation of collective panic, since a vaccinated person cannot donate blood immediately, needing to wait a few days to do so. Thus, blood reserves for surgery and emergency care were close to zero.

This picture demonstrates the collective hysteria of the population in the face of a ghost of yellow fever that hovers over the collective memory and unconscious of a people that has known desperate epidemics of this disease throughout its history.

YELLOW FEVER AND ITALIAN IMMIGRATION IN BRAZIL

Throughout the nineteenth century, several yellow fever epidemics occurred in Brazil, at the same time that the doors of our country were opening to immigration and Italians were arriving en masse. These immigrants – as well as the other inhabitants of Brazil – were victims of these epidemics.

The literature on the history of Italian immigration in Brazilian territory frequently refers to the problem and describes several testimonies of the serious situation faced by immigrants in the different regions of Brazil.

Rio de Janeiro was the city that suffered the most from epidemics caused by mosquitoes, especially smallpox and yellow fever. The ships crammed with Italian immigrants had, for the most part, as their immediate destination after crossing the Atlantic, the port of Santos and the capital of Brazil. Within this context, it is normal that Italian immigrants have had the unpleasantness of contact with yellow fever as soon as they arrived in Brazil, bringing consequences not only for the lives of these populations but also for future migratory waves. An episode that even harmed the Brazilian policy of attracting Italian labor was the following:

In 1895, 240 crew members of the frigate "Lombardia", visiting the city, fell under yellow fever. In one week, 144 of them died, including the ship's commander. How to call immigrants (then official state policy resumed by the 1889 regime), to come to Brazil with that? Still, any more energetic action was postponed. (SHILLING, 2018)



Foreigners living in Rio de Janeiro were the main victims of the disease, mainly due to their lack of previous contact and, consequently, lack of biological immunity. In fact, in the period from 1890 to 1903, 23,000 people died in this city because of yellow fever and 88% of the deaths were of foreigners, mostly immigrants, among them, a large number of Italians (TELAROLLI JUNIOR, 1996, p. 267). The situation provoked protests from immigrants and even Italian authorities:

In 1886, shortly before the beginning of the mass migration, the Italian Ministry of the Interior issued a circular to the country's mayors expressing itself against the shipment of Italians to Brazil, especially to the province of São Paulo, pointed out as one of the "most unhealthy and inhospitable in the Empire" (Hutter, 1972, p. 118). In 1888, the Hospedaria dos Imigrantes came to house nine thousand people, as a result of the difficulty of the São Paulo provincial administration in efficiently distributing those arrived in Santos throughout the countryside. As a consequence of this large crowd, on that occasion there was an outbreak of yellow fever in the inn and several foreigners died, with immediate repercussions in Italy. (ALVIM, 1986; TELAROLLI JUNIOR, 1996, p. 270)

In 1889, the Italian government prohibited emigration to Brazil as a measure to defend its citizens against the yellow fever that was raging in Rio de Janeiro. This prohibition caused a reduction in the entry of immigrants from that country between that year and 1890, but, as the economic reality of Italy left no other way out for the poor population of that country, the flow of immigration never stopped completely and the prohibition decree was revoked in 1891.

In the state of Espírito Santo, the immigrants who had just arrived found themselves facing a desperate situation:

The yellow fever epidemic that devastated the nucleus of Santa Cruz is one of the darkest chapters of Italian immigration in Espírito Santo. The outbreak of the disease coincided with the felling of the forests, when the insects descended from the canopies to the ground. In March 1878 it was at its peak. The settlers began to have victims in October of the previous year and from then on the disease reached frightening rates, so that, by the end of 1878, there were more than 200 deaths. From the ship Clementina 111 people died, in a ratio of one in four. No family was spared and no one in the colony failed to contract yellow fever. All available quinine sulfate was ordered from the Santa Leopoldina nucleus. It is not true that the colonists were abandoned to their fate. From the beginning, a doctor accompanied the immigrants. What there was was a delay in medicine and its resources. Today, the carelessness of medical care is accused, but it was nothing other than a result of the cultural backwardness of Brazilian society. With the death of the head of the family, the woman either returned to Italy or married a widower, under the same conditions. When the couple died, the orphans were distributed among the other families. Often relatives from Italy requested, through the consular representative, the repatriation of the minors. (BUSATTO, 2008)

Thus, entire families were left unstructured with the deaths caused by yellow fever and other diseases, which began to generate revolt among immigrants. In fact, in 1893, the Italians who were still on the ships arriving from Italy rebelled against the authorities'

intention to install them in the New Leocadia Colony (today New Venécia), since this locality was heavily attacked by the yellow fever mosquito. In 1895, Italian immigration to that state was officially prohibited.

Once they arrived at Brazilian ports, notably the ports of Vitória do Espírito Santo and Rio de Janeiro, the immigrants were sent to different locations in Brazilian territory. The displacement of these cities was made sometimes by land, towards the interior of these states or others, sometimes by ship, to more distant states:

Landing in the city of Rio de Janeiro, [the Italian immigrants] were not well received by the local bourgeoisie and yellow fever continued to cause victims. Thus, a large number of immigrants spread throughout the internal areas of the State of Rio de Janeiro and also through other states, reaching Valença and the region of the middle Paraíba, region of the marquises and coffee barons, to work in the coffee plantations and in the construction of the railroad, according to the interests of the nobility, that called for a new demographic policy and needed labor to replace black slaves. (SAVASTANO, 2008)⁴

Thus, the trip did not always end in the first Brazilian city where they landed. In fact, ships were often re-embarked for the south of Brazil. These trips offered no better conditions than those already experienced by immigrants crossing the Atlantic and diseases were also factors of suffering:

Yellow fever and plague often decimated hundreds of people, as happened with the Brazilian steamship "Pará", which in a single trip had 39 deaths on board, almost only children, victims of measles. The immigrant throws himself on the bed with his clothes and shoes; it deposits packages and suitcases in it: children dirty it with urine and feces; all, or almost all, abandon their vomit there. After a few days of travel, it resembles a kennel bed. At the end of the crossing, when it is not changed – something that rarely happens – it remains as it was left: filthy and a nursery of insects, ready to receive a new customer. (GRANVILLE, 2008)

Rio Grande do Sul was, at least for a while, a refuge for immigrants who were desperately fleeing the yellow fever epidemics that were raging in Rio de Janeiro and Espírito Santo, where ships from Italy usually disembarked. There are several personal testimonies, recorded in documents of the time or in *blogs* of families of Italian origin from Rio Grande do Sul. This is the case of Father Domenico Antonio Munari, a native of Gallio, Vicenza, parish priest of the small town of Fastro, province of Belluno, Italy, who, on December 27, 1876, left for Bordeaux, France, accompanying a group of 275 emigrants from *Belluno*, among whom 58 from his small town, managed by a certain Antonio Rech, in order to take the ship that would take them to Brazil to live the dream of a better life. A storm caused the vessel, which was in very bad condition, to sink a few days later near *La*

⁴ Our translation from Italian.

⁵ This ship transported Italian immigrants from Rio de Janeiro to Rio Grande do Sul.

Rochelle, an important port in western France. Except for one child, all passengers were saved. In April 1877, they left the port of Le Havre for Rio de Janeiro, this time aboard the steamship *Portena* (BRAVA GENTE, 2008). Father Munari wrote to his fellow Italian parish priests from his arrival in Brazil until his death on March 27, 1878 and his letters constitute, today, historical documents on the living conditions of Italian immigrants in Rio Grande do Sul; "from Italian to Brazilian customs; from the formation of the Gaucho colonies to government policy; from the language of the time to the clearly disillusioned and indignant tone; from hope to challenges; everything is the portrait of a daily life that official history does not always tell us" (BRAVA GENTE, 2008). In the letter written to the Archpriest of *Enego, Vicenza* in 1877, the priest recounts his adventures, mentioning the problem of yellow fever:

After my unfortunate departure and my shipwreck off the coast of France (a fact known to the whole world) I had the courage and temerity to risk the second experience of crossing the Atlantic, and on April 18, 1877, I left Le Havre aboard the steamer called *Portena*, which on May 10 (the day of the Ascension of Our Lady), after 3 days of delay between Lisbon and Santa Cruz das Canarias, fortunately it made me touch land in Rio de Janeiro. I stayed there for about 12 days, but since the drought was around there, which with the yellow fever scythe threatened to send me to fertilize the turnips for the gravedigger, I fled, that is, I got on a steamer and went to Rio Grande do Sul; I returned through the canal from Porto Alegre and was sent to the parish of Conde D'Eu, an Italian colony of 4,000 or so inhabitants. Then I was also annexed the Dona Isabel Colony of many other Italians; but considering the impossibility of being able to administer this task, especially with the indifferentism and atheism of the voracious Harpies who lead that unfortunate colony, I presented to the Government my resignation to receive from the Bishop a new parish, as I was promised and await. (BRAVA GENTE, 2008)

In this excerpt from his letter, Father Domenico Munari shows that he resents both yellow fever and the atheism of the Italians who inhabited the colonies under his parish responsibility. Most likely the priest came across the fact already known in the History of Brazil of the installation of anarchist colonies in the territories of the South, authorized by the Emperor.

Many Italians arrived in the State of Paraná, especially Venetian, who began to suffer sanitary problems, among them, yellow fever:

In March of the same year, some ships arrived from Rio de Janeiro and with them patients with yellow fever. On March 20, the city of Antonina was hit by an epidemic of this terrible disease, which, despite efforts to contain it, quickly reached Morretes and Paranaguá, and the news of the first deaths. The New Italy Colony was badly hit by the yellow fever epidemic and the deaths were many. However, other serious diseases claimed the lives of the first immigrants: anemia due to worms that especially affected children, diseases transmitted by mosquitoes that infested that area and by other parasites, less known, such as the bug, which made the life of those pioneers a living hell. (PIAZZETTA, 2007)

Yellow fever was, apparently, only one of the health problems of Italian immigrants in Paraná, although it was one of the most frightening and dangerous.

The epidemics of yellow fever and other diseases in Rio de Janeiro also led the migratory flow to the State of São Paulo: "in a way, the publicized calamitous sanitary situation that characterized Rio de Janeiro for decades collaborated in this process, by repelling and transferring a good part of the immigration flow from that state to São Paulo". (SALLES; SANTOS, 2008, p. 65)

In the State of São Paulo, the proliferation of yellow fever accompanied the path taken by Italian workers towards coffee farms and railroad expansion lines. Thus, economic development, migratory movement and epidemics were not always desirable partners. Telaaroli Júnior explains some steps of this process:

Despite the existence of other epidemiologically significant problems (from the current point of view), the priority of state sanitary action in the early days of the Republic was the control of epidemics, especially yellow fever, which destabilized all political and administrative life, threatening coffee growing activities at different stages, as well as other urban activities. Having had an epidemic incidence in the country for the first time in the eighteenth century (Santos Filho, 1947), yellow fever crossed the natural barrier represented by the Serra do Mar for the first time in 1889, rising from the port of Santos to the Planalto (Studart, 1895). From then on, the disease devastated most of the coffee-growing zone of São Paulo, integrating itself into the nosology of the region, until its temporary elimination from the State, in 1904. The internalization of the disease in 1889 began with two major epidemics, in Campina and Sorocaba. From Santos, cases of the disease were taken to the interior of the state, along with families of foreign immigrants, initiating a succession of epidemics (Franco, 1976). The entry of a large number of foreigners, related to the occurrence of epidemics of communicable diseases, is a process that occurred in several states of the Federation at the beginning of the republican period, with variable demographic and health repercussions. Among the large number of victims of yellow fever were foreigners, who were more sensitive to the disease, probably due to the absence of previous contact with the causal agent. The defense of the flow of foreign immigrants, guaranteeing the indispensable labor for coffee, is an aspect of the demographic dynamics that has always been present for the state power, from legislators to health service technicians. (TELAROLLI JUNIOR, 1996, p. 267)

In 1892, Campinas, one of the main cities in the State of São Paulo, was the victim of a strong epidemic of yellow fever, during which 30% of the population died from this disease. The city became known as the phoenix city, for its revival after the outbreak of yellow fever. Among the dead, a large number of Italians (BRASILTURISMO, 2008; VITA MIA, 2008).

For 15 years (from 1889 onwards), the State of São Paulo faced epidemics of yellow fever, smallpox and typhoid: "the most affected regions were Santos, on the coast, the port of disembarkation of immigrants; the coffee cities of the interior, especially in the Central, Paulista and Mogiana regions, and, to a lesser extent, the capital and the valley of the Paraíba" (SALLES, 1996).

Faced with such a great calamity spread across several cities in the state, the political authorities of São Paulo decided to invest in Public Health and began to need a larger contingent of doctors, which was not possible to obtain only with qualified professionals trained in Brazil:

... on the one hand, the growth of the city [of São Paulo] due to the continuous flow of immigrants and, on the other, the flourishing of the coffee economy, with the increase in pressure on the demand for labor, forced the State to assume responsibility for subsidized immigration. At the same time, the serious health problems created by population growth and the outbreak of epidemics – including the fear of the spread of epidemics from other regions of the country to the territory of São Paulo – forced the state government to develop a series of public policies in this field, especially after the Republic (Castro Santos, 1993: 372-377,381; Hochman, 1998). This circumstance conferred one of the main characteristics of São Paulo medicine at the time, making São Paulo a pioneer in the policy aimed at public health reforms. This fact conditioned, in turn, the concentration of foreign doctors, mostly Italians, in the capital and in the interior of the state. (SALLES; SANTOS, 2008, p. 66)

The hiring of Italian doctors thus helped in the care of a large part of the population, which identified nationally with them. In this way, immigration was not only made up of unqualified Italian labor to work in the countryside and in Brazilian cities, but also opened up a market for Italian doctors, who would serve, among others, a clientele of compatriots. Italy found itself on Brazilian soil, linking patients to doctors of the same origin.

The strong outbreaks of yellow fever brought despair to the cities of São Paulo because of the disease and deaths, economic problems – as they killed workers on coffee plantations – and even public security problems, involving Italian immigrants. As an example, we can cite the case of the gang of the Calabrian bandit Mangano, who acted with impunity for more than two years in São Carlos:

We believe that the success of this gang resulted from the combination of two factors, namely, a certain concentration of Calabrians in São Carlos, especially in some neighborhoods of the city, and the yellow fever epidemic between 1896 and 1898, which seriously affected the municipality and neutralized the forces of order. (...)
The epidemic scared away the wealthiest, disorganized the police and opened space for the gang's action. The advantages of properties without residents and of sick or dead soldiers are evident. In addition, the absence of the elites allowed for a more open action, because the group most likely to collaborate with the police and most interested in denouncing the gang ended up absenting themselves from the city. In this way, the epidemic that spread through São Carlos temporarily provided the bandits with the same impunity that their counterparts in Italy and the United States enjoyed because of the protection of part of the elites or police corruption. (MONSMA; TRUZZI; CONCEIÇÃO, 2006, p. 92)

Thus, as if the fear of death by yellow fever were not enough, the inhabitants of São Carlos suffered from the fear of banditry that met with no opposition due to the situation of social disorganization caused by the disease.

Yellow fever began to find a powerful enemy in 1937, after the discovery of the vaccine based on the 17D virus, which was applied en masse throughout the Brazilian territory. Thus, the new waves of national migration and foreign immigration (among them, Italian), which occurred in the post-World War II period, were no longer faced with the same despair experienced by foreigners who came until the beginning of the twentieth century.

One might think, then, that once the danger of death had disappeared, fear would have disappeared, but what we see is that this feeling has been transformed into memories transmitted from father to son or even expressed by survivors of the time through the modern media. An example is the case of the Brazilian soap opera *Terra Nostra*, authored by Benedito Ruy Barbosa, which told the saga of Italian immigrants in the late nineteenth and early twentieth centuries in the State of São Paulo. The author is from São Paulo and knows the universe of Italians well, since he is the grandson of people who came to "make America" in Brazil. "During my childhood, in the city of Vera Cruz, I lived a lot with the immigrants who lived in the region" (REDE GLOBO, 2008). The author also had the collaboration of the public, who sent him reports of experiences with diseases and near-death situations:

In order to illustrate the great moments of our century, Benedito used in his research news from newspapers of the time. History enters as a backdrop in the characters' lives, and can interfere in some moments of the plot's daily life. The yellow fever epidemic, for example, which devastated the coffee plantations at the end of the last century, is told. "I will take the opportunity to show the symptoms of the disease, the medicines that were used, the treatment, as well as the scientific research developed in the period in the country and in the world, facts that few know today", he anticipates. In addition to newspapers, the author also creates situations from true stories that he has been collecting for several years. "Many people write to me telling facts that happened in their family, sending me documents and even photos of their ancestors. I keep all these memories with great affection and sometimes I use them in my plots". In the very first chapter of "Terra Nostra", Benedito includes one of these real stories in dramatic scenes of the crossing. When the plague takes over the vessel, everyone believes that a baby, son of Leonora (Lu Grimaldi) and Bartolo (Antônio Calloni), is sick and decide that he should be thrown overboard, to avoid contagion. The mother, dissatisfied, hides in the engine room and days later, she is found with little Rosa in her arms, alive and free of the disease. "The one who told me this story and authorized me to put it in the soap opera was a very old lady, who had been, one day, that child", he reveals. (GLOBO NETWORK, 2008)

Thus, it can be seen that the relationship *between yellow fever and Italian immigration – pain, fear and sadness*, although distant, has not disappeared from the conscious or the collective unconscious of the Brazilian population, especially Italian immigrants. The simple pronouncing of the word *yellow fever* brings up memories and hard feelings for many people.



FINAL CONSIDERATIONS

Yellow fever is, unfortunately, still very present today, especially in tropical countries. For Italian immigrants, yellow fever was a great fear, in view of the fact that, until the discovery of the vaccine, epidemics of this disease occurred with great frequency, especially in the city of Rio de Janeiro. Sometimes, death occurred soon after arrival, wiping out entire families. Yellow fever therefore left very important traces in the collective memory of Italian immigrants, and the memory of this historical period and these events appears in letters, reports, newspapers, and books of the time, and continues today in different ways, including in soap operas.

The amount of scientific bibliography found, especially in the form of doctoral theses, master's dissertations and scientific articles on yellow fever and Italian immigration in Brazil, also shows that the theme is still relevant for research works.

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