

Recovery and Developmental Reason:
The Biopolitics of Race, Hygiene, and “Mantengo” in the Making of Colonial Addiction

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Abstract

In the first decades of the 20th century, while the Rockefeller Bureau of Social Hygiene and US Public Health Service worked diligently to establish addiction as a legitimate scientific concept in the wake of newly instated narcotics controls, Puerto Rico was in the midst of a tumultuous series of economic, social, and sanitary reforms imposed in great part through related Rockefeller institutions. Still, it would be nearly 50 years before dangerous narcotic drugs were an object of significant popular or scientific attention there. The present study traces the development of addiction services in Puerto Rico and the uneasy (colonial) import of a stable and institutionally functional concept of addiction. Rather than being a clear-cut medical response to a burgeoning public health problem, a range of institutional bodies, federal and insular, played a role in generating a singularly Puerto Rican addiction concept and an associated addiction treatment industry. This work attempts to locate a concept of addiction and addicted-persons that is not simply reducible to associated American scientific and social concepts, but was erected around long-standing local notions of delinquency, hygiene, development economics, and colonial identity detailed in the medical and popular literatures of an occupied Puerto Rico. Such a concept has persisted in shaping the manner in which Puerto Rican addicts are managed distinctly from parallel American institutions, and has also had considerable impact on practices associated with addiction recovery exercised on Latinx communities within the US, and across the globe.

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This thesis is dedicated to the memory of Fernando Pico.

Introduction

In a 2016 exposé of abuses and torture of mentally ill inmates in the Florida prison system, Eyal Press observes that by the 1990's, prisons had come to serve as "America's dominant mental health institutions." By now Press' claim is all but cliché--echoing a rich burgeoning literature on transinstitutionalization and the increasingly salient hegemony of "carceral capitalism" (Wang, 2017) in contemporary abolitionist writing. Despite these emergent trajectories in political thought, however, relatively little attention has been given to the penal dimension of what is certainly the most enduring of American psychological illness categories: addiction. Since the turn of the 20th century--first in the imperial periphery of the Philippines, and subsequently in US urban enclaves--the "moral plague" of narcotics addiction has filled an important niche in the American, and global, social imaginary; yet the link it fleshes out between penology and public health, social illness and social danger, is by no means an American invention. In its earliest instantiations, America's medical discourses on addiction qua chronic mental disorder assumed salient features of contemporary and 19th century discourses on colonial medicine and race-thinking, fashioned and refashioned through imperial engagements following the nation's first expeditionary war.

The present thesis follows this development in two movements. In the first section, I build on archival research to deconstruct the epistemic category of addiction as a historical

outgrowth of late 19th and early 20th century race-thinking. This work aims to resituate the debate around contemporary US drug war—a political endeavor so evocative of older forms of American social violence and so racially disproportionate that the American Civil Liberties Union has called it “the new Jim Crow.” This convergence of race and symbolic violence is no coincidence, but has roots in the very earliest constructions of addiction as an object of study, which was enacted then, as now, on disproportionately racialized and colonized populations. In the second section, I focus my attention on the present day drug war in Puerto Rico, and the more recent history of addiction treatment services negotiated in the 1960’s between the island and what is arguably the most important of its diasporic nodes, New York City. This second segment is based likewise on archival research, interviewing, participant observation, and is presented in the form of institutional ethnography--albeit a someone incomplete one.

The reason I take Puerto Rico as an area of particular interest is not merely that it has been home to one of the most extreme examples of symbolic violence surrounding drug use, treatment, and criminalization. It is also the historical home of treatment paradigms that have had an indispensable influence on the way states administer drug treatment--both formally and informally-- in the present day. Still it is worthy of note that the US drug war in Puerto Rico has brought with it internationally exceptional degrees of violence (Boyd, 2001; see also Alexander, 2012). Among its most salient features, the 100-mile island today plays host to a murder rate proportionally higher than that of almost any country in the western hemisphere— including Mexico, Brazil, and the Dominican Republic—and more than 5-times that of the US. Dwarfing the near 50% figure of the broader United States, Puerto Rico’s carceral system boasts levels of

drug-related imprisonment nearing 90% (Upegui-Hernández & Torruella, 2015; Beruff & Cordero, 2001).

In addition to its burden on Puerto Rico's prison system, drug use has had a major toll in recent decades on the island's public health. Despite the steady decline of HIV transmission and HIV-related mortality on the US mainland over the past three decades (Center for Disease Control and Prevention [CDC], 2008), HIV in Puerto Rico more than doubled from 2nd among US states and territories in 2006 (CDC, 2009), to more than 4 times the national rate in 2012 (CDC, 2012). These figures are particularly striking when taken in conjunction with an overwhelming 49% decrease in HIV transmission amongst Caribbean populations in general, which persist in yielding the highest global incidence of HIV infection and HIV-related death outside of sub-Saharan Africa (Figueroa, 2014). Contrary to the epidemiological trend of HIV transmission by way of sexual contact in the majority of Caribbean islands and the world, roughly 60% of HIV transmission in Puerto Rico is the result of drug injection (CDC, 2010).

In the face of such grim realities, addicts in Puerto Rico face exceptionally severe barriers to treatment. Though “health” figures at the head of a list of economic priorities defined by the *Estado Libre Asociado* (Free Associated State [ELA]) government amidst growing austerity constraints on the state, addiction has been notably excluded from these priorities in ways both formal and informal. Following early 1990's legislation, which separated the funding of DESCA—the Department of Health body then responsible for managing addiction—from the broader funding of Puerto Rico's health department, Puerto Rico's 2000 “Mental Health Law,” explicitly eliminated substance dependence by legal definition from the broader scope of mental-health problems, defining it as a “spiritual disorder,” to be dealt with by evangelical

abstinence-based programs (J. Delgado, personal communication, March 16, 2016; Hansen, 2005). By the time these measures took effect, drug-dependent Puerto Ricans had already been dealt a hard hand, not only in the form of then-governor Juan Roselló's Clinton-era "mano duro" drug policies, which escalated considerably the militarization and violence of police efforts against drug users and their communities, but also by way of a roughly contemporaneous island-wide health-care privatization effort, which among other measures, reduced state-funded detoxification programs from 22 to 3 days, creating a scenario in which addicts might be viewed as a liability and denied treatment (Office of National Drug Control Policy, 1997; Mulligan, 2014; Alegria, et al., 2001; Albizu-Garcia, Rios, Juarbe & Alegria, 2004).

Despite vocal commitments to increase emphasis on health care for drug users in the wake of Roselló, matters have become quantifiably worse over the past fifteen years [?]. A recent review of drug treatment availability in Puerto Rico shows that fewer than 9% of those meeting DSM criteria for substance abuse disorder, and only 24% of those meeting criteria for dependence disorder have access to any form of specialized treatment (Upegui-Hernández & Torruella, 2015). To put this into a global perspective, rates of treatment availability in Puerto Rico—a United States territory of over 100 years—are respectively 1/5th and half those for addiction treatment access in Kabul, Afghanistan, which in the past decade has come to house the densest population of addicts in the world. These facts reflect a broader failure of the US narcotics control efforts around the world to quell the human toll of a global drug economy considerably exacerbated by US economic policy (Todd, 2009).

Where unprecedented funding has been provided for federal and municipal police, as well as federal military personnel under the auspices of drug enforcement in Puerto Rico,

addiction treatment and prevention remain predictably strained by the worst of Puerto Rico's austerity measures, leaving drug users to navigate considerable material barriers to drug treatment on their own. As a direct consequence of this and related measures, drug users in Puerto Rico exhibit mortality-levels higher than those in any other ethnic category in the United States, and many internationally (Nicholas, 2014). Coupled with the limited scope of maintenance treatment, and limited access to harm-reduction resources like clean needles and narcotics blockers—both crucial for preventing overdose—these factors have contributed to a social environment and accompanying modes of living for injecting drug-users (IDUs) in which mortality itself stands as a principal feature of day-to-day life (Colon, 2006; see also Garcia, 2008).

The onus for addiction treatment in Puerto Rico today has thus largely fallen into the hands of grassroots evangelical and therapeutic community organizations offering treatment in exchange for work, welfare checks, and public funding. Such informal treatment institutions rely heavily on disciplinary methods, humiliation, and social isolation, unsurprisingly, with limited success (Upegui-Hernández & Torruella, 2015; see also Hansen, 2005; Fairbanks, 2001; Fairbanks, 2011). In the context of Puerto Rico's faltering economy, addiction has also, necessarily, been managed by drug users themselves, through grassroots injection sites located in abandoned buildings, called *Hospitalillos*. More recently, Puerto Rico's municipal governments, in an austerity-fueled twist on its long standing *Treatment Alternatives to Street Crime* (TASC) and drug-court systems, have begun sending convicted addicts—many of them HIV-positive—one-way, to American cities like Chicago, Philadelphia, and the Bronx, for

treatment in unregistered, undocumented, evangelical community centers, funded largely by the welfare checks of their patients (Cardona-Maguigad, 2015).

Aside from the more obvious material barriers faced by Puerto Rican IDUs, Puerto Ricans exhibit distinctive patterns among US Spanish-speakers in general, including, most notably, consistently lower rates of adherence to medical treatment (Guarnaccia, 1981; Alegria, et al., 2006; Lewis-Fernandez et al. 2005), lower use of ambulatory treatments and maintenance for substance abuse (Marrero, et. al., 2005; Robles, 2003), and lower overall adherence to life-saving Highly Active Anti-Retroviral Treatments (HAARTs) for HIV (Deren, et al., 2014; Nicholas, 2014). These findings are particularly startling when compared with international adherence rates among ethnically marginalized populations, which place Puerto Ricans among the lowest in general adherence and engagement with care (Nicholas, 2014). While some studies have demonstrated greater use of drug treatment services by Puerto Ricans living in the US compared with those in Puerto Rico (Deren, 2003; Robles, 2004), others cite comparably low treatment adherence for Puerto Ricans both in the states and on the island (Zerden, 2010; Colon, 2006). In the United States, where Puerto Ricans comprise the second largest of all U.S. Spanish-speaking populations, Puerto Rican IDUs have been consistently found at greater risk for contracting HIV than drug-users of nearly any other ethnic background (Colon, 2006), and of all US minorities, Puerto Ricans over the age of 12 are more likely to be current users of illegal drugs (10.1 percent) than their counterparts in the general population age 12 and older (Substance Abuse and Mental Health Services Administration, 2001).

Health disparities for drug-dependent persons between Puerto Rico and the United States, can of course be understood as the partial consequence of a particularly horrific situation for

IDUs in terms of treatment access, coupled with the general consequences of a faltering economy, high unemployment, or the island's geographic susceptibility to trafficking and associated informal economies. While all of these factors play a role in the present-day crisis, the persistence of low HAART adherence and needle-borne HIV susceptibility among Puerto Ricans in the United States, in spite of availability of these resources, suggests a somewhat subtler, and assuredly more complex scenario than can be explained by economic and macro-systemic factors alone. Studies have indeed revealed a wide range of variables, sometimes conflicting, in their accounts of treatment adherence. Along with more obvious influences such as age, homelessness, polydrug use, and SES, researchers emphasize social stigma, trust of caregiver, and even tautologous factors such as “refusal of care” and “drug dependency” itself (Robles, 2003). As Castro et al. (2015) have noted with regard to HAART adherence on the southern coast of Puerto Rico, adherence and its accompanying variables are tied to a range of interrelated micro-, meso-, exo-, *and* macro-systemic problems in which the questions of subjectivity and identity—beyond those of economy, education and accessibility—figure prominently.

The literature outlined above points overwhelmingly to two important problems in public health accounts of substance dependence in Puerto Rico. These are, on the one hand, major failures in treatment *accessibility*, and on the other, failures of treatment *adherence*, both of which might be seen to contribute to an associated public health, and corresponding penal and security *crisis* for Puerto Ricans on the island itself. In both cases the functional biomedical concept at the heart of these phenomena lacks a historical dimension. While this is not surprising, given a). the obscurity of extant historical information on addiction in Puerto Rico, and b). the overwhelming tendency to treat medical and psychiatric diagnoses as though they

possessed a-historical, and transcultural reality, the result is that such “desocialized” accounts fail to lend real insight into the structural violence (Farmer, 2004), and material disparities that lie at the heart of health problems, and thus risk on the one hand yielding circular, or meaningless solutions, or alternatively, presenting their research objects as intractable problems, for which no meaningful recommendations can be made. In the case of addiction—a disease entity that emerged less than a century ago in Puerto Rico— these concerns are especially dire, not least for the reason that the disease is linked both discursively, and institutionally, to politically- and morally-loaded categories such as crime, delinquency, and “national security” in the present day.

Rather than treating these problems as independent, or invoking the kinds of psychologically reductive *culture of poverty* explanations so common in social scientific writing on drug use among marginalized populations, the present thesis posits that a). such failures are causally and historically inextricable from one another, and b). they are mutually conditioned by the above-described penological regime which circumscribes heavily the lived experience of drug-dependency. These failures, I hope to demonstrate, are not the outcome of any simple dearth of economic support, but on the contrary, follow closely from the more general federal strategy of funding carceral, penal, and surveillance institutions quite heavily, while systematically depriving those related to treatment and healthcare, not only for drug users, but for Puerto Ricans more broadly (Beruff & Cordero, 2001; Garcia & Beruff, 1999). Such an economic and political dynamic, I argue, is only the most recent instance of a considerably broader history of deprivation and violence in the management of abject, and “delinquent” populations, by a federal penological system whose various discursive threads and identities the

present text aims to elucidate. This dynamic is one broadly understood by Puerto Ricans themselves as a form and extension of various economic, military, and political pressures expressing a kind of “colonialism”— and “coloniality of power” (Mignolo, 2012; Quijano, 1977; 1990) -- visibly rooted in the long-standing economic and political dynamic between the United States and Puerto Rico.

Toward a Historical Epistemology of Addiction

Despite the status of drug-dependency in Puerto Rico today, the picture was not always so grim. As a shining example of the success of American stewardship, and American-style economic reforms, Puerto Rico once boasted a state-of-the-art public healthcare system, and what was by Caribbean standards a booming consumer-oriented economy (Mulligan, 2014). Within the space of 15 years, Puerto Rico, known in the 1930’s as the “poorhouse of the Caribbean,” blew through 4 of the 5 stages of economic development prescribed by ‘modernist’ economist (and infamous cold-warrior) Walt Rostow: “preconditions for take-off,” “take-off,” “maturity,” and “mass consumption” (Duchesne, 2000; Rostow, 1960). Still, the utopian tenor of 1960’s Puerto Rico—America’s answer to Cuba—was punctured by the arrival of the looming threat of narcotics. Until the mid-1950’s Puerto Rican medicine lacked any meaningful concept of addiction in the American sense of chronicity. In contrast to the American setting, where Puerto Ricans were fashioned alongside African-Americans, as biologically predisposed to addiction (Fort, 1954), the concept entered Puerto Rican medical writing by way of the imposition of a set of particularly draconian narcotics policies. These legislations, prescribing corporal punishment for heroin users, were in conflict with a central feature of the newly

established sovereign *Estado Libre Asociado* (ELA) constitution, and spurred widespread debates amongst physicians, pharmacists and administrators on the island about the status of the disease.

The historical disparity between American discourses on addiction in Puerto Rico and the accounts of Puerto Ricans themselves is indeed striking. Along with the writings of Fort(1954), which drew on an older literature framing addiction in quasi-racial terms, as a kind of “constitutional inferiority,” Oscar Lewis’ *Five Families*, and *La Vida* painted a vivid picture of Hispanic and Puerto Rican deviancy: one that would inform social scientific thematization of the Puerto Rican addict for years to come. Between 1965 and the mid-1980’s Puerto Rican addiction would attain the status of a veritable “cultural affliction” in spite of the lack of compelling evidence that Puerto Ricans in the US have been significantly more addiction-prone than other populations (Ball, 1965;1970). John C. Ball, perhaps, did the most to establish this thematic. As resident sociologist at the US Public Health Service’s Addiction Research Center, he drew on FBI records (abundant due to FBI surveillance campaign responsible for the infamous *Carpetas*) to propose a culturally specific disease process for Puerto Ricans (Ball, 1965). Mirroring older characteriological accounts of addiction and ethnicity, Ball drew attention to Puerto Ricans’ “feminine identifications,” a theme which would recur in niche social science literature on the basis of addiction in Puerto Rican “cultural values” (Glick, 1983; Lukoff & Kleinman, 1972; Zahn & Ball, 1972). Articles like “Cultural Implications in Treating the Puerto Rican Female (1979),” and “Rehabilitation of the Puerto Rican Addict: A Cultural Perspective (1981),” rehashed the Psychiatric classifications of Puerto Ricans of the 40’s and 50’s (Gherovici, 2003), describing a uniquely Puerto Rican disposition towards hysteria, religious

fascination with the mother, an *inauthentic* and often violent expression of masculinity (“machismo”), and a pathological preoccupation with respect (Wurzman, Rounsaville, Kleber, 1982).

While such accounts seem odd to the contemporary eye, Puerto Rican and Hispano-American addiction endure as topics of considerable social scientific attention in Anthropology. Among recent ethnographic writing on addiction in Puerto Rican populations, two researchers are exemplary. Philippe Bourgeois, well known for conducting the first in depth ethnography of drug users in an urban setting, completed the first ethnographic account of crack-users in Spanish Harlem (Bourgeois, 2003). Bourgeois observes a thread of historical continuity between themes of Puerto Rican national identity —the historical resistance of Puerto Ricans on the island, through solidarity and illicit subsistence economies— and the everyday resistance (Scott, 2008) of Nuyorican drug users. He notes the self-identification of Nuyorican drug users as ‘jíbaros’ and the irony that those pushing illegal drugs in the inner city, without realizing it, assume a label once applied to producers of contraband Puerto Rican rum. Bourgeois also places emphasis on the themes of masculinity, respect, and question of upward mobility, class solidarity, and resistance.

A second ethnographer of Puerto Rican addiction to emerge in recent years is Helena Hansen (2005). Through her work, Hansen has done a great deal to elucidate the political economy of drug use, the dynamics of neoliberalism and economic dissolution that drive lived experiences of relapse and recovery in Latin American populations (Hansen, 2012). Hansen’s work on Puerto Rico points to the considerable emphasis given to “faith-based” recovery over maintenance-based treatment approaches on the island. For her, the disparity is due to the

combined influence of conservative political leadership, and political power of evangelical groups in Puerto Rico. In recent work, Hansen(In Press) traces the history of Puerto Rican therapeutic communities to the early nuyorican development of evangelical recovery institutions, and their subsequent migration to the island. While Hansen's work has been of major importance for shedding light on the social dynamics of addiction in Puerto Rico, my own research suggests that this account overlooks the early context and political dimension for the formation of the *therapeutic community*. Contrary to endorsing a Protestant vision of redemption, the first attempts at managing addiction in the Puerto Rican setting were elaborated by a young Psychiatrist named Efrain Ramirez, whose "*Boricua model*" informed in very direct ways the Nuyorican and Puerto Rican "faith-based" institutions of the mid to late 1960's— were part of state-funded program toward centralized planning, the cultivation of a Puerto Rican "civilization," and were largely secular, drawing on salient themes of economic development and national identity in their articulation of therapeutic redemption.

Portes and Sensenbrenner (1993) and Grosfoguel (2003) alike, have critiqued Bourgeois' account of upward mobility ("the turnover") and 'bounded solidarity' amongst Puerto Rican drug users, as a kind of "neo culture-of-poverty" reading for the reason that —despite pointing to historical circumstances— it bases its explanation of the political and economic status of drug users strongly in terms of 'cultural value.' Despite their respective historical emphases, both Bourgeois and Hansen frame addiction largely in terms of cultural values; in content these values depart more in emphasis than in essence from older "culture of poverty" accounts.¹ By both placing emphasis on the subjective values attendant on masculinity (caretaking, breadwinning,

¹ Bourgeois(2001) has himself defended Oscar Lewis' writings as poorly theorized, but ethnographically accurate depictions of urban poverty

respect), Bourgeois (2003) and Hansen (2005) risk reinforcing the “cultural” explanations for addiction of a bygone era— many of which hinge in only subtly different terms on the categories of “machismo,” gendered “compensation,” and pathological ego-functions— and deemphasizing the complex dynamics of discourse, epistemology, economics, and social organization that frame these modes of subjectivity. Given the degree to which addiction is accepted as a natural ‘given’ in these accounts, and in light of the critical role institutional definitions of disease entities are known to play in how people narrate their experiences (Bourgeois, Drucker & Hansen, 2014; Carr, 2010; Young, 1997), the lack of attention given to the historical dimension of ‘addiction’ itself in such cultural accounts of drug use is striking.

The Pastoral and the Biopolitical

Aside from Bourgeois and Hansen, Angela Garcia has given significant ethnographic attention to the question of recovery in Hispanoamerican populations, specifically among heroin-dependent women in New Mexico. In her book *The Pastoral Clinic*, Garcia (2010) emphasizes the structural rootedness of heroin use, drawing a historical link between US settler colonialism, and the compulsion to get high. This link is expressed by her informants in the equation: “La historia es una herida” [History is a wound]”; “Chiva es el remedio para todo” [Heroin cures everything] (p 93). Like Hansen, Garcia’s emphasis is on “faith-based” recovery. For Garcia, however, the critical element of recovery’s offer of redemption is not in the cultural status of Evangelism, but in its specific temporality. Having lost their “home,” their “territory” and the “pastoral” life they once enjoyed, heroin users exist in a state of uprootedness, characterized by the burden of memory, with all the local valences of time and memory investing

the popular scientific framing of addiction as “chronicity.” Garcia describes how evangelical programs mobilize these especially local tropes of uprootedness, offering a “break” from memory—a future in place of a history in ruins—in the promise to be “born again.” I emphasize Garcia’s text for three reasons: first, Garcia draws important connections between addiction and colonialism at the level of subjectivity which warrant historical elaboration². As I hope to show, this connection is borne out materially and historically, not only in Puerto Rico, but in the American addiction concept that emerged in the first half of the 20th century. The convergence of colonialism and addiction historically, has important implications for the more *cultural* and subjective convergence Garcia observes. Second, Garcia’s work draws attention to dynamics of space and memory that take vivid form in the landscape of Puerto Rican history. The loss of an originary, pastoral, territory, and the dwelling ‘in between’ that such loss engenders forms the basis of the trauma in which Garcia sees her informants’ chronicity to be grounded. Puerto Rican literatures of national identity likewise speak centrally to “a lost homeland” (Stewart, 1996, p 63-65). As I show, this political narrative of loss plays crucially into the making of addiction in Puerto Rico, albeit through extant literatures of national identity and endemic delinquency that render the disease comprehensible and threatening to the welfare and development of the Puerto Rican state. Finally, Garcia draws attention to the “pastoral” dimension of recovery. While Garcia employs this Foucauldian double-entendre to signal the temporality of confession, religious conversion, and the manifold ways in which Evangelism mobilizes local sites of trauma in the service of religious power, the term holds a broader and distinctly historical meaning for Foucault. By Foucault’s account, the Christian Pastorate marks

² Ann Stoler has criticized Garcia on this very point.

the beginning of a phase of history that we still inhabit, and is the basis for the mode of governance known as biopower (Foucault, 1986; 2007). In Puerto Rico, I think, it is not primarily pastoral forms that explain the enduring *individualizing* and *centralizing* (see Foucault, 1986) power of addiction discourses (such a case might be made by way of Hansen's view of history), but *biopolitical* ones, embodied in negotiations of Puerto Rican autonomy, status, and processes of social regeneration conceived in vestigially racial, hygienic, and economic terms. The governmental and medical paradigms on which addiction has been managed and constructed in Puerto Rico draw on the island's own local historical epistemologies of race, delinquency, and criminality in ways that anticipate the epistemic emergence of addiction.

The Present Study

In this study, I present the results of two years archival work aimed at identifying the origins of an addiction concept unique to Puerto Rico, in relation to processes of economic and political subjugation endemic in its relationship with the United States. In this sense, the study concerns Puerto Rican addiction in its distinctiveness, as both an epistemic entity around which facts are produced, and a historical phenomenon with an epistemic history distinct from that of the United States itself. As such, it places emphasis on the transfer of imperial knowledge, not merely as a question of cultural relativism, but one of “documenting how—through what historical process—its “reason,” which was not always self-evident to everyone, has been made to look obvious far beyond the ground where it originated (Chakrabarty, 2009).” I thus outline how US practices of spatial and economic administration, and accompanying institutional developments have transformed long-standing Puerto Rican concepts of race, abjection, national

identity, and health over the course of the 20th century. These transformations were by no means unilaterally imposed but were frequently expressive of Creole resistance, whether to professional oversight—as for Puerto Rico’s historically autonomous practice of pharmacy—or to “hygienic” policing—as with the American anti-prostitution campaigns of the 1920’s (Flores-Ramos, 1998). I show how, consistent with these changes, Puerto Rico’s epistemic construction of addiction, upon its inception in the late 1950’s, took up central aspects of what were then relatively ubiquitous development discourses, alongside anti-institutional, anti-colonial discourses articulating the political imperative of *insularismo*, yet worked in the final instance to secure an unprecedented degree of federal military and police influence on the island.

The study is divided into two sections. The first, consisting of two chapters, serves as a genealogy of the American institutional concept of opiate addiction that emerged during the first decade of United States imperialism where the second tries to identify the epistemic and political sources of addiction in Puerto Rico. Chapter One opens with a discussion of race and ‘degeneration’ in Foucault that serves as a basis for conceiving the racial foundations of epistemologies of addiction. Demonstrating a tension between Foucault’s epistemological and political accounts of “degeneration,” it establishes the need for a thorough historical epistemology of “degeneration” in its more medical inflection. Chapter two outlines the sources of prevalent notions of race, hygiene, and national identity in Puerto Rico as recorded in medical tracts on *mestizaje*, and the racial figure of the “Jíbaro.” Drawing on citations from one of the major texts of this genre: Francisco Del Valle Atilés’ *El Campesino Puertorriqueño*, I interrogate early thinking about race and hygiene in the milieu of 19th century French naval medicine. Chapter Two expands on the first, looking at the medical identity of degeneration that developed

over the course of the 19th century. It shows how the introduction of causal conceptions of disease, first vis-a-vis pathological anatomy, and subsequently via germ theories, influenced earlier medical concepts of ‘constitution’ and ‘race’. The chapter closes with a significant provocation and alternative genealogy of the emergence of addiction. Challenging the currently prevailing account of narcotics addiction as an essentially Protestant development emerging out of temperance discourses on alcohol, I draw attention to the emergence of opiate addiction in its medical particularity, as a metabolic concept and a concept of colonial hygiene, expressive, *in its epistemic fashioning*, of race. In Chapter Three I trace the emergence of US control in Puerto Rico, and the range of spatial, economic, and medical administrative transformations that transformed the status of the Jíbaro. Chapter Four takes up the institutionalization of criminological concepts in medicine and the introduction of narcotics controls, as well as the early negotiations of addiction these legislations provoked. The Fifth and final chapter looks both at the influence of development discourses in the PPD milieu, and the development and impact of Puerto Rico’s addiction concept and first therapeutic community. Special attention is given to early debates on methadone maintenance, and the spatial model of Ramirez’ treatment method as implemented in New York.

Primary materials for the present study were collected in the *Archivo General* in San Juan, *La Colección Puertorriqueña*, and *Archivo Universitario* of the Recinto de Ciencias Médicas in Rio Piedras, the *Fundación Luis Muñoz Marín* in Trujillo Alto, Puerto Rico, and the archives of the *Oficina de Servicios Legislativos*. Additional supporting materials were gathered from the *New York City Municipal Archives* in New York City, and at the *Rockefeller Archive Center* in Sleepy Hollow. A tremendous debt of gratitude is owed to the archivists in all of these

establishments, as well as the many experts I had the good fortune to speak with, without whose assistance and patience I could not have completed this research. In addition to these materials, which overwhelmingly comprise administrative communications, personal letters, reports, memoranda, minutes, and news media, I have drawn insight from a handful of the seemingly endless FBI *Carpetas*. I have also employed quite heavily the published writings of colonial administrators and scientists, in scientific journals from both Puerto Rico and the United States. Most notable among these are the Puerto Rican Medical Association's journal, *Boletín de Asociación Médica de Puerto Rico*, and the journal of Puerto Rico's Colegio de Farmaceuticos, *Revista Farmaceutica de Puerto Rico*. Though the archives hold a privileged position in my investigation, I have relied additionally on oral history, generally treating interviews more as a method of clarification, and a means of facilitating communication between texts, or deducing attitudes, than a source of historical knowledge in itself. I follow the convention in this thesis—despite the empirical drawbacks—of translating all Spanish-language materials into English. This is mostly to preserve space.

Part One

Chapter One

Put a man into a close, warm place, and ... he will feel a great faintness. If, under this circumstance, you propose a bold enterprise to him, I believe you will find him very little disposed towards it; his present weakness will throw him into despondency; he will be afraid of everything, being in a state of incapacity. The inhabitants of warm countries are, like old men, timorous, the inhabitants of cold countries are, like young men, brave.

- Baron Montesquieu, *The Spirit of the Laws*, 1748

Climates, understood in the broadest meaning of the term—produce races and maintain them in their physical and psychic modalities

- Armand Corré

Histories of Puerto Rican medicine (Amador, 2015; Trujillo-Pagan, 2013) often take as their starting point the racial and political identity of the *Jíbaro*. As a figure that would be mobilized repeatedly in discourses of Puerto Rican identity, the *Jíbaro* indeed holds enduring significance. In the 19th century this figure was the subject of extended debates on the racial status and redeemability of Puerto Rican nationality given its perceived racially degenerative

influence on the broader social body. While Creole physicians like Francisco Del Valle Atilas, and Puerto Rico's first novelist, Manuel Zeno Gandia based their political status on a European heritage, Jíbaros—who were also broadly construed as white—were thought to exemplify racial, moral, and hygienic decay—not only through their cultural proximity to a substantial African-descended population, but through their hereditary susceptibility to the moral and salutary effects of climate. The present chapter lays the theoretical groundwork for this thesis, by developing a biopolitical concept of race, as it has been applied in Puerto Rico's history, that is adequate to the racial category of the Jíbaro. Such a concept, I will show, is useful not only for understanding the construction of addiction in Puerto Rico, and various facets of both the drug economy and the *moral economy* of drug-use there; it also facilitates an understanding of the colonial and racial rootedness of the epistemic category of addiction as one convergent with basic elements of Puerto Rican national subject-hood, and as elaborated in the early 20th century United States. By elaborating the common sources of these ideas, I provide context for a more comparative evaluation of addiction in Puerto Rico, and addiction in the United States to be taken up in the conclusion of this thesis.

Biopolitical Sources of Race in Medicine

The term *biopower* has been a source of great speculation for followers of Foucault. Due in part to the relatively recent publication and translation of the *College of France Lectures* where he first takes it up, and in part to the emphasis given to race, reproduction, and degeneration in *History of Sexuality*—the one published work in which Foucault elaborates the concept—biopolitics is frequently understood as a highly centralizing mode of political control,

a “politics of biology,” the paradigm for which might be Nazism. Giorgio Agamben (1998) develops the notion in such an inflection, noting in *Homo Sacer*, that “[d]espite what one might have legitimately expected, Foucault never brought his insights to bear on what could well have appeared to be the exemplary place of modern biopolitics: the politics of the great totalitarian states of the twentieth century (119).”³ In fact Foucault does address this question. In the final lecture of his 1976 course, *Society Must be Defended*, he ponders how a biopolitical state, whose central aim is to “administer” and regulate life, could justify killing, “Given that this power’s objective is essentially to make live, how can it let die? How can the power of death, the function of death, be exercised in a political system centered upon biopower?...It is, I think at this point that *racism* intervenes (Foucault, 2003, p. 254).” For Foucault, however, biopolitics engage with racism only by mobilizing the disciplinary powers it is poised to replace. Racism is operative in “a society in which the norm of discipline and the norm of regulation[biopower] intersect”: “a normalizing society (253).” “Once the mechanism of biopower was called upon to make it possible to execute or isolate criminals, criminality was conceptualized in racist terms (258)” Ann Laura Stoler (1995) similarly places emphasis on the racial character of biopolitics, albeit in a colonial, and not totalitarian framework (88-94). Accordingly Stoler and many others have tended to downplay the treatment it is given in Foucault’s 1978 lectures *The Birth of Biopolitics*, which many accounts likewise maintain as mistitled, incomplete, or for other reasons never having properly addressed its central issue. Nevertheless, by tracing the contents of Foucault’s later treatments of biopolitics, and his articulations in the 1977 course *Security, Territory, Population*, it becomes evident that biopower, was not at all a means of conceptualizing

³ Agamben’s later work acknowledges this early misstep, taking up, among other things the ecclesiastical expression of *oikonomia* at the core of modern day administrative practices and governmentality (Agamben, 2011)

totalitarian states, but a concept for modes of governance characterized by progressively greater technical and economic determination, the refinement of “subtle methods” of recruiting individual interest, and a general tendency toward decentralization: “the decline of state governmentality in the 20th century”⁴. In general, biopower is a mode of governance characterized by the technical management of populations, milieus, and space. Though it is clear enough in his 1978 lectures, which broadly trace the birth of American neo-liberalism, biopower, and the hygienic model of “security” that supports it, is a quintessentially “American idea (Foucault, 2007, p 7).”

Despite the increasingly marginal position of race in Foucault’s account, biopower seems haunted by racism; insofar as it biopolitical governance pertains to the administration of ‘life’—in all its hygienic valences—the question of who to ‘make live’ and who to ‘let die’—who, that is, occupies the position of ‘internal enemy’, or who shall be deemed a ‘threat’—endures. In a colonial setting, where matters of citizenship are fuzzy, the question takes on unique complications. I have found three sources to be particularly helpful for thinking through problems of race and biopolitics in the colonial setting. Daniel Nemser’s (2017) recent work *Infrastructures of Race*, documents via archival materials the emergence of an administrative, and subsequently technical concept of race in the milieu of colonial New Spain, through practices of spatial management. Vacillating between *pastoral* or *civilizing* aspirations, and more centralizing practices of containment, Spanish mendicant and colonial officials developed a progressive sense of natural and eventually biological distinctiveness of indigenous and mestizo

⁴In *Birth of Biopolitics* pp 109-120 Foucault gives an extended account of the development of American neo-liberalism by way of anti-state discourses centering on Nazism. His subsequent accounts of ‘human capital’ are exemplary of biopolitical government.

populations. Nemser also shows how the European concept of “plebe” —which might be seen as a discursive point of departure for later notions of ‘degeneration’ —was culled from Spanish colonial discourses on seditious mestizo populations, through the practice known as *segregación*. Achille Mbembe’s *Critique of Black Reason* (2017) traces the development of an international concept of race through the emergence of global capitalism and slavery, in a more subjective expression. Finally, and less directly, Reff (2004) has shown how early Jesuit conversion practices in New Spain revolved critically around medicine. Reff’s account is an excellent complement to the other two for the reason that it grounds the colonial emergence of biopolitics noted by Mbembe and Nemser, in early international manifestations of pastoral power, that drew less on their respective state affiliations than on the universal authority of Christian god—and importantly, of early Christian healing narratives. Thus appellations like “barbarian” and “philistine” which once had political meaning, were mapped onto populations understood as medically distinctive. Reff’s account also draws attention to the putative origins of an enduring tension between sickness and civilization, which will have great import for the United States’ development efforts in Puerto Rico.

The category of ‘racism’, minor though the term has been to Foucault’s published writing, was of critical importance for the development of his political thought. Substitute it for “degeneration,” a notion intimately tied to Foucault’s account of race (Foucault, 2003 316-317), and the concept works as a kind of bookend on Foucault’s career, structuring the genealogies elaborated in both his first and final work. For both *History of Sexuality* and *History of Madness*, degeneration marks a critical phase in history at which the forms of rationality associated with the so-called “Cartesian turn”—defining knowledge as transparent, visible, and immediately

accessible through sensation—give way to the more individualizing, more disciplinary, and more normative order of knowledges and political power: an- “other side of progress (Foucault, 2013, 237),” wherein the truth hides in “envelopes,” madness is a question of degree, and “the child bears the ills of the father (Foucault, 2003, 375).”

In one sense, degeneration is what inaugurates modernity for Foucault; the profound discursive import to which he attributes the idea is reflected in the extensive terrain it covers. On Foucault’s own account, all manners of reasoning on social, medical, and Psychiatric abnormality in the 19th century were informed by a ‘racist’ logic extending from degeneration—a logic which “holds power” for those “entitled to define the norm, and against those who deviate from the norm (Foucault, 2003, 61).” To the extent that it gives regression a positive content, degeneration is both the condition of possibility for, and the prototype around which the sciences of man will fashion their dealings in other forms of abjection. In *History of Sexuality*, Foucault writes:

The series composed of pervasion-heredity-degenerescence formed the solid nucleus of the new technologies of sex.. Its application was widespread and its implantation went deep. Psychiatry, to be sure, but also jurisprudence, legal medicine, agencies of social control, the surveillance of dangerous or endangered children, all functioned for a long time on the basis of ‘degenerescence’ and the heredity-perversion system. An entire social practice, which took the exasperated but coherent form of a state-directed racism, furnished this ethnology of sex with a formidable power and far-reaching consequences (Foucault, 2012 p 118-119).

In his 1975 lectures, Foucault works out in greater detail the “state-directed racism” invoked above, as a particular moment of 19th century thought that is clearly to be identified with the concept and the imm(i/a)nent threat of degeneration:

I think we should reserve the expression "racism" or "racist discourse" for something that was basically no more than a particular and localized episode in the great discourse of race war or race struggle. Racist discourse was really no more than an episode, a phase, the reversal, or at least the reworking, at the end of the nineteenth century, of the discourse of race war. It was a reworking of that old discourse, which at that point was already hundreds of years old, in sociobiological terms, and it was reworked for purposes of social conservatism and, at least in a certain number of cases, colonial domination.” Racism, he goes on, is “the idea—which is absolutely new and which will make the discourse function very differently—that the other race is basically not the race that came from elsewhere or that was, for a time, triumphant and dominant, but that it is a race that is permanently, ceaselessly infiltrating the social body, or which is, rather, constantly being re-created in and by the social fabric. In other words, what we see as a polarity, as a binary rift within society, is not a clash between two distinct races. It is the splitting of a single race into a superrace and a subrace. To put it a different way, it is the re-appearance, within a single race, of the past

of that race. In a word, the obverse and the underside of the race reappears within it (Foucault, 2003, p 61).

What is odd here, besides Foucault's insistence on the European provenance of 'racism,' is that despite the "number of occasions" on which race has been 'repurposed' for colonial domination, 'racism' appears for Foucault only *late* in the 19th century. Moreover, the distinction Foucault draws in these passages, between "a discourse of race war," and a "racism" proper, will not look to the transatlantic slave trade, earlier Mendicant discourses on New World inhabitants, nor even the Haitian revolution—a critical moment in the racial imaginary of French political and medical thought (Kiple & Ornela, 1996)—for its origin. Instead, Foucault points to a set of 'counter-histories' that emerged in the Middle Ages to challenge to prevailing histories of sovereignty. By illuminating Europe's past as one of hereditary, rather than sovereign conquest, 'race' served to call into question regnant sovereign, religious, and other universal powers. This primeval (european) race as an 'instrument' of power wielded against the state, is something Hannah Arendt points to as well in her account of early race-thinking in Europe (Arendt, 1968).⁵ For both Arendt and Foucault, race is an idea whose origins can be found within the borders of Europe, which only after many centuries of political transformations is realized as the full-fledged "state-" racism of degeneration *late* in the 19th century (Pick, 1993; Foucault, 2003). By Foucault's account, and Arendt's as well, racism—a moment contiguous with 'degeneration' — is a strategy for the empowerment of a Bourgeois elite, expressed in terms of national identity, to give ontological ground to existing relations of political power. The

⁵ For a more recent account of the origins of European race-thinking see Greer, Mignolo, and Quilligan (2007)

difference between the counter-histories of the Middle-Ages, and *racism* is that where ‘race’ places its enemy *outside*, racism views its enemy as one internal to the state, “permanently, ceaselessly infiltrating the social body,” and employs the immanent threat of this enemy to qualify *hygienic* measures, giving a biopolitical dimension to its control. As a function of the state, racism does not confine itself to scientifically grounded hereditary distinctions, but gives biological expression to categories of difference, which embody political threats only to the extent that they are refashioned as ‘internal enemies’ (Pick, 1993). On the broadly Lamarckian logic of the 19th century, racism encompasses threats of conduct, alongside constitutional threats conceived terms of their hereditary, biological, implications. It is on these terms that Foucault can extend ‘racism’ to Soviet discourses on the ‘class enemy’; the bourgeoisie assumes racial meaning insofar as it is conceived as posing a biological threat to the life of the state (Foucault, 2003).

State-based accounts of racism are common. Etienne Balibar, fashions racism as “a supplement internal to nationalism, always in excess of it, but always indispensable to its constitution (Balibar & Wallerstein, 1991).” In a similar spirit, Benedict Anderson (2003) cites the affirmatory powers of race as a tool of nationalism in the colonial setting. “Dreams of racism have their origin in ideologies of class rather than in those of nation; above all in claims to divinity among rulers and to ‘blue’ or ‘white’ blood and ‘breeding’ among aristocracies..on the whole, racism and anti-Semitism manifest themselves, not across national boundaries, but within them (136).” Foucault’s premise that racism—and degeneration by extension—is an instrument of class empowerment, however, appears suspect upon closer inspection. As Daniel Pick (1993) observes, the discourse on degeneracy emerged not from an established *center* of bourgeois

power, but in each case, in contexts of great political uncertainty. In this sense, it was not an instrument of bourgeois empowerment so much as a register of a “crisis of powerlessness..the complex transformation of social anxiety and political fear into seemingly self-possessed imperious and ‘imperialist discourse(43).” Pick extends this account all the way from Lombroso and Max Nordau, through British eugenics and *rassenhygiene* which formed the scientific basis for Nazism. In a colonial setting, likewise, degeneracy discourses and miscegenation law emerged on terrain where power was fundamentally insecure. For Ann Stoler, these discourses—discourses which are strikingly similar in content to the ones taken up by Foucault, yet emerged more than a century earlier— registered “dissension among Europeans and basic uncertainties about who would be granted that privileged status.” Thus in the Dutch Indies —as in Puerto Rico—“‘degenerate’ was an adjective that invariably gave biological qualification to those labelled as poor and white. It could be invoked to protect the schools of ‘full-blooded’ Dutch children from their poor Indo-European compatriots, as well as from those children who were ‘purely’ Javanese ...The point is this was not a ‘European’ disorder or a specifically colonial one, but a ‘mobile’ discourse of empire that designated eligibility for citizenship, class membership, and gendered assignments to race (Stoler, 1995, p 32).”

While Stoler and Pick’s respective accounts both develop considerably that of Foucault, both rest on the assumption of an essential relationship between race, citizenship, and power consistent with Foucault’s claim that racism functions primarily as a strategy of the state, or a function of a bourgeois class in crisis. Such a paradigm for racism arises in considerable tension with both the account of biopolitics Foucault puts forward in his lectures over the following two years (Foucault, 2010), and equally, the epistemological account given for ‘degeneration’ in his

first three books, all of which strongly inflect race in their respective treatments of ‘life’, ‘species’, and ‘degeneration’. In *History of Madness*, for example, Foucault offers an alternative genealogy of degeneration — one that is largely absent from the *History of Sexuality*, and only alluded to cursorily in his 1976 lectures. Describing the 19th century “delinking” of “unreason” and “madness,” he traces the process from a medicine of ‘meteorology’, to one of climates and constitutions, all the way to 18th century degenerescence as described above. Citing Buffon, whose relationship to imperial botany is well known, he identifies ‘penetrating forces’, as the epistemic departure point that “allowed not only for the formation of an individual, but also the appearance of the different varieties of the human species: the influences of climate, of nutrition, and of way of life.” He continues, “This negative, ‘differential’ notion first appeared in the eighteenth century, to explain variations and diseases rather than adaptations and convergences. It was as if the ‘penetrating forces’ formed the converse, or the negative, of what was later to become the positive notion of a milieu...Milieu therefore plays a role that is almost a mirror image of the role previously taken by animality. In earlier times there was at the lurking presence of the beast, the point through which madness, in its rage, could irrupt into man; the deepest point, the ultimate point of natural existence was also the point where the counter-natural was exalted—human nature being to itself, immediately, its own counter-nature (Foucault, 2013, p 373).” To Foucault, the milieu—elsewhere described as the form of administrative space under biopower (Foucault, 2007, p 36, 51-71)—becomes the basis for the medical and more broadly social phenomenon known as degeneration (Foucault, 2013, p 375).

This epistemological account of degeneration is significant in part for the reason that it is not only *not* rooted in the 19th century, but that it can be traced, through elements which were

surely structured by colonial botany and medicine, to the 17th. Foucault will take up the problem in an explicitly medical register in *Birth of the Clinic*: “Deviation in life is of the order of life, but of a life that moves towards death. Hence the importance assumed with the appearance of pathological anatomy by the concept of ‘degeneration’. It was already an old notion: Buffon applied it to individuals or series of individuals that diverged from their specific type; doctors also used it to designate that weakening of natural robust humanity that life in society, civilization, laws, and language condemn little by little to a life of artificiality and disease: to degenerate was to describe a decline from an original status, figuring by natural right at the summit of the hierarchy of perfections and times; in this notion is gathered up all that was most negative in the historical, the atypical and the counter-natural.” “Based, from Bichat onwards,” however, “on a perception of death that was at last conceptualized, degeneration was gradually to be given a positive content (Foucault, 2013, p 192).” The account Foucault gives here is a decisive departure from the version put forward in *History of Sexuality*, and in his 1975 lectures. Foucault’s later emphasis on racism as primarily a question of power—the power of the state and the empowerment of the bourgeoisie—comes at the considerable expense of a fairly sophisticated epistemological account, the seeds for which he planted in publications of the 1960’s. A genealogy of race framed in terms of both imperial practice, and epistemology, I believe, poses critical challenges to Foucault’s later account that are important for understanding the ways in which race functions—in Puerto Rico and elsewhere—and how the sciences of man have taken up the racial impetus, extending it to other biological categories. These questions are intimately related to the epistemic emergence of the category of addiction, for reasons I hope will become clear.

In what remains of the present chapter, and the chapter that follows, I look more closely at the elements within medicine involved in “making-up” populations as an object of scientific inquiry. This will be important for the broader study for two reasons. First, it shows that racism in its 19th century medical valences, was not merely a matter of national empowerment and concerns with political control, but was equally fashioned around anxieties about the *medical* and *biological* statuses of creoles in the colonies. These political and medical frames for understanding imperial conduct were mutually informative, I believe, and had a complementary effect in the development of scientific racism. Secondly, I show that scientific racism represents a kind of primeval development in a progression toward more modern political strategies mobilized in identifying biopolitical sites of abjection. This development, I think, was not primarily a political one, but had an important epistemic dimension, through which categories of abjection were established as biologically legitimate—in a manner similar to the deployment of history in Foucault’s ‘race war.’ Foucault’s concept of ‘degeneration’, as a social, but also biological designation, thus, was preceded by a series of epistemic, and medical developments established as much through the *observation* of divergent disease patterns amongst geographically distinct populations in a cosmopolitan setting, as through the more explicit power aspirations of dominant political classes. These developments had much to do with concerns about naval physicians’ own exposure to disease (hence their efficacy as imperial agents) as they did with the lived practice of administering populations recognized as medically distinct, in terms of immunity, social practice, and physical ‘constitution’. In this sense, “racism” in the late 19th century was not simply an “invention” of a bourgeois class, and a weapon against perceived enemies; nor was it a simple register of political anxieties developed on colonial

terrain as Laura Stoler and Daniel Pick's complementary accounts have it. It was also, I believe, a register of medical anxieties surrounding the relative susceptibility of European administrators to physical 'degeneration' and disease, relative to African and mestizo populations—a fact with important implications for the political anxieties described by Pick and Stoler.

In Puerto Rico, at least, (white) Creole political anxieties were often secondary to medical anxieties surrounding the then respectable claim of some neo-Lamarckian hygienists, that tropical climate *itself* could have a degenerating effect on white bodies. The development of biopolitical thinking in the context of colonial hygiene, I aim to show, was in related ways, a necessary condition not only for the emergence of a genuinely medical characterization of 'populations', but equally for framing in scientific terms the social actors and medical categories perceived as "deviant." This medical perception—a biopolitical perception founded on the milieu— forms a basis for not only scientific racism, but criminology and the study of addiction, as well. I begin by looking at the sources of race-thinking in the Criollo literature of Jíbarismo, penned by of Puerto Rico's late 19th century elite, as represented by Francisco del Valle Atilés' highly important 1889 text, *El Campesino Puertorriqueño*.

Race, Climate, and Cosmos in French Naval Hygiene

The 19th century racial figure of the Jíbaro occupies a position in imperial formations that is in no way unique to Puerto Rico. As Ann Stoler, and others have shown, classifications of white peasant populations as 'fictively' european, or otherwise biologically compromised, through their associations with *metissage*, were a common feature of Creole writing in the 18th and 19th centuries (Amador, 2015; Bronfman, 2005; Stoler, 1992). In a medical frame, these

Creole discourses borrowed liberally from extant writings on ‘race’, ‘climate’, and ‘hygiene’ developed through Europe’s earlier imperial engagements. In similar fashion, among the many sources Del Valle Atilas cites in his book *El Campesino Puertorriqueño* (1887), the overwhelming majority issue from the work of French naval physicians. In a chapter titled ‘Medidas para mejorar las condiciones Fisicas del Campesino,’ Del Valle Atilas makes an impassioned plea for the racial, hygienic, and educational regeneration of Puerto Rico vis a vis the poor, laboring *Jibaro*. Contesting the “noncosmopolitan” reasoning of a French naval physician named Jerome Orgeas, Del Valle Atilas argues that Puerto Rico’s racial future will be secured, not only through hygienic developments, but also by the gradual disappearance of the mestizo from the island’s populace. Although he enjoys “immunity against certain diseases—yellow fever, etc,” writes Del Valle Atilas, the mestizo is “thoroughly diminished” both in his aptitude for physical labor and in his ability to withstand tropical climates compared to the *pure* African. Being “intellectually deficient,” and disproportionately prone to climatic pressure compared to the European—diseases as “lymphatism, phthisis, and other[s]”—, the mestizo tends to self-segregate, limiting his reproductive efforts to a pool of sterility that, “cancels the type.” “The most reliable, beautiful, and intelligent types,” on the other hand— including, paradoxically, the more developed of “black Creoles” —“fuse together in the white race (p. 71-74).”

The “noncosmopolitan” view Del Valle Atilas references is laid out in the book *La pathologie des races humaines et le probleme de la colonisation* (1886). Arguing that disease and sterility are the inevitable result of colonization for the European, its author presents statistics compiled from morbidity records in French prisons to demonstrate the geographic and climactic primacy in determinations of race and disease. Orgeas’ career was built around repudiating the

long-held assumption that europeans could survive in the tropics: “To pretend that Man is cosmopolitan, as seems to have been generally believed in the four centuries since the question was posed, is to pretend that he can live, work, cultivate the soil, and establish himself at all points on the globe; this thesis is not supportable, unless one categorically denies the authority of the most positive facts (p. 2).” By accumulating data on medical difference and disease prevalence amongst the many climatic milieus and populations of the French empire, Orgeas was addressing a question posed by Paul Broca, who entreated the French navy to determine, “if these more or less complete immunities depend upon race, or a savage mode of life, or on diet, or climate.” “The question of *acclimatization*, so important from all points of view,” for Broca, “is equally among the questions still awaiting a solution (Osborne, 2014, p. 83).” In the spirit of Montesquieu, racial determinists like Orgeas, Jean-Baptiste Laurent Beranger-Feraud, and Armand Corré, resolved Broca’s question in the racial and climatic affirmative. Placed under “torpid” conditions, the white constitution is subject to not only muscular atrophy, anemia, and other physiological forms of degeneration, but also to the dreaded mental lassitude endowed by the tropics, and the endemic threat of revolution and miscegenation posed by exposure to native populations. While, “[n]egroes and races adapted to torrid climates escape anemia, thanks to anatomo-physiological particularities that are as much ethnic characteristics, and by a physiological mechanism that scientific analysis is not powerless to explain,” European blood, insisted Jean-Baptiste Laurent Beranger-Feraud, then inspector general of medicine for France’s navy, “can absolutely not acclimatize to Senegal, even when it mixes in considerable proportion with black blood(p. 92) .” Armand Corré, a somewhat more progressive figure than either Orgeas or Beranger-Feraud— in any case more intransigent in his opposition to colonial

affairs—argued similarly that not only were Europeans doomed in the colonies, but attempts to civilize native populations were likewise misguided, and would invariably give way to animalistic behavior and criminality. For Corré, these effects were not owing to the biological essence of colonial inhabitants, but to the degenerating influence of colonialism itself on persons biologically incapable of sustaining civilized life. Civilization, he writes, is “powerless to transform the primitives and raise them to its level; it kills them (p. 103).”

Whether or not Orgeas’ findings on disease prevalence held much empirical value in their time, questions of race-specific immunity and European susceptibility to disease, torpor, and miscegenation in the tropics were of major concern to both Creole elites and naval hygienists in the 19th century. As Philip Curtin (1996) shows, tropical survival before mid-century, even outside of military exploits, was an intractable problem. Seemingly perfunctory expeditions frequently bore witness devastating losses; in this case of one 1841 trip to Niger, 82 percent of the crew would succumb to malaria. Expeditions of the 1840’s frequently resulted in 6-10% of a crew dying, and death of disease was far more common than death due to military engagements. Of military parties stationed in Algeria between 1837 and 1846, 80 deaths per thousand were recorded on average annually, most of them the result of disease. Naval physicians thus drew conclusions about race not solely based on their own claims to imperial authority, or anxieties surrounding their political status, as Stoler (1995) and Pick (1993) suggest, but equally from anxieties about their own biological status in tropical settings. The possibility of white administrators being politically overwhelmed by populations better suited to the tropical environment than they, was an enduring source of political anxiety for French Creoles,

particularly following losses from Yellow Fever during the Haitian revolution (Anderson, 2006; Harrison, 1996; Kiple & Ornelas, 1996).

Although Orgeas' writing emerges only at the end of the 19th, it draws on themes from a scientific discourse on race and climate dating back to the 18th. Paradoxically, such a deterministic stance on race would have been difficult to maintain in French medicine at the beginning of the century. Before *the Origin of Species*, the mid-century physical Anthropologies of Broca and Vacher de Lapouge, and the teratology of Isidore Geoffroy Saint Hilaire, the threat of tropical disease was well understood, but race was only one among a range of factors seen to condition susceptibility to disease in individuals and populations; these factors included civilizational, temperamental, and 'constitutional' influences, alongside concerns with individual conduct. At once renouncing the civilizational determination of disease in distinct racial populations and strictly hereditary determinations of immunity, the apparently retrograde position espoused by Orgeas and Corré, drew less on what are now seen to be the early sources of scientific racism at the time—criminal anthropology, zoology, or Gobineau-esque historicism— than on the climatic explanations common to discourses of naval medicine. Somewhat surprisingly, the historian Michael Osborne traces the geographic worldview characterizing naval and hygienic thought in the 19th century, not to who will be Foucault's reference point, Cuvier and Buffon, but to a foreigner: Alexander von Humbolt. A foreigner active in France during the late 18th century, Humbolt's book *Cosmos*, which proposed scientific inquiry to the attributes of the geographic and climatic space, would inspire followers to take up the project of "medical geography." Friedrich Schnurrer, and Conrad Malte-Brun, possibly following on the Linnaen extension of nosologies to disease carried out by Sauvages, extended

Humbolt's taxonomic method to the domain of disease. According to Malte-Brun, "*iatro-geographie*" encompassed "all the applications of geography to medicine: it is not only the science and distribution of diseases or geographical nosology, because [geographical nosology] only constitutes a part of it...[A]ll geographical notions which concern human existence, his health, his illness, belong to *iatro-geographie*." (Osborne, p. 51). The imperative was quickly taken up by naval healers who had already been recording their observations from various colonial outposts in the mandatory *Journal fin du campagne*, for a century (Osborne, p. 54).

Humbolt's influence on French race-thinking should not be understated; his work draws an epistemic link to the Spanish colonial practices discussed in the previous chapter. During extensive travels in Latin America, Humbolt devised a theory of taxonomy influenced by Creole botanists of the 18th century Spanish empire who had begun to conceive human populations in their particularity as the determinate product of their geographic and climatic conditioning. Building on Cameralism, Spain's imperial botanists developed commercial networks of plant exchange, and debated extensively the possibility of *acclimatization*, and the influence of geographic factors on plant life. Humbolt's innovation, based on his own extensive work in the imperial gardens, was to formalize the extension of these questions—the influence of climatic (temperature, altitude, air pressure, humidity, electricity) and topographic influences—to animal life. Musing on the "very analogous" nature of plant and animal life, and the "irritability of their fibers and the stimuli that excite them", Humbolt's *Essay on the Geography of Plants* (1799) outlined a theory of the living organism that surpassed those of Buffon and Cuvier, insofar as it concerned precisely the spatial processes involved in fashioning organic difference:

In the lands near the equator, man is too weak to tame a vegetation that hides the ground from view and leaves only the ocean and the rivers to be free. There nature demonstrates its savage and majestic character that render impossible all efforts of cultivation... These results comprise in one view the climate and its influence on organized beings, the aspect of the country, varied according to the nature of the soil and its vegetable covering, the direction of the mountains and rivers which separate races of men as well as tribes of plants; and finally, the modifications observable in the condition of people living in different latitudes, and in circumstances more or less favorable to the development of their faculties (Nemser, 2017 p. 159).

The reasoning of racial determinists like Orgeas, then, followed from the already familiar reasonings of colonial botany, and in turn the deepest recesses of naval medicine: the human races, like plants, are creatures of locale, and will either die, or adapt via ‘saltation’ to inhospitable geographies. Orgeas, alongside more thinkers of a more ‘pluralist’ orientation, drew on sources available to them from various points in the history of French medicine—most of which placed great emphasis on the interplay of climate and constitution. Still, it is unclear why Orgeas and others should have appealed to the relatively dated science of climate in their oppositions to cosmopolitan reasoning. Why, following the appearance of a scientific racism with its claims to racial realism vis a vis biology, would these naval physicians revert to the science of medical geography in their appeals against miscegenation? Why, furthermore, do they resurrect an understanding of disease that positions race—though only in relation to geography—so centrally, given the very relative importance race had in fact enjoyed in the early decades of

the 19th century? It seems likely that the rise, or resurgence of non-cosmopolitanism in France, had to do not only also with the establishment of racism as a ‘hard-science’, but also with the rise of scientific tendencies that offered increasing challenges to medical classifications of race. By the 1880’s, questions of immunity had assumed new emphasis. Pasteur had gained some influence, and the efficacy of hygienic approaches for combating previously endemic diseases had gained considerable ground. Visible in *La pathologie des races humaines et le problème de la colonisation*, as in *Contribution a l’étude du non-cosmopolitisme de l’homme* (1885) published just one year earlier, are Orgeas’ apparent concerns with a burgeoning French discourse advocating ‘scientific colonization’, including intermarriage with natives, as a means of garnering Creole immunity to tropical diseases. This view, advanced especially by Arthur Bordier and Paul Topinard, sought physiological solutions to the problem of disease (Osborne p. 112). Bordier’s *La Colonisation scientifique et les colors francaises*, was published just one year before Orgeas’ *Contribution*, the first of his statistical attacks on cosmopolitanism.

The idea of inoculating colonial representatives with native blood had been in circulation for some time in France by the time it was taken up by Bordier. S. P. Desmarts’ 1959 publication, *Quelques mots sur le prophylaxis*, made appeals for the inoculation with native blood as a means of more effective colonization. Such proposals were met with horror by Anglophone and other proto-eugenics circles in proximity to colonial medicine. James Hunt, and William Ripley would both take up the suggestion, Ripley writing that “a cross between races is too often apt to be a weakling, sharing in the pathological predispositions of each of its parent stocks, while enjoying but imperfectly each of their several immunities (Anderson, 1996).” Bordier in France would later soften his position, proposing inoculations with African blood to

protect from Yellow fever, and Ashmead in Britain would propose Japanese blood as at the solution to Scarlet fever; the blood transfusion approach might be seen as a racial precursor to immunization approaches later taken up by Koch, Ehrlich, and Virchow in the German scene.

So-called scientific colonization did not only pertain to questions of *metissage*—it advocated other “rational” measures, including quinine, vaccination and the integration of laboratory methods, in a vision of future imperial expansion as benevolent. Pierre Achalme in a Bourdeaux lecture titled, “The Role of the Biological Sciences in Colonization”, argued that in imperial history, it was medicine and reason—not weapons—that won the French authority. Whenever the European has been allowed to treat colonized peoples, “the superiority of the white was immediately admitted there...the physician in the native home is the collaboration of races, the peace and prosperity of the colonies(Anderson, 116).”

Despite late-century differences on the point of acclimatization, 19th century naval officers all largely framed disease in Lamarckian terms. Before the hegemony of germ- and preceding zymotic- theories of disease, tropical ailments were seen as being highly individualized. Brought into contact with either miasmatic poisons and filth, or inhospitable climates, the human constitution, rendered weak or strong by conduct and temperamental traits, would either prove resistant or be compromised. Even for racialists like Orgeas, these concerns were often viewed as a matter of degree. Constitutions could be altered—rendered more or less resistant by factors like alcohol consumption, excessive sexual engagement, diet, or education—and passed on by heredity. Race was a malleable factor in the determination of the individual, albeit one more or less determinately tied to geography. Alongside constitutions, temperaments, and modes of conduct, it was just one determinant of one’s relative susceptibility or immunity to

disease. It is for these reasons that although Del Valle Atilas devotes his book to the manifold ways in which the Jíbaro, or “white peasant” is seen to be endemically ill, he is able to paint an optimistic picture for Puerto Rico’s hereditary and hygienic regeneration: “Inspired by the ideas of Montesquieu and many other illustrious sages,” Del Valle Atilas writes, “we accept [climate] not only as a determining principle of organic qualities, but of morality itself.” Nonetheless, the objective condition of the Jíbaro’s poverty as a determining factor cannot be ignored. “Without denying the influence of climate on man...we regard it as a medium. Viewed in this way we ask, is it possible to change the Jíbaro’s mode of being? Yes; and whatever means are effective for him, can be equally applied to the other races (Del Valle Atilas, p. 145).”

Orgeas’ views on race speak not to the marginalization of cosmopolitan views, but to their overwhelming sway in French medicine. Medical humanists like Jean-Baptiste Fonssagrives, a figure much more central to the scene of French naval medicine, would draw on the Anthropology of Armand de Quatrefages de Breau—a critic of Broca, who Del Valle Atilas also cites—to assert the shared “fundamental nature” of man. Fonssagrives regarded diseases as common to all races (Osborne, p. 80). For Fonssagrives, as for other pluralist thinkers, the question of race was one to be posed in terms of malleable *differences* in conduct, rather than firm geographic determinations. Neither was an early 19th century understanding of race limited to the relations of colonial power, or even skin color. Just as Del Valle Atilas unflinchingly makes distinctions between his own European constitution and that of the Jíbaro, in racial terms, French Naval hygienists took practical interest in the various “racial” makeups of France, as with the racial makeups of naval servicemen. Of those from Provence, Fonssagrives writes, “Their character, their habits, their naval aptitudes, contrast in a most stricken manner with those of the

Bretons...To the taciturn nature of Breton sailors, their indifference to all that is not of their country useful to them, their disciplined habits, their sturdiness at sea, their uncleanliness, their intemperance...These are, in reality, two different races of men; only their shared heroism and courage in the moment of battle reveals their common nationality(Osborne p. 88).” Racial difference in a French Naval context was thus not preoccupied with simple questions of imperial power; nor was it confined to distinctions drawn within or between borders, as Foucault would have it. Instead it was fashioned as a malleable designation for populations with distinct aptitudes and habits that qualified each to certain kinds of duties, defined on an administrative basis. These differences were ‘natural’ only insofar as they expressed an essential relationship with geographic conditions. Thus, as a concept pertaining to population and the ultimate geographic determination of the human, “race” took a somewhat functional view, which nonetheless maintained the pastoral and administrative authority of Europeans. Martin Straum notes:

With Bichat, variability in organic disposition became a signal that no one person would excel in all capacities. The only answer for a productive society, therefore, was specialization, in which the naturally talented would rise to the top. On a world scale, Europeans would be the global brains, at the head of economic development, while other peoples might attain guidance to climb the ladder of being or advance through several stages of development. In a harsher view, however, some would always remain uncivilizable (Osborne p. 78).

In a similar manner Humbolt’s taxonomy advanced the cosmopolitan potentiality of Europe. As Daniel Nemser (2017) has suggested, Humbolt’s writing established an implicit

functional distinction between european and non-european persons along the lines of their proximity to plant and animal life— or in the words of Ferreira da Silva, their *affectability* (Ferreira da Silva, 2007; Mbembe, 2016). Where non-white populations were seen in the same domestic modality as plants and animals, europeans viewed themselves as unconstrained, their enunciations of reason, universal (see Mignolo, 2012; Spivak, 1999). Compared to Humbolt's writing on the geographic relativity of plant and human life, his characterizations of European cosmopolitanism and consumption

The frail plants that people, out of love of science or refined luxury, grow in their hothouses are mere shadows of the majestic equinoctial plants; many of these shapes will remain forever unknown to the Europeans...In Europe, a man isolated on an arid coast can enjoy in thought the picture of faraway regions: if his soul is sensitive to the works of art, if he is educated enough in spirit to embrace the broad concepts of general physics, he can, in his utter solitude and without leaving his home, appropriate everything that the intrepid naturalist has discovered in the heavens and the oceans, in the subterranean grottos, or on the highest icy peaks. This is how enlightenment and civilization have the greatest impact on our individual happiness, by allowing us to live in the past as well as the present, by bringing to us everything produced by nature in its various climates, and by allowing us to communicate with all the peoples of the earth. Sustained by previous discoveries, we can go forth into the future, and by foreseeing the consequences of phenomena, we can understand once and for all the laws to which nature subjected itself. In the midst of this research, we can

achieve an intellectual pleasure, a more freedom that fortifies us against the blows of fate and which no external power can ever teach. (Nemser, 2017, p. 161)

Despite not yet offering a cohesive etiological paradigm for sickness, French Naval hygienists of the early 19th century emphasized the individual constitution as the locus of disease; while constrained by heredity, immunity could be cultivated, and was dependent in the final count on questions of ‘conduct’ and social conditions. The difference between pluralist and racialist positions on race was still not a question of social conservatism, as much as one of emphasis. An affirmative response to the question of acclimatization still maintained the paternalistic sense that ultimately only Europe was capable of self-mastery, to the degree that other races—plant-like—were tied to their localities and climatic conditions. Fonssagrives’ emphases on conduct, likewise, were not exactly progressive, but instead maintained a relationship between disease and civilization, which at some level expressed improper, or at least anachronistic, conduct on the part of colonial populations.

“Resting simultaneously on morality and well-being, hygiene borrows from [the former] the moderation which renders it effective, from the other, the material resources which render its possibility, and in identifying with civilization itself, [hygiene] cannot remain indifferent to any of the social problems posed to it daily, to any of the tribulations which retard it or drive it forward, to any of the dangers which threaten it...hygiene is a sufficiently exact measure of the civilization from which it issues (Osborne, 2014, p. 64).”

Particularly for the colonized and enslaved, the role of conduct, diet, and education was a stable reference point. These factors, however, also took on racial meaning (in the modern sense) to the extent that “civilization” was invoked in terms of European history— a development from savagery understood as culminating in Europe. Building on an enlightenment vision of history proposed by Kant (*Idea for a Universal History with a Cosmopolitan Purpose*), Hegel structured his lectures on the philosophy of history (1820) around a progression from barbarism, through oriental and greek civilization, culminating in enlightenment Europe. This progressive understanding of civilization was echoed by early Anthropologists like Edward B. Tylor (another of Del Valle Atilas references) and Lucien Levy-Bruhl, and had a great deal of explanatory power in early pluralist milieus of hygienic practice. Of malaria, writes one physician, “no race is exempt but the rapidity of progression, its extent, and its depth of some disorders are, for different races, in direct relation to... the distressing hygienic conditions that their social state induces (Osborne, 2014, p. 82).” Périer would likewise describe—in terms almost identical to those of Hegel—how the old empires of the “orient,” having fallen into decay, yield a, “weakening of ‘human industry’ to combat disease. “ Diseases prosper or falter, “according to the retrograde or progressive development of civilization (Osborne, 2014, p. 91).” The writings of Jules Arnould, who Del Valles Atilas also cites—albeit somewhat selectively—express a middle ground between such a progressive civilizational understanding, and the climatic and racial determinisms of Orgeas and Corré (Arnould, 1889).

If disease in the 17th and 18th century was largely a question of meteorological conditions, milieus and climates, it had by the 19th turned progressively to the individual body for answers. Still, the distinctions of ‘race’, ‘constitution’, ‘civilization’, and ‘hygiene’ were

drawn along still quite nebulous lines; each of these categories was viewed as being in some way organized by geography. For Del Valles Atilas' references— Fonssagrives, and Arnould— the education of 'habits' and 'self-control', especially in youth, were the basis of hygienic civilization (Del Valles Atilas, p. 74). Del Valle Atilas' apparent wavering between racial, climatic, and other (sanitary, dietetic, temperamental) factors in his own account of degeneration is indeed largely reflective of the neo-Lamarckian understandings dominant in French Naval medicine of the time. Following extensive French and Spanish imperial discourses on the dietetic, hygienic, and civilizational causes of 'racial' sickness, Del Valle Atilas is able to assert the rootedness of the Jíbaro's condition in not only climatic problems, but cultural ones. Accordingly he resolves, in terms reminiscent of the great 19th century imperial discourses on childhood sexuality (Foucault, 1976; Stoler, 1995), that the child —and especially childhood education—must be understood as the proper locus of Puerto Rico's regeneration. While one cannot expect the adult Jíbaro to learn, he says, quoting Fonssagrives, "the child, [like] marble, is formed between ones hands, to emerge a living statue, beautiful in form, harmonious in proportion, in whom all conditions are in place for vigor and longevity (Del Valle Atilas, 1886, p. 81)."

Chapter Two

Medicine is a power-knowledge that can be applied to both the body and the population, both the organism and biological processes, and it will therefore have both disciplinary effects and regulatory effects.

The Vital and the Ontological

Despite the increasing centrality of the individual in medicine—a concern which Foucault links to physiology’s predecessors, especially Xavier Bichat—European hygienists by the mid century were still debating whether disease was amenable at all to causal explanation. Professor of hygiene at the Paris Faculty of Medicine, Apollinaire Bouchardat, regarded French hygiene as a dated science, lagging behind laboratory findings by at least twenty-five years. Calling for the introduction of modern methods of inquiry to hygiene, including surgical methods and microscopy, Bouchardat proposed a hygienic science capable of identifying the exact sources of disease in “ferments,” specific miasms, and animal poisons (Osborne, 2014, p. 73). In British India, the question of locality emerged around this time, and proponents pushed for ecological measures against the practice of quarantines and sanitary cordons (Harrison, 1996). A neo-Hippocratic turn in French medicine—embodied in the writing of Emile Littré—also gave force to ‘hygiene’ against ‘curative medicine’ as a “modern science of the milieu.” Hippocratic philosophy, for Littré, consisted “in the idea ...of the living body, which...exists by its relations, and must be studied in relation to other things (Osborne, 1996).”

At the same time “neo-vitalists” like Fonssagrives, insisted on the “variable and ultimately indefinable nature of illness (Osborne, p. 73).” Fonssagrives was well aware of a burgeoning materialist tendency in hygiene. In the mid-century, he had participated in a high-profile debate with Amedee Lefevre over the the cause of “dry colic.” Fonssagrives’ view, which was dominant for some time, held that the fever was an individualized “nervous” response to terrestrial, climatic conditions, or “miasmatic poisons.” His appeal to race as its regulative constitutional principle was disproved by Lefevre, who demonstrated dry colic to be a form of lead poisoning. Fonssagrives would maintain his ‘constitutional’ and anti-materialist leanings

until retirement. In one of his final lectures at Montpellier—renouncing Bichat’s “federated” account of the role of tissues in disease, and expressing suspicions about Claude Bernard’s physiology—Fonssagrives argued for a hygiene that “habitually commands the renunciation of things which undermine health [and] caress the passions (Osborne, p. 72).” Apart from Fonssagrives’ enduring concerns with Bichat, and materialist medicine in general, the vitalist strain in 19th century French physiology drew on similar premises to the ‘constitutional’ one prevalent in French hygiene during the first half of the 19th century. The relationship is perhaps best illustrated by Broussais’ insistence on reviving bloodletting at the end of his career.

Referencing the writings of Thomas Sydenham and Montesquieu, naval physicians frequently asserted disease in the final instance as a question of individual immunity, conduct, and resistance to injurious influence, including climate, and prescribed in humoral terms, changes to diet, exercise, and “control of the passions.” British ‘chill theory’, which endured well into the 1880’s, asserted similarly that “it [is]not the extremes of heat and humidity that were important, but the degree of variation and rates of change on the individual physiology (Worboys, 1996).”

While each operated in its own distinct domain, the emergent physiological understanding—pertaining mainly to questions of anatomical pathology, and exemplified by thinkers like Broussais and Claude Bernard— and the Naval pluralist one—its primary concern with fevers, and the climatic and constitutional variations that could account for them — shared an assumption that disease is ultimately a matter of individual immunity and its adjustment to factors both nervous and natural. Disease concerns the individual, and not some autonomous nature beyond it. Just as ‘constitutional’ explanations unite the individual and environment through the common language of variations in intensity, “define[d] by displacements of accent,

unexpected groups of signs, phenomena of a more intense or weaker kind (Foucault, 1963, p. 22),” anatomo-physiology would fashion disease as a matter of “irritations,” such that “all diseases acknowledged as such are only symptoms” of “disturbances of vital functions,” positions on a spectrum of normal to pathological. Thus “Broussais’ principle,” dictates that all disease can be ultimately characterized as “the effect of simple changes in intensity (Canguilhem, 1966, p. 47);” likewise, Claude Bernard, working decades after Broussais, would base his method in the need for characterizing all diseases in terms of physiology: “By studying anatomy and the classification of living beings, we hope to clarify the mechanism of functions; by studying physiology, to come to know how organs can be changed and within what limits functions deviate from the normal (Canguilhem, p. 66).” Going further than Broussais, Bernard propose the vital identity of chemical products with those of “living” matter (Canguilhem, p. 73).

If Xavier Bichat should be regarded as the father of 19th century physiology, the ‘vitalism’ presented by his morbid anatomy is not of the same ‘monistic’ order as the physiological vitalism of Bernard or Broussais’. Bichat’s innovation was not to assert the organic basis of *all* disease: for him certain diseases endured as inorganic. Rather, he was the first (or among the first ⁶) to propose locating in the body diseases previously nosologized only in relation to recurring symptomatology or ‘signs’. By projecting an endemic understanding of disease into the space of the body, Bichat, by Foucault’s reckoning, ‘opened up’ new possibilities for conceptualizing, nosologizing, and diagnosing disease as an independent continuous reality, and also gave truck to thinking disease as a form of life. For these forbears of 19th century physiology —Bichat, Laennec, and Bayle— however, knowledge of organic

⁶ see Keel, 1999

disease required a thorough characterization of human physiology that could only be achieved by localizing the seat of the disease vis a vis tissue lesions, leaving outside its purview the ‘vital’ diseases—neuroses and ‘essential fevers’—which would certainly have included malarial and yellow fevers, venereal diseases, and the colics of naval medicine. As ‘essential diseases’, the afflictions of the tropics were imagined in nebulous terms, even relative to the neuroses. While Pinel reasserted the sign of as a condition for nosology, he still drew a hard distinction between organic and nervous illnesses on the one hand, and ‘essential’ fevers on the other. According to Pinel, the occurrence of fevers is “probably due to humidity, uncleanness, visits to hospitals, prisons, and amphitheatres, to bad food, and to the abuse of the venereal pleasures (Foucault, 1963, p. 182).” In fact, Foucault imputes the development of physiology to Broussais—by way of Pinel—incorporating essential fevers into physiological considerations. Through exposure to the medical milieus and fevers of the colonies, during his time as a military physician, Broussais extended Pinel’s concerns about the organic nature of disease to ‘essential’ fevers, leading him to revive the Brunonian position that disease is in all cases a question of variations in intensity—or in Brown’s terms, ‘sthenic’ or ‘asthenic’ excitability in the organism (Foucault, 1963, pgs. 176-184; Maulitz, pgs. 17-18). “There are no more either essential disease or essences of diseases...(quoting Broussais)[essential fever] is no more than an acceleration in the flow of blood..accompanied by an increase of calorification and a lesion of the principal functions. This state of the *economy* is always dependent on a local irritation (my emphasis; Broussais quoted in Foucault, 1963, p. 189).” Broussais’ characterizations of disease as a question of regulation, order, and economy, in the end, are not compatible with Fonssagrives’ vitalist assertions insofar as they still concern functional relationships and the space of the body; the basis for Broussais’

rejection of medical ontology, however, is also that of Fonssagrives. For both, disease is of the person.

For Foucault, this pathological turn is of great significance: combined with Pinel and Broussais' developments, it marks the moment at which truth loses its (Cartesian) transparency, and assumes an ontological dimension beyond visibility, an invisible *spatiality* within the envelope of reason. This moment has theoretical implications that extend far beyond the domain of medical history, and provide epistemological grounds for the emergence of 'the individual'—a category Foucault develops further in his work on disciplinary regimes. Its result is a medicine which no longer struggles with questions of miasmatic vs. endemic orders of causality, but that can speak with *rational authority* on both the 'organic' and 'nervous' origins of disease. More importantly, it is to Bichat's insistence on this material identity of the organic and inorganic, that Foucault attributes the discursive importance assumed by 'degeneration' in the 19th century. Degeneration becomes a means—by turns medical and social—of articulating a positive, living, dimension of pathology. Foucault writes:

Degeneration lies at the very principle of life, the necessity of death that is indisociably bound up with life, and the most general possibility of disease. A concept whose structural link with the anatomo-pathological method now appears in all its clarity. In anatomical perception, death was the point of view from the height of which disease opened up onto truth; the life/disease/death trinity was articulated in a triangle whose summit culminated in death; perception could grasp life and disease in a single unity only insofar as it invested death in its own

gaze. And now the same configuration can be seen in perceived structures, but in an inverted mirror image: life with its real duration and disease as a possibility of deviation find their origin in the deeply buried point of death; it commands their existence from below. Death, which, in the anatomical gaze, spoke retroactively the truth of disease, makes possible its real form by anticipation (Foucault, 1963, p. 158).

If Bichat's developments were the foundation for Broussais' physiological account of disease, they were also the basis for a more forceful etiological paradigm medicine in the 19th century. Degeneration was concerned—prior to being taken up as a racially inflected idea—with an anatomo-pathological, and fundamentally vitalist image of functional disorder. In its vitalism degeneration establishes the *threat* of morbid powers as immanent to the machinations of life. Insofar as degeneration localizes disease as a modality of human body, it gives it the form of an 'internal enemy.' The tension in 19th century physiology surrounding the ontology of disease is mobilized around such intimate externality of disease, and is the presiding concern not only of much of Foucault's work, but that of his mentor's classic text *The Normal and the Pathological*. Even in the positivist conceptions of health, in which disease is quantitatively derived from the normal state “rather than its qualitative opposite (Canguilhem, 1966, p. 171),” disease still takes the form of morbidity.

Importantly, degeneration did not only forge the path for vitalistic and physiological conceptions of disease; it was the epistemic foundation on which a rudimentary ontological conception of disease was founded as well. Classifying the sources of germ-theory in British

medicine, Michael Worboys writes, “The most developed thinking on this topic was that of the German chemist Justus von Liebig. Zymotic theory was rooted in Liebig’s ideas of decomposition and degeneration, where disease was seen as ‘a spreading internal rot, that ..came from an external rot, and ..could be transferred to others’. The agent responsible was assumed to be a chemical and was referred to as a ‘zyme.’ (Worboys, 2000, p. 34)” (for an alternative account of pathology rooted in ‘parasitism’, see Hess’s essay in Prüll and Woodward, 1998). Liebig’s “zyme” theory mapped an 18th and early 19th century conception of “poisons” onto physiological conceptions of degeneration. In the scientific milieu leading up to microbial and parasitic accounts of disease, “poisons” were ontologically identical with disease-agents. Specific disease ‘species’, whether miasmatic, contagious, dietetic, or parasitic, were nosological qualifications for the poisonous element whose provenance was understood as external to the body itself. Smallpox particles, when not referred to as ‘fomites’ were spoken of as viruses (the latin word for poison), or ‘poisons’, while other ‘septic poisons’, ‘dietetic poisons’, ‘chemical poisons’, ‘vegetable poisons’, and ‘animal poisons’ were readily identified as the ‘stuff’ of miasmatic disease (Worboys, 2000, p. 35). In Liebig’s theory, the ‘zyme’ was a vestige not only of the poisons of miasmas, but of a long tradition of physiological experimentation with poisonous agents, including opium, that extends to the 18th century (Kichigina, 2009). Liebig’s great innovation, however, was not the determinate passage from physiological to ontological conceptions of disease, but a still fuzzy assertion of the material identity of disease-agents and bodily constitutions. In fact the theory gained influence in great part through its vitalistic assertions. By Pasteur’s retrospective account, Bernard’s own vitalism merely, “reinforced the physiological impulse given organic chemistry by the works of Dumas and Liebig, insofar as it

denied of any substantive antithesis between the organic and mineral (Pasteur, quoted in Canguilhem, 1966, p. 73).”⁷ The zymotic view was thus haunted by the same constitutional concerns yielded by a vitalistic understanding. As Michael Worboys writes, “[T]he notion that zymotic diseases struck ‘susceptible individuals’ was very important and gave meaning to the social, gender and ethnic patterns of disease incidence. While state medicine enacted laws and established agencies to remove nuisances, supply clean water, build sewage systems, reduce air pollution, drain and pave streets, prevent food adulteration and vaccinate children, it also promoted healthy, sober living. Hamlin has pointed to the moral dimension of pathogenic and zymotic theories where ‘the pure was corrupted by contact with impurity’. This was seen in the fact that the distribution and effects of disease-poisons were neither random nor determinant. They produced their worst effects in bodies weakened and vulnerable due to inheritance, ignorance, indifference, neglect and abuse of the laws of health and cleanliness. Over and above filth and overcrowding, these factors explained the higher incidence of zymotic diseases amongst the poor, the feckless, the dissolute, drunks, migrants and minorities, who were collectively and symbolically known as the ‘Great Unwashed’ (Worboys, 2000, p. 41).”

Compiling “Race”

Against the emergence of more explicit forms of race-thinking at the end of the 20th century, the medical authority of hard racialists and ‘noncosmopolitan’ writers like Orgeas and Béranger-Féraud on the question of racial and climatic determinism had dwindled by the turn of

⁷ Despite Broussais’ aversion to ontology, it was his claim (against Laennec) that tuberculosis lesions are secondary, that inspired Virchow to seek the tubercule (Worboys, 2000, 197).

the century. This was due in great part to the growing influence of Pasteur, Robert Koch, and the progressive discovery of various microbes for tropical diseases. The figure of Rafael Blanchard—France’s answer to Patrick Manson—illustrates this turn. As a young Anthropologist, Blanchard had written on race in deterministic terms. He engaged with Cuvierian autopsies and botanical models of racial nosology, and asserted that the “Bushman people” occupied the bottom rung of civilization (Osborne, 2012, pg. 198). With the advent of Pasteurism, however, amidst institutional reforms in Paris’ Faculty of Medicine which progressively phased out zoology and botany, Blanchard would take increasing interest in etiological explanations of disease. By the 1890’s, Blanchard was a wholehearted devotee of parasitology, which issued, in his words, “a frontal attack on the most recalcitrant questions of hygiene and pathology (Osborne, 2012, pg. 209).” Against Corré, Blanchard would even come to advocate for miscegenation in Madagascar (204). In his gradual rejection of racist disease explanations, Blanchard was not alone. Albert Calmette, a protégé of Corré would embrace Pasteurian medicine, later becoming the assistant director of the Institut Pasteur in Paris (Osborne, pg. 105). Ultimately, even Beranger-Feraud had to concede that race could only partially explain immunity to diseases like yellow fever (pg. 93). His substitution by Bernard Cueno as inspector general of medicine—in all Cueno’s engagements with bacteriology and parasitology—is likewise reflective of this more general turn in French hygienic thought (pg. 145).

The course of the 20th century had indeed witnessed a growing rift between a vitalist conception turned physiological, and an ever more discerning zymotic, or miasmatic picture, culminating in the etiological reasoning of Pasteur's germ-theory and Blanchard's Parasitology

(Osborne, pg. 209). With the discovery of the microbe, which fashioned disease as an ontological factor, debates that had been central to 19th century medical writing—the racial, epidemic, or endemic nature of tropical fevers were rendered increasingly heterodox. The constitutional image—a vestige of a physiology in crisis, and ‘degeneration’ more generally—likewise seemed to be phased out. Accounts of disease as ‘civilizational’, related to improper conduct, or inadequate ‘control of the passions’, were likewise tempered, having relied on a miasmatic understanding, now qualified by biology. “It was previously thought,” Blanchard would write, “that Madagascar was the tomb of Europeans: until quite recently, it was thought that climatic conditions were unique in supporting this uncleanness.” Now, however, the true source of Malaria had been revealed as “always and uniquely an insect bite (Osborne, pg. 204).” In spite of these trends in medicine, the course of the century spanning the mid-19th to mid-20th did not bear witness to the death of constitutional and racial thinking, but to a gradual intensification of racist discourse—often couched in the terminology of hygiene. Such discourse was not only prevalent in the more explicitly racial science of eugenics, but also in the more mundane milieus of criminology and tropical medicine. Though the genealogy of race proffered by Foucault would seem to imply the primacy of degeneration, as the scientific reference point for the proto-race discourses (Foucault, 1976), it is striking how often thinkers of degeneration and eugenics mobilized emergent concepts of hygiene in their writing. These concepts, furthermore, were linked primarily to concerns about civilized conduct, self-control—the same categories of civility that designated emphasis on constitution in colonial medicine. The 19th century writings of Lombroso, for example, imagined crime as foremost a symptom of biological degeneracy, but one amplified considerably by hygienic conditions (Pick, pg. 60,). As early devotees of social

medicine, both Lombroso, the purported founder of “Criminal Anthropology,” and his French counterpart, Morel, stressed the urgent need for hygienic measures—including specific measures for circulation, such as drainage— education, and hospitals to combat the rising tide of degeneration represented by uncivilized masses in an abstract national ‘South’ and rural populations of their respective nationalities (Pick pgs. 113-114). Practically all writers of criminal Anthropology spoke of the ‘racial’ degeneration brought about by alcohol consumption—a point that Del Valle Atilas makes as well.

Germ-theory would also serve as a frame for expressions of the perceived scourge of inborn criminality as self-proliferating, and threatening the demise of society. One can compare the expression of Lacassagne: “the social milieu is the cultural broth of criminality; the microbe is the criminal, an element that gains significance only at the moment it finds the broth that makes it ferment,” —to that of Lombroso—“born criminals and habitual criminals are not only dangerous in themselves, but also because they can easily propagate an epidemic of imitation amongst the masses (Pick pg. 141).” “The degeneration of the race,” to borrow the title of an 1860’s *Lancet* article (Pick, pg. 190), was a topic that in its nature signaled hygiene— or regimes of security—and paradoxically, spoke to the same threats of conduct previously deemed threats to the constitution: diet, sexual behavior, alcoholism, etc. In Britain, paradoxically, discourses and legislations surrounding “habitual criminals’ did not predate the rise of hygiene; they emerged at the close of the very decade in which the zymotic, epidemic nature of disease was beginning to take hold. As British medical men fought to have the infamous Contagious Disease Acts extended beyond garrison towns to control Syphilis (Worboys, 2000, pg. 37), Britain’s liberal government passed a ‘Habitual Criminals Bill’—a bill which, Radzinowicz and Hood

observe, would have been “quite unacceptable,” just a decade earlier (Radzinowicz & Hood, 1980; Pick, pg. 182).

An initially unstable biological bases for a distinction between “accidental” and “habitual” criminality would solidify as the century progressed. By the early 20th century, Europe —especially the Anglo world. Despite the influence of Darwin— whose authority, along with Mendelian claims were slow to take hold in both France and Latin America— social and Psychiatric discourses of degeneration and eugenics still drew heavily from a neo-Lamarckian version of heredity that would endure well into the 20th century. The scientific milieu surrounding Galton was exemplary of this understanding, but nearly all eugenics and many more mainstream criminological sources invoked “racial poisons,” “germ-plasms,” and “hygienic” or “sanitary” sciences to support their claims. By way of theories like Auguste Forel’s “blastophthoria,” a Lamarckian understanding of poor conduct as biologically transmissible, quickly spread throughout Europe, Russia, and Latin America (Adams, 1990; Stepan, 2015). As in the early 19th century, children occupied a privileged position in proposed efforts to regenerate populations, and eugenic theories of child-rearing like “puericulture” were mapped onto the hereditary domain as “homiculture,” to great success in Latin America and Cuba (Amador, 2015; Bronfman, 2005).

“Racial poison” was a particularly effective conceptual vehicle in eugenics for asserting the continued existence of threats traditionally thought of as ‘constitutional’. Its diasporic power is also striking. The concept shaped discourses on nationality throughout Latin America, the Caribbean, Eastern Europe and of course North America. In its specificity, the term was used to denote agents understood as both infectious, and degenerative, or in the words of Eugenics

student, “supplanting of hereditary normality” (Stepan, p. 84). In other words, “racial poison” encompassed disease-agents thought of as expressing both epidemic/ontological characteristics, and a physiological /endemic ones. Accordingly, the term described, in addition to well-characterized venereal diseases like syphilis—recognized for both its infectious and degenerative capacities— drugs like alcohol, nicotine, morphine, and other “germs” thought to proliferate in milieus of urban decay. The term also carries important colonial valences that should be noted. In recent work, David Arnold (2016) has drawn attention to fears of poisoning registered by colonial administrators in early 19th century British India. Such fears, Arnold shows — which would influence popular discourses on criminal poisoning in Victorian England (Burney, 2006)—were relatively ubiquitous in colonial Britain. Taking into account plantations of the Caribbean and early America, slave poisoning was a fairly ubiquitous concern at least as early as the 1720’s. Though these fears did not include alcohol, nicotine, or other substances thought to be characteristic of urban decadence, they certainly did include opium, as well as other exotic, or ‘subaltern’ substances understood as essentially foreign. The fact that miasmatic ‘poisons’ could have been readily mistaken for ‘poisons’ in the sense familiar to us underscores the possibility that such colonial dynamics are likely to have been present in the cognition of not only early zymotic theories of disease, but also 18th century medical characterizations of race (Hall, 1989 p. 224; Maxwell, 2000; ; Morgan, 1998, p. 612-619 Pope, 2017; Savage, 2007)

Traditionally colonial concerns surrounding conduct, constitution, and race were not only taken up in the racially deterministic milieus of eugenics; they were also quite persistent from the end of the 19th through the first half of the twentieth, in a very different, perhaps ‘softer’ inflection, centered around the Anglo- and new American colonial enterprise. As David Arnold

documents, British applications of state medicine in India were infused with assumptions about European health reminiscent of the constitutional ‘chill theory’ well into the 20th century.

Despite the hegemony of Mansonian Tropical Medicine and microbial conceptions of disease in British medicine, associations of venereal disease and enteric fever held strong associations with ‘filth’ (Arnold, 1993, p. 89). Likewise, questions of diet and temperance held considerable sway in disease explanations (Arnold, 1993, pgs. 80-83). British colonial physicians drew distinctions between the different native populations of India reminiscent of those outlined by Fonssagrives, attributing distinct physiologies to dietary and social practice. One doctor would describe the prisoners of United Provinces as being “on a distinctly higher plane of physical development,” than those in Bengal (Arnold, 1993, p. 113). Likewise American sanitary campaigns in the new American possessions—the Philippines, Guam, Cuba, and Puerto Rico—taken up first by American naval medicine and subsequently under the purview of the Rockefeller Foundation, registered persistent concerns about white degeneration in the tropics. While climatic concerns were transcribed most often in relation to a kind of tropical *ennui* reminiscent of earlier European discourses, a “de-moralizing effect of the Philippines climate” (Anderson, 2006, p. 29), studies on the relative *acclimatization* of blonde vs. brunet naval recruits also sought to assess the effects of climate on “white physiology” (Anderson, 2006, p. 82; Livingstone, 2002 offers a helpful account of moral climatology).

Despite initial interest, American physicians had by the second decade of the 20th century established no enduring physiological effects of climate on white physiology. “By far the larger part of the morbidity and mortality in the Philippines,” resolved Andrew Balfour, “is due to nostalgia, isolation, tedium, venereal disease, alcoholic excess and especially to infections

with various parasites (Anderson, 2006, p. 74).” Thus, the treacherous quality of the Philippines for white (or alternately “European”) constitution would be continually emphasized. In order to ensure survival of the American soldier in the unforgiving milieu of the tropics, “his habits, his work, his food, his clothing must be rationally adjusted to the habitat.” For medical officers, “errors of diet, abuse of alcoholics, chilling after over-heating, especially at night, excessive fatigue, and the use of the heavy cartridge belt” were “powerful disposing factors” to death in the tropics (Anderson, 2006, p. 42). The ideas of naval physicians were not constructed solely through practice, but took cues also from a nascent American science of race. Just as Charles E. Woodruff’s theories on the dangers of “concentrated light” on “blond races,” had informed initial laboratory investigations in the Philippines, Ellsworth Huntington at Yale advanced a “climatic hypothesis of civilization”—the center-point for his “new science of geography.” Echoing the non-cosmopolitan prescriptions of French naval hygiene, Huntington would warn of the neurological effects of the Filipino climate on white children:

Born of neurasthenic parents, they will inherit an organism lacking in nerve force; being forced to live in an enervating climate, their small reserve will be still further drawn upon, and in a generation or two there will result a race with little resemblance to the mother stock, small, puny, weak-minded, in fact a degenerate race which would soon cease to exist if new stock did not continually come from the homeland (Anderson, p. 139).

The character deterioration Huntington described took form, especially, in a “weakness of will,” leading to “lack of industry, an irascible temper, drunkenness and sexual indulgence.” Huntington’s quasi-organic picture of degeneration asserted degeneration as a climatically

influenced “male nervousness,” a slippage of racial and masculine duty which entailed “the lack of exercise of will over habit (Anderson, p. 139).” While Huntington’s writing reflects anxieties surrounding American constitutions, it does not speak to the broader context of US hygienic efforts in the Philippines. In fact, constitutional and civilizational explanations of the state of the Philippines mixed etiological-sanitary epistemologies with constitutional ones. The general project of civilizing the Philippines rested on the assumption that the perceived illness endemic to Filipino society and constitution were effects of hygiene, not heredity, and were therefore tractable. Nevertheless, the resistances faced by American colonizers in their efforts to sanitize were a constant affirmation of constitutional, climatic, and racial assumptions, which would hold sway in medical discourses well into the 1930’s. The Philippines—and by extension all of America’s possessions—along with their inhabitants, were thereby thematized early on as a space of “incurable habits (Anderson, p. 96).”

The United States’ military aspiration of civilizing the Philippines (or to use the conspicuously hygienic language of Roosevelt, “infect[ing] filipinos with the fever of progress”(Anderson, 2006, p. 56)), carries very different emphasis with regards to race and hygiene, than do early 20th century eugenics. While eugenics sought to eke out perceived social and hereditary dangers in the service of a “hygienic” state, American imperialism aimed to develop the world in its own image, cultivating “the triumph of civilization over forces which stand for the black chaos of savagery and barbarism (Roosevelt, quoted in Anderson, 2006, p. 53).” America viewed itself as inheritor of a historical legacy stretching back to Kant, in the

same terms that humanist naval physicians of the 19th century had⁸. Still, it is important not to overstate these differences. The Rockefeller Foundation, which largely assumed the task of sanitizing its US' new possessions, comfortably housed both perspectives. As an international funding mechanism for various scientific enterprises, it enabled countless eugenics campaigns in the US and abroad. Among its beneficiaries were devotees of the Nazi program, Harry Laughlin, Charles Davenport, Kathryn Davis, and Ernst Rudin, the leader of German racial hygiene, who received Rockefeller support as late as 1939. While emphases within the Rockefeller Sanitary Commission were of a decidedly more hygienic and sociological orientation, representatives of the Rockefeller Bureau of Social Hygiene inherited the vision of 19th century European criminology and Psychiatry. In this sense, two versions of race-thinking persisted, in spite of the medical developments of the 19th century—both broadly asserting whiteness as a norm. While one insisted on its grounding in biology—against historicism—the other based its authority on a broadly historical vision of global pastoral power, vis a vis its possession of the key to civilization in the form of a sanitary technology of hygiene (see Tomes, 1999; Trujillo-Pagan, 2013).

Despite what was seen in France, both the eugenics model and the paternalistic-civilizing model illustrate how knowledge of germ theory does not negate a constitutional or racial paradigm, but with respect to the social organism, is frequently the medical image that supports it. Though the authors of British and American eugenics and civilizing discourses alike inherited a the legacy of Lombrosian and French thinking about racial superiority, and no doubt extended

⁸ It is in these terms that Hitler, “the great doctor of the German people,” would fashion eugenics as “the final step in the overcoming of historicism and the recognition of purely biological values (Proctor, 1988, p. 63).

medical concepts well beyond their appropriate purview, insistence on the scientific authority of their vision nonetheless hinged on their ability to reconcile these ideas with the medical thinking of the time. Of this two disease were paradigmatic: alcoholism and venereal disease. While venereal diseases were constructed as both physiologically degenerating and founded on a model of contagion, they also demanded “control of the passions,” and could not be eradicated without interventions at the social level. Unlike yellow fever, venereal disease proliferated not in the tropical milieu, but in the social milieu of urban decadence. Its prevention thus hinged on hygienic measures —sometimes regulatory, as in the British Contagious Disease Acts (Mooij, 1998; Worboys, 1996), or institutional, as in Puerto Rico’s prohibition of prostitution and confinement of women implicated on suspicion of venereal disease (Briggs, 2003)— aimed at the the social body. Much like venereal disease, the salutary threat of alcoholism was an aporia left unresolved by etiological explanations of disease. Liver diseases due to alcohol consumption—the second greatest cause of mortality in British India (Arnold, 1993, 81-83)—could only be prevented through a socialization of medicine, a hygienic ‘gospel’, emphasizing self control in terms as much humoral as moral.

If the image of degeneration, which mobilized the tension of intimate pathologies, is the basis of discourses on degeneration, as Foucault suggests it was, it should be understood to do so only in conjunction with a microbial perception of disease, an ‘epidemic logic’ (Singer, 2014). At this point it will be useful to return to Foucault’s discussion of degeneration in the Birth of the Clinic—this time in a more medical modality:

This tisual sickness may be characterized by three indices. It is not simply a decline, nor is it a free deviation; it obeys certain laws: 'Nature is constrained by constant laws in the destruction as in the construction of beings'. Organic legality is not, therefore, simply a precarious, delicate process; it is a reversible structure the stages of which follow a certain definite direction: 'the phenomena of life follow laws, even in their alterations'. A direction indicated by figures whose level of organization becomes weaker and weaker; first, the morphology becomes blurred(irregular ossifications); then intra-organic differentiations occur (cirrhosis, hepatization of the lung); finally, the internal cohesion of the tissue disappears: when it is inflamed, the cellular sheath of the arteries allows itself to be cut like lard, and the tissue of the liver may be pulled away with no effort. *This disorganization may even become auto-destruction*, as in the case of tuberculous degeneration, when the ulceration of the nuclei causes the destruction not only of the parenchyma but of the tubercles themselves. Degeneration is not, therefore, a return to the inorganic; or, rather, it is such a return only insofar as it is infallibly orientated towards death. *The disorganization that characterizes it is not that of the non-organic, it is that of the non-living, of life caught up in the process of self-destruction*: we must call pulmonary phthisis any lesion of the lung which, left to itself, produces a progressive disorganization of that organ as a result of which occur its alteration and, finally, death.

That is why there is a form of degeneration that constantly accompanies life and, throughout its entire duration, defines its confrontation with death: *The idea of the alteration and lesion of parts of our organs by the very fact of their action is one that most authors have not deigned to consider.* *Wear is an ineffaceable temporal dimension of organic activity: it measures the silent work that disorganizes tissues simply by virtue of the fact that they carry out their functions, and that they encounter a host of external agents capable of overpowering their resistance.* (my emphases)

From Foucault's description we can isolate three aspects of degeneration: first, degeneration is marked by a progressive 'disorganization' (governed by natural laws); second, degeneration pits life against itself, in an organic (but non-living) process of auto-destruction; and finally degeneration is something that can be met with 'resistance' by the organism, and that produces 'wear'. The new image of disease, combining a physiological and ontological conception of disease—a logic of contagion with one of endemic 'auto-destruction'—fulfills all of these criteria. It is noteworthy that Foucault mentions tuberculosis, which would be an early example of such a 'social' disease; but also syphilis, on which multiple sclerosis was once understood to be attendant, and HIV, are both expressive of 'social' degeneration—both occupy the position of physiological disease categories thought to be induced by improper social conduct, and a climate of social decay. Both Canguilhem(2012) and Young(2010) have written of the tendency to extend biological metaphors to the state and the state to biology. Claude Bernard spoke of a "social life" of cells. For our purposes it is sufficient to draw attention to Auguste Comte who

explicitly took up Broussais' physiological conception as a model for his sociology. "Progress is the development of order" was the axiom that gave this notion form (Canguilhem, 1966, p. 43)." The medical category of social disease, leveraging a germ-image of disease, provides a 'biological' basis for the extension of degeneration to the social organism. It gives meaning to practical questions about the management of disease, the social 'milieus' in which disease survives, and as such illuminates degeneration as a real, living threat within the social organism. Britain's Contagious Disease Acts are a vivid illustration of the early convergence of germ thinking surrounding venereal diseases, and degeneration and proto-eugenics thinking (Worboys, 1996). The assumed "foreign" provenance of contagious and venereal diseases also extends older climatic assumptions, while mobilizing security as a metaphor.

With regard to physiology—which takes up Lannaec's concepts of 'wear' and 'resistance', highlighted by Foucault, it can be said that both eugenics and the more developmental American social sciences of the early 20th century committed the error of asserting European physiology as a norm. "We definitely think that if the European can serve as a norm, it is only to the extent that his kind of life will be able to pass as normative (Canguilhem, 1966, p. 172)." As Canguilhem shows, the erroneous nature of this assumption was revealed through the slow revelation of the extremely malleable nature of health, and its relationship to "collective technologies" of diet and hygiene—for Canguilhem through the emergence of a science of comparative physiology presented by Quetelet and Sorré. While to Lefrou, "the black's indolence [had] appear[ed] related to his hypoglycemia (Canguilhem, 1966, p. 171)," Sorré gives emphasis to the relativity of this norm. "From the European point of view they are pathological; from the indigenous point of view they are so closely linked to the black's habitual

state that were it not for the comparative terms of the white, it could almost be considered physiological (Canguilhem, 1966, p. 172).” The emergence of physiology as a comparative science, combined with the comparative language of thinkers like Goldstein, not only profoundly relativized the centrality of biological inheritance as norm-bestowing power, asserting the malleability of biologies along lines other than conduct. It also had the important influence of relativizing normality. This, I think, is useful to consider when pondering the “retreat of scientific racism”, alongside Barkan’s account(1992), or Kay’s(1996), which both call on more ideological sources. Still the question remains: what form does racism take in the absence of a centralizing norm? Can the biopolitical imperative of administering life operate without a singular norm? These concerns I will take up again in the conclusion of this study.

Finally, Foucault’s description of auto-destruction draws attention to another mobilization of degeneration in racist discourse. Warwick Anderson and Ian Mackay (2014) have argued, the 19th century image of fever as a ‘constitutional’ disease evoked questions of self-hood; romantic characterizations of a self turned against itself made fever an important literary device and site of narrativity. With the emergence of etiological conceptions of disease, this constitutional picture largely dissolved, yet the endurance of diseases resistant to microbial explanation provoked a resurgence of immunological conceptions—diseases Virchow would characterize as expressing “physiology with obstacles (p. 15).” Canguilhem, reflecting on *The Normal and the Pathological* 20 years later, would return to such a category, taken up by Claude Bernard. Hypoglycemia, alongside alkaptoria and various metabolic disorders, he would write, express a kind of “error.”

In certain respects, the notion of error in the biochemical compositions of this or that constituent organism is also Aristotelian. According to Aristotle, a monster is an error of nature which was mistaken about matter. If in contemporary molecular pathology, error generates formal flaws, hereditary biochemical errors are always considered as a microanomaly, a micro monstrosity... To be sick is to be bad, not as a bad boy but as poor land. Disease is no longer related to individual responsibility... Less reassuring still is the idea that it is appropriate to develop a medical counterpart to hereditary errors when this idea is formed as an idea and not as a desire. By definition a treatment cannot put an end to what is not the consequence of an accident. Heredity is the modern name of substance. We can imagine that it is possible to neutralize the effects of an error of metabolism by constantly furnishing the organism with the reaction produce which is indispensable to the exercise of that function, of which an incomplete chain of reactions provides it. And this is what is successfully done in the case of phenylpyruvic oligophrenia. But to compensate an organism's deficiencies for life only perpetuates a solution of distress. The real solution to heresy is extirpation. Consequently why not dream of hunting heterodox genes, of a genetic inquisition? (280-281)

I include these concepts not because they are critical to understanding the status of race thinking in the 20th century (I believe they are) but rather because they pose an alternative to a familiar account that holds discourses on conduct and race to be rooted fundamentally in

ideology. The reality is likely much more complex. In the case of venereal disease, alcoholism, and opiate addiction—a topic I take up now—morality was certainly a salient concern, but it was perhaps secondary to questions of civilization, health, and perceived social and biological threats viewed in a hygienic and Lamarckian frame. Canguilhem's statement is a chilling portent of the endurance of racism in our time and even a considerable resurgence of scientific racism surrounding recent debates in genetics (see especially Roberts, 2009 and Roberts, 2011). What happens, though, when such a disease image presents itself in convergence with 'contagion' as an explanatory paradigm? As Canguilhem observes "hereditary metabolic anomalies often remain hidden as nonactivated tendencies (Canguilhem, 1966, p. 281)." What if the *reactivation* of metabolic errors is imputed to a kind of social miasma? This is the question we will address in the following section.

Tracing Addiction: an American disease

Accounts of the history—or pre-history—of addiction often point to the now classic genealogy worked out by Harry Levine (1978; see also Reinerman & Levine, 1997). Broadly speaking, Levine cites three sources of addiction in the present day: Protestant discourses on alcohol—especially those put forward by Cotton Mather, the 18th century pastor; the Philadelphia physician, Benjamin Rush, whose 'moral treatments' were modelled on the work of Pinel; and the emergence of a temperance movement in the 19th century. Invoking Foucault, Levine argues that the new "paradigm" for addiction emerged formally through Rush. Indeed, Rush was the first to coin the use of the term addiction, and to fashion alcoholism as disease; his

initially quotidian observation that “drunkards” consume alcohol with progressively greater frequency to the point of being “unable to refrain,” was developed into a full-fledged theory of addiction which would be the basis of temperance thinking over the course of the 19th century. For both Rush and the temperance-era treatments he inspired, however, addiction is not qualified as a nervous or physiological affliction, but as a “disease of the will.” It is only with later temperance era writers like Samuel Woodward that alcoholism is expressed as a “physical disease”: a disease of the “appetite.”

Levine’s account has its merits. It points to the American sources of a version of addiction, and its rootedness in Protestant doctrines of will-power and self-control. Such concepts, we know, were central to the constitutional dimension of discourses on health in a colonial setting. Lombroso himself reflected on the relationship between conduct, narcotics, and tropical climate. In a chapter of his 1911 *Crime, its Causes and Remedies*, titled *Meteorological and Climatic Influences*, Lombroso would write:

History records no example of a tropical people that has - not fallen into subjection. Great heat leads to overproduction, which in turn becomes the cause, first, of an unequal distribution of wealth, and then, as a consequence, of great inequality in the distribution of political and social power. In the countries subject to great heat the mass of the people count for nothing; they have neither voice nor influence in the government; and though revolutions may often occur, these are but palace-revolutions, never uprisings of the people, who attach no importance to them. Buckle, among other reasons, finds an explanation in the fact

that the dwellers in hot countries need less food, clothing, and fuel, and hence do not possess the powers of resistance which dwellers in colder countries acquire in their contest with nature. On this account tropical peoples are more inclined to inertia, to the use of narcotics, to the passive meditation of the Yogi, and to the extravagant asceticism and self-torture of the fakir. The inertia brought on by the heat and the constant feeling of weakness that follows it renders the constitution more liable to convulsions, and favor a tendency to vague dreaming, to exaggerated imagination, and, in consequence, to fanaticism at once religious and despotic. From this condition of things flows naturally excessive licentiousness, alternating with excessive asceticism, as the most brutal absolutism alternates with the most unrestrained anarchy (272)

Another 1924 study in the journal *Transactions of the Royal Society of Tropical Medicine and Hygiene*, gives cultural emphasis to the problem of “drug addiction in the tropics” (Havelock, 1924). Still, for Levine addiction is an essentially moral illness, one which only later takes on a medical and institutional dimension. The “physical” conception of alcoholism that emerges with temperance writing bears little relations to the ‘new’ 1930’s disease conception that Levine notes only in passing; nor does Levine ever qualify his claim that alcoholism was “extended” to include opium addiction.

The identification of 17th and 18th century North America as a site of origin for thinking about problematic drinking also demands qualification. Though no detailed study exists to my knowledge, alcohol use was profuse throughout Latin America in the colonial period, and its

consumption had important racial meaning. As an important tool for nation building that held medical, and social as well as commercial value, early discourses about alcohol as a threat to social order and individual health alike are known to have been present in 17th century Latin America and 18th century Europe (Carey, 2015). The history of opiate use in the colonies is in this regard no less complex than that of alcohol. Timothy D. Walker has noted that opium was among the most profitable items in a vast network of Jesuit and mendicant trade in the early colonial Atlantic, and a means by which early missionary efforts were funded (Cook & Walker, 2013; Walker, 2013). Assuming that opium was thus employed in medical practices central to early colonial conversion (see, for example, Huffine, 2006; Reff, 2004; Viveiro de Castro, 2011), a history of opium use in the the new world would be of great interest. Rather than supplant Levine's account of addiction as a moral illness, I'd like to supplement and qualify it, by speaking very briefly on the early construction of addiction as a category of institutional and medical interest.

While there is not space here to reconstruct the history of the American science of addiction in whole⁹, the question of its physiological basis is beyond dispute. Between the turn of the century and the 1960's, extensive resources were mobilized around the question of opiate addiction *on the assumption* of its physiological status. As Rasmussen(2010) shows, addiction was refined in the 20th century, on the assumption of its physiological specificity as a reaction to opiates; this definition excluded alcohol, tobacco, and stimulants. These efforts were mediated initially by the Rockefeller Foundation, whose hygienic associations would be non-trivial to both the medical framing of addiction, and the more social form it would come to assume. As a

⁹ On this topic a number of histories are available. See especially Acker, 2002; Campbell, 2007; Courtwright, 2009.

funding agency, there was little in the realm of science or policy that the Rockefeller Foundation did not touch in the 20th century. Alongside international development enterprises (like those in the Philippines and Puerto Rico), early immunological research (including those of Robert Koch and Paul Ehrlich), criminal psychiatry, and molecular biology (see Kay, 1996), the Rockefeller Foundation also supported eugenics research well into the second world war. Research on addiction would be supported by the Rockefeller Foundation in two forms: On the one hand physiological studies would be largely carried out on animals (monkeys, decorticated dogs and cats) and humans, and were motivated by the oft-mythologized goal of discovering a “magic-bullet” for addiction. On the other, Psychiatric research, which took an interest in the personality traits, and criminal tendencies of drug user would develop somewhat later. The Rockefeller milieu was certainly motivated by a new liberal vision of global development and reform, which drew on the model of, and converged in significant ways with Protestant efforts (Tyrell, 2010; see also George and Sabelli, 1994), yet there is scant evidence to support the claim that opiate addiction was fashioned on the model of alcoholism; rather the “new” alcoholism that Levine mentions seems to have been founded in important ways on the model of opiate addiction that emerged at the beginning of the century. Why would this be?

The first phase in which addiction was subject to serious consideration by American science began not in the US, but in the Philippines. Habitual opium use, a problem associated with the ethnic Chinese, was viewed as a barrier to civilizing efforts— which included, but were not limited to significant missionary and Protestant associations. The practice of placing high taxes on opium imports as a regulatory measure was in place in the Philippines until 1906, at which point, under pressure from religious factions, investigations were taken up to consider its

prohibition. The leader of these investigations was the hygienist Hamilton Wright, whose well known study *The Malarial Fevers of British Malaya*, and purported discovery of a pathogen for the tropical fever *beri-beri* qualified him for the position of Commissioner of Opium in 1909 (Foster, 2009). Yet with the first international convention on narcotics policy in Shanghai, the United States, having no legislation in place, would find itself in poor position to demand other European power control opium trade in their colonies. Wright, thus began a campaign that emphasized the threat of opium not only in the Philippines, but in the United States, and resolved to have prohibition passed at home—something he would not achieve until 1914 (Foster, 2009).

In the domestic setting, opiate addiction came into the popular imagination not through its organic associations as disease, but by way of fears of externality. Wright's writings bear this out. Wright emphasized the 'plague' of addiction, 'encroaching' on America's shores while linking its domestic dimensions to subaltern milieus within the US, particularly African American populations (Hickman, 2000). Still, familiar associations with opiate use endured, and opiate addiction was an affliction domestically associated not with ethnic factions, but with physicians and Southern white women (Acker, 2002; Courtwright, 2009). Just as early Bureau of Social Hygiene investigations of prostitution were poised to "rehabilitat[e] the victims of *white slavery*" ("Rehabilitation of the Victims of White Slave Traffic"), investigations into drug addiction tended to distinguish between its white feminized victims, and the "sinister designs of an oriental potentate (Halstead, 1932 February 17 [Letter to Max Mason])." As such Rockefeller personally supported Wright's efforts at scientific interventions which included efforts at earmarking drugs to trace their distribution (Dunham, 1927 [Letter to Katharine Bement Davis]), and plans for crop substitution in Persia (Richardson, 1925 [Letter to Katharine Bement Davis]).

In a more medical light, addiction was a physiological problem, recognized as such in a legal framework since 1905 (Foster, 2009). Early medical accounts of addiction, accordingly, place it in affinity not primarily with categories of *social* degeneracy, but with the degenerative-constitutional afflictions familiar by way of physiology and tropical medicine, as well as the revived physiological understanding of immunology. Among early Rockefeller-supported negotiations of addiction surrounding the passing of narcotics controls, two figures are worth introducing: Ernest S. Bishop, and George E. Pettey. In a study titled “Narcotic addiction—A systemic disease condition,” Bishop would reflect on the metabolic nature of the disorder (1913). Describing withdrawal as a fever two years later, Bishop would write:

For the explanation of such clean cut, strikingly apparent, constant and undeniably physical phenomena and symptomatology there must be some physical mechanism... They certainly are not psychiatric manifestations nor the expressions of habit, appetite, vice, nor morbid indulgence. Enjoyment of morphine for itself, in such patients as have never ever experienced such enjoyment, is lost long before the stage of rooted addiction is reached. We must explain the physical result by some physical cause... I advance the hypothesis..that an antidotal substance is manufactured by the body as a protection against the poisonous effects of narcotic drugs constantly administered. If such a substance were manufactured in the body, being antidotal to morphine, it might well possess toxic properties of its own exactly opposite in manifestation to

those possessed by morphine. Toxic manifestations exactly opposite to morphine might readily account for the severe withdrawal signs, parallel in their direction to the manifestations of acute poisoning...A hypothetical antidotal toxic substance, manufactured by the body as a protection against the toxic effect of continued overdosing with a narcotic drug, will therefore explain the well known development of tolerance and immunity in these cases. (Bishop, 1915)

In a different inflection, but also drawing on expressions of constitutional and immunological models available to him, George E. Pettey would emphasize the similarity of “functional degeneration of the intestinal tract,” comparing addiction to “intestinal colic,” and hypothesizing that strychnine might “help to facilitate intestinal movement,” and therefore eliminate withdrawal patterns (Pettey, 1915). Many of the researchers who took up addiction in these early days, were either directly or indirectly engaged with hygiene and sanitary sciences. This scientific orientation was reflective of the Rockefeller milieu in general. Charles E. Terry, who the Bureau of Social Hygiene hired to conduct a survey of available knowledge about addiction (Terry & Pellens, 1928) had worked as a sanitary officer in Hartford connecticut prior to taking up the study. Thus, until the third decade or so, opiate addiction is frequently constructed as a physiological affliction, and expressed in comparison to other well-known fevers. Conversely, it is the prohibition of addiction, its consequent associations with prostitution and syphilis, and the subsequent emergence of descriptions of its ‘epidemic’ quality that gives force to the proliferation of psychiatric and characterological assessments of addicts as ‘degenerate’.

Following the passing of the Harrison Act in 1914, and its tightened legislation under a 1921 amendment, addiction would increasingly be framed in its association with crime, and research on addiction would progressively assume a characterological dimension. Though earlier examples are available (e.g. Blair, 1919), a 1924 article by Wholey outlines the beginnings of that transition,

It is customary to discuss the results of morphine and other habit-forming drugs along with the results of metallic poisons such as lead, or of the endogenous toxins of uremia, diabetes, etc., under the general caption of the toxic psychoses. While it is true that the narcotic, or habit-forming drugs, and alcohol, do produce toxic psychoses, the effects brought about by them are essentially different from effects following on the metallic and endogenous poisons. Drug addiction can never be understood, or successfully handled, until this fundamental difference between the action of the habit-forming drugs and that of other poisons and disease processes is appreciated: The metallic and endogenous poisons produce their destructive effects, in the main, more obviously on the physical organism; these effects are generally demonstrable, and understood. The mental effects are secondary. The narcotic, or habit-forming drugs, on the other hand, produce degenerative effects primarily on the mind and character; these arise early, and are more or less permanent. The effects on the physical organism in the case of narcotic drugs are largely functional, and generally eradicable (Wholey, 1924).

The status of addict as criminal sedimented its place in the Rockefeller Bureau of Social Hygiene, which hitherto held the vocation of leading undercover investigations of brothels in New York City, in order to eradicate ‘commercialized vice’. As a type of ‘commercialized vice,’ addiction would increasingly be taken up in association with both medical concerns about syphilis, and a nascent discourse of American criminology, which drew on European criminal anthropology, psychiatry, and eugenics, as well as new American police discourses alongside the hygienic understandings referenced already. The emergence of addiction as a ‘social’ disease—a term originally applied to syphilis (“Proposed Division of Social Hygiene at the Boston Dispensary”) was thus characterized by a shifting emphasis on addiction’s personality effects—its impact on the civil ‘constitution’. With this image addiction assumed an increasingly abject, feminine, and racialized character. Still, addiction science was grounded in physiological observations, and hopes of discovering a “magic-bullet” for addiction, a ‘cure’ parallel to Paul Ehrlich’s syphilis remedy, Salvarsan. If addiction was seen as a kind of physiological ‘error’ of metabolism—in the sense articulated by Canguilhem—it was also an acquired one. As such, concerns about the social basis of addiction, the social milieus in which it was fostered, and effective measures of intervention, were tempered by laboratory and animal studies, and the observation of iatrogenic addiction, among physicians and other ‘respectable’ members of society. Still, the problem was articulated more or less explicitly in hygienic terms. In 1927 Lawrence Dunham, then director at the Bureau of Social Hygiene would write “in my humble judgment, drug addiction is just as serious as scarlet fever (Dunham, 1927 [Letter to Katharine Bement Davis]).” Just two years later Arthur Woods, criminologist and leader at the

Bureau of Social Hygiene, would write in a letter to Kenneth Caldwell of the State Department, appealing for centralized federal control of the narcotics problem, Woods suggests, “it is our contention, based on long years of experience with the drug traffic in this country and international attempts at its regulation abroad, that the problem should be considered as no more political than the control of yellow fever(Woods, 1927[Letter to Kenneth Caldwell]).” Woods’ position here is repeated in his then famous text “Dangerous Drugs,” and various League of Nations memos. The Federal Bureau of Narcotics would be established the following year.

First tentatively (Pearson, 1919), and then somewhat more forcefully (Kolb & Du Mez, 1924), addiction became a characterological disorder, and, consistent with criminological thinking of its time, a disease of social milieu. Lawrence Kolb did the most to develop the theory of addiction as psychopathology. As director of the National Research Council’s Committee on Drug Addiction(CDA), he emphasized the distinction between ‘born’ addicts—those whose dependency was expressive of an innate, heritable tendency toward crime— and *iatrogenic* addicts whose disease was of a more physiological nature. He also held that addiction should be viewed as a “constitutional psychic defect,” and the notion of the addict as “constitutionally inferior,” or addiction as “constitutional mental instability” became commonplace in addiction research milieus(Acker, 2002 pgs. 152, 170). Wikler would combine physiological and psychiatric perspectives, placing addicts as ‘constitutional psychopaths’, and advancing experimental techniques poised to “bring closer together .. ‘organic’ and ‘psychogenic’ schools.” Like Pinel, he imagined the disease as an undiscovered brain lesion (Campbell, 2007, pgs 77, 25). While the CDA itself placed heavy emphasis on physiological research, and the discovery of “poisonless opiates” (“Poisonless Opiates”, 1932)— the metabolic nature of physiological

addiction being a core assumption (Lund & Benedict, 1929) — CDA researchers of a more Psychiatric orientation increasingly advanced the notion that prolonged use of narcotics causes insanity—but only among those predisposed towards “antisocial” and “primitive” modes of ego-satisfaction. These assumptions cemented medical support for the policy position that some drug users, as knowing perpetrators of the “plague,” were deserving of imprisonment, and hypostatized the definition of the addiction as a form of social deviancy associated with feminine and racial hysteria. Accounts illustrating addiction in its relation to pathological sexuality and race —citing brothels and African American milieus as the site of addiction- still drew on sthenic or asthenic physiological and nervous metaphors that bear out an association with hysteria and other modes of psychopathy. Thus, Harry Anslinger, who led the Federal Bureau of Narcotics from 1930 to 1963 (an institution that would formally adopt the library and confidential records of the Bureau of Social Hygiene (Anslinger, 1933 [Letter to Lawrence Dunham])), would write that “intense overexcitement of the nerves and emotions leads to incontrollable [sic] irritability and irresponsible acts due to irresistible impulses of suggestive origin... In the early stages of intoxication the willpower is destroyed and inhibitions and restraints are released; the moral barricades are broken down and often debauchery and sexuality results (Acker, 2002).” As popular concerns about the threat of addiction peaked in the 1930’s and 1940’s (in great part through the work of Anslinger, and his cohort), expressions of the racial and heritable qualities of addiction became increasingly prevalent.

As a frequent interlocutor of Anslinger, Kolb would have major influence on policy, and his work was a major reference point for the development of federal prisons for addicts, where research on addiction could be conducted. In 1935, the first such prison was erected in

Lexington, Kentucky as an extension of the Public Health Service. The Public Health Service prison and research center for addicts was the origin of many of our modern day addiction treatment paradigms, and the enduring definition of addiction as a brain disease, which persists today. It was also the realization of plan proposed to Rockefeller and the Bureau of Social Hygiene in 1916 and the basis of an exhaustive search led by Nathan Eddy for a non-addictive analgesic, for which drugs like Dilaudin, Methadone and Buprenorphine were early candidates, alongside other opiate antagonists. The ‘narcotics farm’, as it was known, oversaw the conceptual production, distribution, and formalization of various epistemic categories for addiction (metabolic disease, infectious disease, brain disease, social contagion, stress-related, trauma-related, chronic, episodic), which would be assumed and discarded repeatedly over the course of the 20th century. It likewise helped to formalize addiction as an object of American sociological and criminological interest. Of this Joel P. Fort was exemplary. Fort’s research emphasized the predominance of “feminine identifications” noted by Kolb, among Puerto Rican and African-American patients in particular, and attributed to this their special affinity for narcotics (Fort, 1954). Despite more or less overtly racist psychoanalytic explanations giving way to neurophysiological and psychopharmacological models in the late 1950’s and 60’s, the conceptual emasculation of African American and especially Puerto Rican addicts persisted throughout the 20th century, at times assuming a more relativistic, *physiological*, dimension, at times a more relativistic *social* dimension.

Nancy Campbell (2008) has argued that Kolb’s psychiatric construction of addiction was a strategic one, pursued in spite of a lack of compelling physiological data, and that the purpose of the PHS prison in Lexington, Kentucky was to produce these data. It is to the discovery of the

opiate receptor in the 1960's that she imputes the development of methadone, and the instantiation of an enduring *scientific* image of addiction as physiological disease. Such a view implies, in terms similar to those laid out by Levine, that addiction gains hope of transcending its status as a stigmatizing moral illness at the moment it assumes its 'true' status as physiological disease. While in the case of American addiction medicine, criminological and characterological discourses have indeed taken particularly draconian form, and have served to articulate more or less openly, the convergence of addiction and race, I am unconvinced that any substantive contradiction endures in medical thought pertaining to addiction, between physiological articulations of natural kind, and psychological, moral, or religious ones. Just as psychiatry, with its Lombrosian legacy, once embodied the most racializing forms of addiction, maintenance programs are also shown to be managed in ways that maximally surveil populations classified as ethnic, and are disproportionately damaging to more vulnerable populations—often on racial lines. This is ignoring entirely the disproportionate targeting of African- and Latino-American by the more hygienic dimension of addiction control infrastructures. What a physiological perception affords in this case is an image of reason, and medical neutrality that the Criminological picture was progressively seen to lack. At another level, the introduction of methadone merely displaces a problem endemic to opiate dependency, and many users note that withdrawal from methadone—though less acutely painful—is more distended, and can be more disruptive to their everyday lives (Bourgois, 2000).

I also do not think the claim that addiction operates as either a primarily physiological, or moral/characterological entity is tenable; nor do I believe characterological and moral associations of addiction qua disease with criminality have been banished to the abject realm of

‘unscientific’ recovery programs, in far, impoverished corners of the world. Physiological assertions about opiate dependency have never been precise, and have always oscillated between metabolic and immunological framing and nervous or neurological framing. Contemporary addiction science continues to root its claims about addiction as cause and consequence of character-afflictions (Chiara et al, 1999; Chiara & Gaetano, 1999; Robinson & Berridge, 2008), just as it sustains assertions about its heritability not different in form from those made in 19th century eugenics discourses on alcohol (Bynum, 1984; Kreek et al, 2005; Valverde, 1998; Volkow, 2005). As largely hygienic understandings of disease are replaced with a broadly brain-based understanding, claims about the biological rootedness of addiction’s characterological dimensions have only intensified. That assertions about addiction so consistently maintain both physiological and characterological associations is striking. I do not think this is merely circumstantial. I propose, instead that the purported physiological character of addiction has supported its enduring capacity as a characterological disorder, a marker of criminality and social disorder, and has also continued to justify a war on drugs that disproportionately targets ‘ethnic’ populations domestically.

In his 1975 lectures, Foucault (1975) ponders how a biopolitical society, whose primary aim is to administer life can justify killing. He concludes that, “the reason such a mechanism can come into play is that the enemies who have to be done away with are not adversaries in the political sense of the term; they are threats, either external or internal, to the population and for the population.” “In a normalizing society,” he goes on, “race or racism is the precondition that makes killing acceptable.” Later Foucault qualifies this statement, “When I say ‘killing’, I obviously do not mean simply murder as such, but also every form of indirect murder: the fact of

exposing someone to death, increasing the risk of death for some people, or, quite simply, political death, expulsion, rejection, and so on (256).” Foucault’s reasoning is expanded later when he says, “whenever there was a killing, the 19th century was obliged to think about it in terms of evolutionism (p. 257).”

There is no shortage of evidence for the contiguity of popular and Psychiatric discourses on addiction with those on race, nor for the infamously racist attitudes of Federal Bureau of Narcotics (FBN) leaders and politicians involved in framing American drug policy¹⁰. Harry Anslinger, is known to have been a frequent interlocutor of Richmond P. Hobson, the former Captain of Spanish-American war, whose books, with titles like “Drug Addiction: a Malignant Racial Cancer,” and “The Modern Pirates—Exterminate Them!” advocated harsh eugenics measures for drug users (Musto, 1999). In the current chapter, I have tried to bracket these concerns and place emphasis instead on the common origins of a disease-profile and biomedical logic proper to addiction and that of a once authoritative bodies of thought surrounding hygiene and the medical science of race. By identifying common sources of facts as well as critical institutional associations between the sciences of racial hygiene and those of mental hygiene pertaining to addiction, I hope to demonstrate that an enduring link between race and drug dependency is no mere fragment of popular associations —what Susan Sontag calls metaphor (1979)—but is a matter of medical truth (as such an objective reference point for policy) that is deeply inscribed into the reason of 20th century American governmentality. Rather than being incompatible, *addiction* qua medical reality, and the constructions of hygiene and social degeneration leading up to 20th century eugenics, were culled from a common epistemic

¹⁰ The recent admission by John Ehrlichman, a member of Nixon’s cabinet, that Nixon’s drug policies were racially motivated is worth mentioning here.

framework—one in which moral, constitutional, racial and climatic terms were more or less indistinct. Just as Canguilhem's accounts of metabolic "error" express a medical category that demands extirpation from a state perspective, addiction in its metabolic character—and physiological elaborations of addiction have always assumed its metabolic character—yields the question of extirpation vs. metabolic dependency on the state for Methadone. Still, it is the auto-productive, and contagious character that poses addiction as a threat, and justifies drug control. If for the 19th century, it was heredity, and specifically *mestizaje*, that justified "deadly neglect," in the 20th it has been the element of contagion, and characteriological/metabolic degeneration of which addiction is still—in medical terms—exemplary.

Part Two

Chapter Three

Imagine the hills as a phantasmagoric
dream space —a wild zone beyond the
pale that is filled with things dangerous,
tragic, surprising, spectacular, and
eccentric. Imagine how danger and
promise mark the space of the hills as a
dream world born of contingency and
desire

-Kathleen Stewart

To police is to urbanize

-Foucault

In the first section of this study, I presented a genealogy of the American concept of addiction, tracing hygienic notions of ‘race’, ‘climate’ and ‘constitution’ from Puerto Rico, to Europe, and back to the Americas by way of another of the US first expeditionary gains: the Philippines. In what follows, I try to develop a history of addiction as it was negotiated, developed and deployed in Puerto Rico. Far from being a medical development, the identity of addiction, and discursive orientation of Puerto Rico’s insular government towards addicts has

been rooted in changing characterizations of social abjection, which have been subject to the rapidly shifting economic, medical, and social climate of Puerto Rico over the last 120 years. These changes, while mobile, are linked via discourses of delinquency, criminality and health, and their respective tensions with the lives of Puerto Rico's peasant populations. In the present chapter, I outline initial effects of American rule in Puerto Rico. The transformations which took place with the introduction of American governance on the island took broadly three forms: an initial process of economic dispossession, a massive spatial reorganization of Puerto Rico's hill-dwelling "Jíbaro" population, and a mapping of previously racial conceptions of abjection onto social categories of criminality and delinquency. I refer to these processes respectively as 'proletarianization', the reconfiguration of 'human geography', and 'criminalization'. I borrow the term *proletarianization* from writers of the Puerto Rico Social Anthropology Project (PRSAP), was among the first efforts to center the experiences of Puerto Rico's laboring poor in ethnography (and notably launched the careers of Julian Steward, Eric Wolf and Sidney Mintz). This work would foreshadow developments in social sciences of later decades, drawing critical attention to peasant practices of "everyday resistance" (Scott, 1977;2008), expressions of "bounded solidarity" within poor communities, engagements with 'illicit economies' and the dynamic ascriptions of *jibarismo* within these communities, which help to link an older racial conception with emergent social and economic ones.

Illegibility, Mestizaje, and the "Wild Man"

American descriptions of Puerto Rican delinquency are as old as US interactions with Puerto Ricans. Yet the most salient feature of American occupation, as Fernando Pico documents in his landmark text *1898—La Guerra Despues la Guerra* (1987), was not an incipient tension between colonizer and colonized, but the violent expression it gave to pre-existing social conflicts on the island between a plantation-owning *hacendado* elite, and the uneducated and a landless peon class comprising 63% of the island's population. Within weeks of American invasion, impoverished workers and farmers of mountainous coffee regions came in droves, their faces painted black with ash, to loot and burn hacendado villas, crops, and stores containing debt-records to the ground. Despite being a particularly charged image of alterity, these *tiznados* were initially regarded in favorable terms by Americans, as the very masses waiting on liberation, the embodiment of victimhood and deprivation under a brutal "Spanish" regime (Pico, 1987, p. 95). Santiago-Valles (1996) shares the account of one American military colonel, who like many others perceived an affinity between Creole hacendados with the Spanish enemy. "I realized," he writes, "that the hacienda was in a state of siege, and I gathered that the owner, lieutenant -colonel by the way in the Spanish volunteers, was especially unpopular in the district, and that the "venganza" people, as I chose to call them, had vowed his utter destruction (p. 109)."

If US occupation was narrated by colonial administrators as an "easy" enterprise relative to Filipino invasion, it nonetheless marked, especially for the laboring poor in agricultural regions like Utuado—"the most hungry of all Puerto Rican municipalities"—the beginning of a dynamic of increased starvation, sickness, and social violence. Between 1897 and 1899 deaths in Utuado rose from 31 per month to 53 (Pico, 1987, p. 33). By the end of 1898, as their wrath

drew into other outlets, the *tiznado*, had come to be viewed by Americans as *partidas sediciosas*, “wild,” and “lawless,” “savages,” a barrier to American economic control. Colonial accounts would shift to identify these seditious bands— once understood as Spain’s very victims and natural allies of American forces— as contiguous with the Spanish themselves. In one description, the American doctor Manuel F. Rossy, identifies a party “of almost a hundred,” as led by “a deserter from the Spanish army (Santiago-Valles, 1994, p. 80)”. Brigadier General Davis would similarly describe:

...a Saturnalia of crime-forced contributions, out-and-out robbery, burning, assassinations...With such mob turned loose on society, it is strange that friend and foe suffered alike. It has been claimed that property to the value of several million dollars was stolen and destroyed during the weeks of a reign of terror (p. 81).

By 1900, “American troops had taken control and established garrisons in the most disturbed districts (Santiago-Valles, 1996, p. 72),” and colonial accounts of Puerto Rico’s “criminal” and “delinquent” classes came to be commonplace. Though clearly in need of American redemption, their, “natural human inclinations, unmodified by education and morals, accompanied by vices and harmful instincts,” presented tangible barriers to the United States’ civilizing project (Pico, 1987, p. 6).

The ease with which Puerto Rico’s educated Creole elite were assimilated as administrators of a new American colonial order can thus be understood in part through their complementary orientation towards Puerto Rico’s hill-dwelling poor. These were indeed the same *Jibaro* identified in the writings of Criollo physicians like Del Valle Atilas, Manuel Zeno Gandia, and others. By the time of American occupation, Puerto Rico’s liberated African

population had in large part already migrated from the hills, and integrated itself into the work-force of the island's urban municipalities. By contrast, the Jíbaro populations of more rural, mountainous, and central Puerto Rico, would remain unskilled and uneducated, and at the considerable whim of sweeping economic reforms. Despite a series of imperial *exceptions*, including the passing of the 1900 Foraker Act, which stripped Puerto Rico of the *in extremis* autonomy it had enjoyed during the final year of Spanish rule, and established Puerto Ricans as citizens of neither nation, America's purported developmental, democratic, and liberatory objectives in Puerto Rico were largely compatible with the developmental aims of Puerto Rico's Creole elite. But if the Jíbaro represented for Creole administrators a human canvas for progressive moral, medical, and racial redemption of a national identity, this same population for Americans, represented something closer to its meaning as originally ascribed by the Spanish.

In seeking the origins of the term Jíbaro, I am inclined to follow Francisco Scarano, who notes the enduring transnational application of the term to groups perceived as "irrepressible," throughout the former Spanish empire (Scarano, 1996). Though most every former Spanish colony has a sense for the generally derogatory term "Jíbaro," Scarano traces the origins of the term to Spanish colonial interactions with the *Jivaro*-speaking and *Shuar* people of the northern Amazon. In Cuba, the term denotes wild dogs. Such an explanation places the Puerto Rican Jíbaro in entomological proximity with an identity on which much has been written. Unlike the *Arawak*-speaking Taino of Puerto Rico, known for their ordered society, and *Cacique* leadership (and who notably also descended from the northern Amazon), the Peruvian Jivaro have been historically represented as tribes politically and ontologically unassimilable to Western civilization. For Clastres (1987), these tribes-without-rulers are distinctive for having no word

for “chief,” no sense for “authority” and a virulent “passion for war.” Claude Levi-Strauss in *The Jealous Potter* (1988), describes them in similar terms, noting their headhunting, and social relationality with nonhumans. In more recent accounts, the apparently irreducible *difference* of these populations has placed them at the center of an ethnographically-rooted “ontological-turn” in anthropology (see Descola, 2013; de Castro & Levi-Straus, 2002; Taylor, 1993). In Puerto Rico, as for Michael Taussig’s in his *Shamanism, Colonialism, and the Wild Man* (1987) the *Jíbaro* identity belies a lived understanding of the power differential at the heart of colonial subjectivity, which is fashioned through experiences of *terror*, and cathartic social practices ordered under the category of *healing*. Accordingly, the racial and ethnic classifications of Criollo writing on jíbarismo, point to a kind of hereditary wildness, an paradigmatic social disorder, a category of ungovernability, and an anti-productive subset of the broader social body, typified by the spatial imaginary of the “hills.” This anti-colonial, fundamentally “resistant” social category is a recurring theme in Puerto Rican medical and social scientific discourses.

For Americans, as for the Spanish, who had sought to legislate these anti-productive, hill-dwelling masses through state enforcement of proto-capitalist sharecropping and debt peonage, the *Jíbaro* were a problem not simply of the general humanitarian injustices of poverty, lack of education, and poor hygienic and medical conditions that would be taken up by Creole leaders, but in a more profound sense, to the administrative and economic goals they had there. As *illegible subjects*, “a resistant medium,” against the American aim of qualification and legislation¹¹,” Puerto Rico’s *Jíbaro* were a threat to the success of the broader economic goals

¹¹ e.g. the governmental need, “to arrange the population in ways that simplif[y] the classic state functions of taxation, conscription, and prevention of rebellion (Scott, 1998, p. 2; Santiago-Valles, 1994, p. 208

American administrators had there. As one American political persona, Albert J. Beveridge expressed in a speech at the 1898 Republican convention, “we are raising more than we can consume...making more than we can use. Today our industrial society is congested. There is more capital than there is investment..think of the thousands of Americans who [would] pour into Hawaii and Porto Rico [sic] when republican laws covered the islands with justice and safety” (Santiago-Valles, 1994, p. 22)”. American colonial administrators oriented themselves towards these populations accordingly. Writes one American governor, “When I arrived in Porto Rico, I found labor and capital crosswise, unable to agree, and I made it my first important work to try to settle differences (Santiago-Valles, 1994, p. 118).” Consistent with their economic interests, Americans, through their understanding of Jíbaro populations as a limit, an “illegible,” untapped laboring population, would readily employ the prior Creole characterizations of Jíbaros as *indolent*, *apathetic*, *unhygienic*, and morally, “blunted” (Santiago-Valles, 1994, p. 90).

Epidemics and Imperial Power

American classifications of the “lawless” Jíbaro were not inconsistent with previous Spanish characterizations, but they did place emphasis on the necessity of new administrative tactics for codifying, and giving order to these “wild” poor. While the Spanish model of governance represented an incredibly sophisticated infrastructure of surveillance and discipline for its time (Santiago-Valles, 1996;2009), complete with grand Benthamite prisons, an extensive census and centralized debt-records, America’s paternalistic orientation placed greater emphasis on development and medical administration, as well as more subtle economic measures of control. These transformations are exemplified in the instantiation of police corps—whose

primary function was to mediate public health efforts, and the dismantling of the Spanish civil guard. Accordingly, three broad mechanisms supported the integration of Puerto Rico's hill-dwelling poor into the economic order of American capitalism in the 20th century. The first was the Hollander land tax which dramatically reordered the agricultural regions of Puerto Rico, forcing Jíbaros in droves off of their land. The second was the replacement of the peso with the American dollar, which limited the buying power of the hill-dwelling poor. The third was the initiation of developmental and hygienic campaigns, aimed particularly at eradicating the hookworm parasite.

For 19th century Creole doctors, the indolence of the Jíbaro took medical expression in the diagnosis of anemia. The racial etiology proposed for the degenerating disease, however, was often conflated in these texts with miasmatic, climatic, and hygienic understandings, and was scarcely elaborated in very clear distinction from what were seen to be accompanying moral failings, concerns of conduct and constitution. The very term *La Charca*, the title of Zeno Gandia's famous novel on jíbarismo, speaks to the miasmatic associations of the Jíbaro, though the book speaks to the endemic threat posed by Jíbaro reproduction. When the American doctor, Bailey K. Ashford, consulting Patrick Manson's seminal manual of tropical diseases, identified the hookworm parasite as the *cause* of Jíbaro anemia, it thus resolved a long-standing aporia in Creole discourse and elicited the development and mass deployment of dispensary institutions, and rapid "propagandizing" throughout the agricultural regions, inaugurating what Jose Amador identifies as a sense of "biomedical citizenship" among peasants (Amador, 2008). These efforts to identify and redeem the nation's unproductive masses were carried out with the aid of colonial police—*Comissarios de Barrios* who at times "dragged" the "delinquent and apathetic" peasants

to urban municipalities for treatment— and would encompass the first large-scale survey and police surveillance initiatives, which were a notoriously salient, and ongoing feature of US control in Puerto Rico (Trujillo-Pagan, 2013a, p. 200).

Such discursive and institutional developments, in addition to justifying the sanitary necessity of American stewardship and governance, were conceptually significant, and had profound impact in coordinating Puerto Rico's burgeoning state institutions. In combination with economic measures described above, the hookworm campaign succeeded in uprooting the hill-dwelling poor, rendering them legible to American governmental vision and stimulating their migration into urban municipalities. It also served to demonstrate the superiority of the American administrative style of health, and to integrate Creole doctors into the institutional framework of American medicine. By placing the degenerating germ outside of the domain of heredity, and outside the body of the *Jíbaro*, Ashford affirmed the etiological primacy of parasitic and germinal infections, rather than racial ones, while retaining a decisive link between a kind of microbial physical degeneration, and a broader moral one. In such a way, Puerto Rico's social problems, understood in terms of the moral degeneracy of its abject populations, were poised from the early years of American colonization, to foster the progressive epistemic convergence of concepts of tropical medicine, including hygiene, miasma and contagion, and an American administrative language of social degeneracy, delinquency, and criminality, which above all concerned the illicit subsistence practices of the poor and former *Jíbaros*. By the end of the first decade of American rule, the *Jíbaro* had in large part relocated to the urban slums or *arrabales* around San Juan, where new, more visible, form of abjection would become apparent. The arrabal was not merely an anti-productive barrier to the inevitable progress of Puerto Rico, but a

corrosive factor, and active *enemy*. The threat of autoproductive, contagious diseases, and a “filth that spread” within the arrabales was compounded by the furtive nature of their inhabitants.

Writes Secretary of the Interior Harold Ickes,

Open sewage runs through the streets and around the buildings and there are no sanitary facilities at all. The children play in this sewage, which in many cases is covered with thick green scum...It is unbelievable that human beings can be permitted to live in such noisome cesspools..The dwellings are thoroughly disreputable and disagreeable..Moreover, the people breed like rabbits (Ickes, 222).

The existential threat of these populations was articulated not only by colonial representatives, but increasingly, and enduringly—though Del Valle Atilas tract on *El Campesino* does not once attribute “crime” to the hill-dwelling poor—through Criollo discourses on criminality.

Describing, a “society under siege,” Creole author Melendez Munoz would frame the problem as such:

The Capital City of the Island, surrounded tightly by a circle or belt of shantytowns, on all of its sides and boundaries, even by sea— the marshy shantytown of the Martin Peña Channel—as if it was a ring of delinquent misery, of unceasing pain...ready to expand, against the society whose margins it is destined to inhabit (Santiago-Valles, 1994, p. 219)

The Martin Peña Channel, or *caño*—a term that itself invokes waste—was described as a place of trash and excrement. Many such arrabales, like Puerta de Tierra, were indeed used to dispose of waste, and dead animals (Duprey, 2010). Accordingly, the superior board of hygiene (SBOH), until 1925, when their work was taken up by the Rockefeller Foundation (“Report of Public Health Units for the Fiscal Year 1933-1934”), would frequently attempt to render authority over

the arrabales, whose inhabitants were often resistant to these efforts. So pervasive were the SBOH sanitary police that, among other transgressions—particularly those associated with informal and illicit economies, such as “gambling,” and “burglary”—“violation of sanitary laws” would stand among the top three reasons cited for arrest in Puerto Rico’s police register, in almost every year following American rule until 1931, around which time “violation of liquor laws,” (notably persisting well *after* prohibition would end) and “disorderly conduct,” which was shorthand for labor conflict, as Fleagle(1917) notes came strongly into the fray (Santiago-Valles,1994, p. 100-101).

The use of medicine for injecting order, legislating, and recording populations is a familiar dynamic in the colonial landscape (Anderson, 2006; Arnold, 1993; Salman, 2009). Yet the extent to which hygiene and penology converged as administrative practices in America’s colonies, especially Puerto Rico and the Philippines, was new to American administration. This convergence is quite similar in form to the convergences outlined in the previous chapter, of constitutional conceptions of disease and epidemic conceptions, which together justify state interventions in the name of crime and hygiene.

It is notable that for all his articulations of Jíbaro degeneracy in *El Campesino Puertorriqueño*, Del Valle Atilas does not once refer to “crime.” I have opted to use the term ‘criminalization’ here, as shorthand for the rapid multiplication under American power, of categories of abjection, along with the military-administrative style of sanitary policing. The process is not only a discursive development, but seems to go hand-in-hand with the twin processes of ‘proletarianization’ and the dissolution of racial conceptions of disease. As Silvia Federici observes, “[p]rimitive accumulation [is] not simply an accumulation and concentration

of exploitable workers and capital. It [is] also an accumulation of differences and divisions within the working class, whereby hierarchies built upon gender, as well as ‘race’ and age, became constitutive of class rule and the formation of the modern proletariat (Federici, 2004, p 63).” In Puerto Rico, the proliferation of categories of abjection was expressed largely in coherence with a hygienic logic, and a logic of contagion. With the emergence of ontological disease conceptions the constitutional and characterological ailments previously imputed to geographic and racial causes could be imagined as autoproliferating threats of a social miasma, or a human geography, like the *arrabal*. Accordingly, following the widespread migration of Puerto Rico’s rural poor to urban municipalities such as San Juan and Ponce, American discourses and economic measures helped to transform the 19th century Creole image of a filthy, and racially degenerated Jíbaro into that of the slum-dwelling, disease-breeding, urban delinquent. Where pre-American writing like that of Francisco Del Valle Atilas and Zeno Gandia, had predicted the self-negation of the *anti-productive*, darker-skinned subset of the mestizo populations through disease, Americans identified *indolence*, *apathy*, *degeneration*, and *decay* as microbial, germinal, and parasitic, rather than racial threats, whose epidemic capacity qua “crime” now threatened the moral dissolution of Puerto Rico’s broader social body through the abject productive capacity of the *arrabal*. The broader campaigns of the SBOH and insular police, indeed, frequently invoked the epidemic—that is, communicable—nature of diseases, to render control and justify the destruction of impoverished communities, surveillance, and direct coercion. One such campaign outlines the early discursive deployment of such epidemic logics, and the understanding of an “epidemic enemy,” in Puerto Rico against predominantly

dispossessed communities. Occasioned by an outbreak of bubonic plague in 1912, a Creole article in *La Correspondencia* would report:

“All the sanitary authorities of the island’s districts are urgently taking measures to find safety from the invasion of plague... We have abundant money in the nation’s banks and can and must use it to overcome the *epidemic enemy*...Must we destroy a neighborhood? Indeed, we must. Now is not the moment to discuss but to realize. Care is a dangerous procedure in cases of this kind.” (Duprey, 2010, p. 71)

The plague campaign involved burning dwellings, erecting sanitary cordons, jailing, quarantining and displacing entire populations of recently migrated poor in neighborhoods resistant to inspection, like *la Perla*, *Trujillo Alto*, *La Marina*, and various *arrabales* around Santurce, especially the oceanside regions of Condado, and what is now Miramar (Duprey, Creel, 1913). With the exception of *La Perla*, which has been mythologized for its continued resistance to eradication efforts in the course of the 20th century, these areas would be gradually fit, with large hotels, insular government buildings, and military bases, to an American vision of Puerto Rico. In this way, though the *arrabal* had been a means of concentrating Puerto Rico’s hill-dwelling populations, it persisted in representing a kind of originary wildness and “resistant medium.” Still, attempts to spatially reconfigure Puerto Rico’s populations, and eradicate the *arrabal*, would be a regular theme in Puerto Rico’s story.

The Epistemic Refinement of a Criminal Class

If early American characterizations of Puerto Rico’s poor as criminal delinquents were adopted by Puerto Rico’s elites, they would not go entirely unchallenged. The orientation of

these elite would instead follow a pattern common in the colonial arena. Like the privileged Martinicians described by Fanon (1952), who return from France to manage their native land, many of Puerto Rico's elite integrated American administrative techniques, and American scientific discourses, as they assumed an increasingly present role in the administration of Puerto Rico. By working to affirm the images of delinquency espoused by Americans through their extant local understanding, they could demonstrate their superiority. In these ways the various factions involved in building a new "Porto Rico," would engage each other from their relative positions of power, antagonism, and uneasy cohesion, in a dynamic and ongoing process of identification through which the terms of medical and social discourses of Puerto Rico's American century would be set in place.

The arrabal eradication campaigns of 1912, by drawing physicians and hygienists into the slums, also drew the interest of Creole writers. Both Emilio S. Belaval, who would later pen seminal writings on Puerto Rico's national, and racial identity, and Francisco Del Valle Atilés—by then having completed two terms as mayor of San Juan—elaborated the miasmatic cultivation of delinquency and crime under such conditions. Symbolically turning his literary gaze from the rural *Jíbaro* to the new, urban delinquents of the San Juan arrabal, Del Valle Atilés would expand these problems in a 1912 *AMPR* article on the confluence of filth and criminality. Echoing his own previous characterizations of the *Jíbaro*, he describes how the problems of housing associated with the arrabal, "...create in the man an apathetic character, a general disregard, an indifference for everything, in sum, a poor character (Del Valle Atilés, 1912)." This *poor character*, bearing the symptoms of the former-*Jíbaro*'s racial and hygienic shortcomings, is both a cause and consequence of the other endemic social and familial problems, which, Del

Valles Atilas notes, include divorce, child abandonment, juvenile sexuality, and crime in general. Other writers in the UPR milieu would add psychic dimension to the Jíbaro *character*. Citing American research in “abnormal Psychology,” the UPR law professor Juan B. Soto in 1917 would similarly describe the urban delinquent, as “a sick man” and “psychopath,” opposed to those of “healthy determination.” He explains that, “feelings and determination figure among the states of consciousness constituting the human spirit,” and that these, like the body itself can also become diseased.” (Santiago-Valles, 1994, p. 120). Similar concerns would be detailed by Jose C. Rosario, “one of the Deans of Puerto Rican sociology (Santiago-Valles,1996),” who, citing Fred Fleagle, (an American sociologist and first Dean of the University of Puerto Rico), Del Valle Atilas, and others, would outline the scourge of juvenile delinquency, linking the “*social sickness*” of the family, and the “moral sickness of the prostitute.” In his book *La Problema de Criminalidad en Puerto Rico* (1952), Rosario details how the “moral filth” of arrabales like la Perla, fosters the “criminal *personality*” —especially in children (Rosario, 1952,p. 51). The ever pervasive family issues, and the contiguous problems of youth delinquency and child abandonment observed in Creole scientific and public health literature, echo not only the older Criollo writings on the Jíbaro, but older colonial discourses framing “child-rearing” as a matter of racial survival (Stoler, 1995, p. 47); they likewise flesh out the manifold ways in which extant 19th century concerns about the special vulnerability of the child to all forms of degeneration.—like those expressed in Del Valle Atilas’ *Cartilla de Higiene* (1886)—were mapped onto the new abject setting of the arrabal, and emboldened by a new American public health administration that sought to root out social problems and diseases, through morally and scientifically exalted military-style health *campaigns* (Tomes, 1999).

Illicit Economies and Everyday Resistance

The spectre of moral disease embodied by Puerto Rico's criminal poor was a threat not only to the developing Puerto Rican social body, but to American bodies as well. The power of America's military in particular, was during the first World War fashioned as being under great threat by the epidemic of venereal disease posed by prostitution in Puerto Rico. Discourses surrounding prostitution in this time also had antecedents in Creole practices (see Findlay, 1999). Under American power, however, they assumed a less explicitly moral impetus, and assumed the form of hygiene. Fashioned as a "cancer," "the rotting part of the social organism," and "the greatest threat to democracy," prostitution, just like alcoholism...demanded the intervention of a surgical knife (Findlay, 1999, 103; Flores Ramos, 1998, p. 94,96)." The campaign, referred to as "the Porto Rican Experiment," was launched during the same year as Puerto Rican alcohol prohibition, and amplified considerably the extent to which surveillance was employed by Puerto Rico's municipal guards. Police kept lists of suspected prostitutes, paid for informal neighborhood surveillance, and inspected and jailed women suspected of prostitution, in whom, "venereal disease was de facto proof" of their work (Findlay, 1999, p. 179). Such hygienic enterprises were marked, in distinctly biopolitical form, by a transition from essentially localized hygienic efforts, to *decentralized* strategies, and the infiltration of Puerto Rican communities.

While it is not possible to invoke the experience of the subaltern populations subjected to these and other police campaigns, one can infer a high degree of friction between Puerto Rico's arrabal-dwelling abject communities, their broadly illegal subsistence strategies, and the forms of power exercised against them. Between the 1920's and 1950's, surveillance efforts first justified

by the “Porto Rican Experiment,” would broaden considerably as labor conditions worsened, murders and suicides doubled, and illegal subsistence economies flourished (Rosario, 1933). As Fleagle observes, the bulk of arrests made between the 1920’s and 1950’s were ones concerning “disorderly conduct,” which was shorthand for participation in strikes, destruction of industrial property, and other forms of labor dispute (116, Fleagle). The violence of the kinds of campaigns described above, was met with increasing Creole resistance by the *Federación Libre de Trabajo* (FLT), a socialist organization that fashioned itself as the party of the Afro-Puerto Rican, and supported feminist causes. The FLT was indeed sympathetic to the poor and both linked the subsistence labor of the prostitute to broader labor struggles, and opposed alcohol prohibition (Findlay, 1999).

The writings of the Puerto Rican Social Anthropology group bear witness to the less formal ways in which active coordinated resistance of whole peasant communities, was mobilized against insular police. In a time when academic and popular writing alike largely framed the Jíbaro with a combination of pity and accusation, PRSA writers would note “the ingenuousness of the country people,” their ability to produce rum from scrap materials, and their ability to collaborate to thwart the police. Wolf writes,

The policeman asks the wounded man who struck him, and the policeman will say: so and so did. But when the case comes before court, they don’t give evidence against each other. The judge then asks who the assailant was. The wounded man then points to an individual who up to this point was not involved in the case. The newly designated aggressor then names someone else as the man whom he hit, and there will be no witnesses to confirm this (Wolf, p. 252)

In similar ways, and for similar reasons, Puerto Rico's poor would collaborate during the prohibition, to deter police efforts at enforcement. Rum manufacture would boom during the years of prohibition, especially in former Jíbaro regions like Utuado, and it would remain a common subsistence practice well into the 50's (Pico, 1989). As an informant tells Eric Wolf, "I have eight children and this is a small farm. I do it for my family...a poor man takes care of himself by making rum (Wolf 251)." Alongside other illegalities, which included the sale of uninspected milk, or community lottery *bolito*, rum would be a primary concern of Puerto Rico's Treasury department divisions of "special investigations" and "vice control," well beyond the years of prohibition, partly for the reason that the rum tax, as Governor Rexford Guy Tugwell would indicate in a 1943 letter to Abe Fortas, was one of the main sources of income for Puerto Rico's insular government .

Alcohol was by most accounts a minor problem at the beginning of prohibition. Fleagle (1917) himself discouraged prohibition, noting that "Porto Ricans are not given to the overconsumption of alcoholic drinks. They are not heavy drinkers, and drunkenness is not at all common (p. 93)." Between the growing focus on alcohol under American prohibition, and growing economic pressures breeding other forms of crime, scientific and popular writing on alcoholism blossomed in the wake of prohibition (Rosario, 1952, p. 172-173). The Puerto Rican concept of alcoholism appears to differ in decisive ways from that of American Protestant accounts. While Protestant temperance discourses no doubt took hold in Puerto Rico following American occupation, Creole academic writings on alcoholism preceded these, and largely dominated thinking on alcoholism until psychiatry would make it an object of speculation in the 1950's. These writings notably did not characterize alcoholism as a problem of temperance, or

something generally linked to dependence, habitual use, and lack of self-control—but, like many other colonial discourses, framed the problem as one of bodily and moral compromise, rendering a person more susceptible to climatic influences like disease. As such, excessive alcohol consumption was thought to be a minor problem in the broader scheme of Jíbaro social issues during the 19th century—certainly lower on the list of Creole concerns than masturbation, child sexuality, and familial violence. As in other colonial and turn-of-the-century writings, alcoholism was seen to pose a kind of hereditary threat (Gutzge, 1984; Arnold, 1996; Anderson, 2006). “The result of a defect,” Del Valle Atilas (1887) would write, alcohol use is “generalized between men and women enough to make us fear for the degeneration of the species.” The author also stresses the way in which alcoholism engenders other diseases, and compromises the family structure, noting communicability of alcoholism along familial lines, “transmitting itself, as it is transmitted, the alcoholic poison spreads from parents to children (p. 53-55).”

Though “alcoholism” was never conceived in the American sense of chronicity, discourses on the moral plagues commensurate with Puerto Rico’s urban poor frequently invoked it as a corollary ailment. With American prohibition (and its consequent association with crime) and American influences on Creole scientific discourse, writing on alcoholism would increasingly incorporate two features. First, it would be constructed as something rooted in a kind of “character pathology,” and secondly its transmissibility would be linked to other, technologically and socially grounded notions of epidemiology. Like sexual intemperance, and related “moral plagues” of the *arrabal*, Rosario thus describes alcoholism in terms of its capacity to awaken abject desires, “mak[ing] way for their selfish and animal tendencies or animals,” and notes that in this way it “contributes to criminality (Rosario, 1952, p. 60).” Furthermore,

alcoholism was strongly linked to familial abandonment, and the general abandonment of moral responsibility. As the 1956 state film *Cuando Los Padres Olvidan*, shows, alcohol undermines the patriarchal responsibility to provide for the family, and renders the alcoholic father, like the anemic Jíbaro, listless and apathetic, a danger to the social landscape (DIVEDCO, 1956). While Rosario himself cites alcoholism as a determinant factor in crime, its causal position at this time was secondary to the deeper, destabilizing forces of poverty, overpopulation and especially, “immigration...[:]the main determinant of rising crime (Rosario, 1952, p. 60).”

The three complementary processes of proletarianization, reconfiguration of human geography, and criminalization, accordingly transformed the image of the Jíbaro over the first half of the 20th century from one of racial degeneration, to one of criminality, and delinquency, but also *resistance*. With the economic depression of the 1930's and its accompanying ailments, the failures of prohibition, and the excesses of American power, Creole writers would increasingly frame the Jíbaro in positive light, a symbol Puerto Rican resistance and national cohesion. By the late 1940's, hygienic accounts of delinquency were progressively being replaced with economic and medical ones.

Chapter Four

In *A Space on the Side of the Road*, Kathleen Stewart (1996) speaks of “the social imaginary of the hills”: a “make-believe space”(Navarro-Yashin, 2012) that stands in originary resistance to the narratives of development and redemption constellated around “master-planned communities.” The image certainly has resonances in the discursive and material landscape of Puerto Rico. Puerto Rico’s social imaginary is strongly storied with memories of the hills as a site of resistance, solidarity, and *pastoral* simplicity beyond the reach of civilization: the figure of the Jíbaro is practically identical to such an imaginary. Yet Stewart omits an important aspect of the narrative life of othered places: the narration of illness. Such narratives of redemption and care of life have never operated without corollary discourses of health and sickness. It was, after all, medical charity that first gave rise to pastoral power (Nemser, 2017; Reff, 2004). From state medicine in British India, to the Rockefeller Sanitary Commission initiatives that sought to

eradicate hookworm from poor whites in the Southern US¹², the social imaginary of the hills, and the discursive play of “redemption,” and “backwardness” (both mobilized in important ways by the concept of “development”) has always been accompanied by political mobilization of health care. In Puerto Rico, the status of medicine has been an especially charged index of political power. As the regnant party of Puerto Rico’s former liberal Creole elite, and the first autonomously ruling party under the Commonwealth, the early PPD was in many ways heir to the institution of Pharmacy. Meetings for burgeoning independence movements during the 19th century were commonly held in colonial pharmacies, and pharmacies housed the formation of the first Creole (Liberal Reformist) political party on the island (Trujillo-Pagan, 2013a, p. 157). As the first trades to receive professional autonomy under Spanish rule, pharmacy and medicine were both understood by Creole elites to be innately political, and concerns for professional autonomy inspired resistance to American professional control as early as 1903, when representatives of the *Asociacion Medica de Puerto Rico* met to “mobiliz[e] in defense of the ‘puerto rican personality,’ by resisting subsumption under the *American Medical Association* (Trujillo-Pagan, 2013a, p. 136). Beginning with routine federal surveys of prescription practices in 1910 (Swann, 1994), federal narcotics laws would in manifold ways, outline the administrative dynamic of Puerto Rican political system, and the limits of the professional autonomy of Puerto Rican physicians and politicians [Letter to Harry Anslinger].

If medicine in the first half of the century had been the principal means by which Americans established administrative control over Puerto Rico, it was also by means of medicine that emergent discourses on the Jíbaro, as an image of anticolonial identity, would be mobilized

¹² These campaigns were the basis for the Rockefeller Sanitary Comission’s hookworm eradication efforts in Puerto Rico

in the name of American style economic development in the mid- 20th century. In the present chapter, I describe the making of a Puerto Rican medical identity, and early negotiations of an addiction concept. I also outline the development of a Puerto Rican discourse on national identity centered around the *Jíbaro* as a symbol of colonial resistance, and how this image of colonial resistance came to be organized vis a vis health, in the service centralized planning and economic development.

The Sick Society

In a 1950 article published in the *Boletín de la Asociación Médica de Puerto Rico*, Juan A. Pons calls into question the function of “medicine.” “Medicine,” he writes, is necessary when a population is deprived of its basic needs; “when these needs are not satisfied, its health declines and the group becomes a *sick population*.” He continues, “a group [however,] also has social needs.” When social needs are not met, “it produces a *sick society* (Pons, 1950).” The distinction Pons identifies is an early medical expression of a tension that will dominate Puerto Rican administrative thought in the 1950’s: that “the progress of civilization has increased the number of diseases (Griesinger, quoted in Pick, 1993, 11).” Despite the tangible benefits of American administration in the form of lower mortality garnered through economic development and sanitation, “social sickness” was seen to be proliferating; Puerto Rico was losing its identity, its simplicity and its innocence. As a representative of Puerto Rico’s first Creole-run government, and near-sovereign administrative apparatus,¹³ Pons was forced to ponder the good and the ill of American administrative influence. While the United States had brought important sanitary

¹³ The *Estado Libre Asociado* would be formally established two years later, with little change in organization.

developments and resources to Puerto Rico—especially by way of Pons’ employer: the Rockefeller Foundation—it had also, apparently, multiplied the social and psychological ailments of Puerto Rico. In a manner reminiscent of 19th European discourses on degeneration, Pons’ question betrays concerns about the psychological, social, and cultural cost of “civilization,” and the disappearance of traditional, simple, forms of life.

The image of the *sick society* is an old motif in Puerto Rican writing. An early expression of this idea is given by the 19th century novel *La Charca*— an installment of his series *Cronicas de un mundo enfermo* (*Chronicles of a Sick World*). In the book Manuel Zeno-Gandia describes how the rural Jíbaro had “held Puerto Rico hostage, sickened it, and kept it stuck, literally ...in a *charca* (a swamp, miasma) (Guerra in Trujillo-Pagan, 2013a, p. 159).” Unlike the largely optimistic framing of Del Valle Atilas, Zeno Gandía viewed Puerto Rico in the 19th century, as a world destined for its own negation by way of the Jíbaro. One might contrast this account with the position taken up in Puerto Rico’s most famous author, Antonio Pedreira. In his 1935 text “La actualidad del Jíbaro,” [The Current Reality of the Jíbaro] Pedreira would develop the distinction between “pseudo” and “authentic Jíbaros,” as a political one. Declaring that in every Puerto Rican “there is a Jíbaro in hiding,” the text would oppose the Jíbaro who flees the simple joys of the land for urban vistas and American cities— too easily seduced and shaped by colonial culture, medicine, and power— to the authentic Jíbaro, eternally resistant to external influences (Flores, 1979; Pedreira, 1935). The language of an authentic vs. inauthentic citizenship bears clear resemblance to transimperial 19th century discourses on race and mestizaje (Stoler, 1992); it is indeed on the model of such writing that Pedreira—citing Del Valle Atilas and other late 19th century medical tracts— builds his account. But while Pedreira, like the 19th century Creole

authors he cites, will repeatedly affirm Puerto Rican identity as a white, “Hispanic” heritage,¹⁴ his concern is not with the internally degrading influence of the racially and climatically *affected* mestizo, but with the *infection* of external, colonial influences, from which Puerto Ricans must *insulate* themselves.

Pedreira’s refashioning of the Jíbaro as a symbol of Puerto Rican national identity would form the basis for various visions of political cohesion and autonomy in the 20th century, the most forceful being Luis Muñoz Marín’s *Partido Popular Democratico* (PPD). As Puerto Rico’s first populist political organization, the PPD deployed the image of Jíbaro authenticity both in its slogan—*Pan, Tierra, Libertad*—and its logo: a Jíbaro wearing his traditional *Pava* in silhouette. Muñoz Marín, the son of the autonomist leader Luis Muñoz Rivera was heir to earlier Creole aspirations of self-governance, and through the PPD labored in the vision of Puerto Rican democracy. Inspired by Pedreira, Muñoz Marín’s early writings decry America’s “cultural imperialism” and its ideal of “civilization.” As a young communist and poet in New York, Muñoz Marín would contrast an American culture of conspicuous consumption and alienation to one of Puerto Rican authenticity, liberation, and “*serenity*.” Later, in writings of a more political orientation, he would elaborate a distinction between *la vida buena* and *la buena vida*, the virtuous, pastoral life of the Jíbaro, versus the materialistic and individualistic concerns driving American life (Hernandez, 2014).

Unlike Muñoz Marín’s framing, Pedreira’s authenticity places less emphasis on the *relative* well-being and virtue of Puerto Rican over American life, than on the social threat

¹⁴ Two classic accounts of Pedreira’s exclusion of African influence in accounts of national identity are Flores (1979) & Jose Luis Gonzales (1981)

endemic to colonialism. Drawing on the medical images of 19th century Jíbaro literature, Pedreira would frame this in medical terms: the *body* of the inauthentic Jíbaro in its *docility*, its vulnerability to American colonial influences, against the *constitutional* integrity of the true Jíbaro. Pedreira would laud Jíbaro resistance to American medical surveillance as exemplary of this authenticity. To the extent that public health and hygiene could attest to the indispensability of American control, Pedreira sought an alternative Boricua vision of health: a *constitutional* model against the administrative, sanitary one represented by the SBOH and Rockefeller institutions. Just so, Pedreira would dismiss the etiological role of hookworm in Jíbaro anemia and the dispensary project of hookworm eradication in general as a campaign of American “cultural nationalism.” His encyclopedia of Puerto Rican medicine, *Bibliografía Puertorriqueña*, would be likewise marked by the exclusion of Bailey K. Ashford, the American doctor who discovered the hookworm (Amador, 2015 pp 138-143).

A progressive convergence of medicine and sociology seen over the course of the 1940’s and 50’s is exemplified in the figure of Juan A. Pons, director of Puerto Rico’s Department of Health. In 1947, Pons would establish the *Division de Bienestar Publico* (later *Division of Public Welfare*) which would take up the problems of “social sickness” in Puerto Rico introduced above. Among other articulations, Pons presents in one radio address his “psychosocial” concept of *saneamiento ambiental* (*environmental health/sanitation*):

The environment in this sense refers to the external environment, and not to the environment internal to himself in a physiological sense...neither to what the individual carries within himself in conscience. The external environment is full of man’s enemies—enemies physical, biological, and social.

Among the enemies Pons goes on to list are “objects that can’t be found in nature, man-made objects...such as modern boats, airplanes, buildings...”; he concludes, “we have the means to liberate man from these enemies! (Pons, 1951)” Mirroring the anti-civilization concept of Muñoz Marín, Pons opposes himself to the various artifacts of American life, and outlines a mode of infection that is reducible to neither psychological, nor physiological factors alone, but in a more encompassing and elusive way, erodes the barriers and control mechanisms of a traditional social body. The journal of Pons’ division of *Bienestar Publico*, *Bienestar Social*, in similar fashion, featured physicians, lawyers, and social scientists—including Rosario—on problems previously reserved for sociology. Articles like *Implicaciones de La Rapida Industrializacion de Puerto Rico*, *Rehabilitacion social mental y emocional de los niños*, *Implicaciones de la Deficiencia y Delincuencia*, and *El Arrabal: Factor Determinante en el Crimen*, attest to an increasing identification of crime endemic to the *arrabal* with processes of 20th century colonial power. While affirming an earlier convergence of delinquency, hygiene and character pathology in the miasmatic space of Puerto Rican underdevelopment, emphasis was also placed on the causal role of the island’s rapid economic and social developments, or sometimes more explicitly: “Americanization.” Such writings would progressively posit methods of *rehabilitation*, and *reeducation* for delinquency—a national prophylactic for the growing problems of migration, overpopulation, and industrialization. With these emphases, definitions of deviance were increasingly centered around failings of *moral reason*. Writes Gomez de Tolosa:

morality depends on the ability to assess and weigh the consequences for oneself and others, of the different manners of acting. And the volitional capacity to control oneself....When an adult body is accompanied by the mind of a child, [it] is not

furnished with the capacity to recognize the outcome of its actions...the result is delinquency.” (Gomez de Tolosa, 1956).

The perceived need to quell ‘social’ effects of rapid economic developments register in Pons’ writing gave rise to questions about *mental hygiene*. Framing mental illness as an affliction of civilization accompanying the decline of physiological disease, industrialization, and a growing population, Guillermo Arbona, Pons’ successor as Secretary of Health, would propose a mental hygiene program for Puerto Rico. An experimental mental health program would be developed under Arbona’s direction in 1950. As Guillermo Arbona and Manuel Morales describe it, the clinic emphasized mental hygiene as something rooted in “human relations,” and held workshops using drama as a “therapeutic tool” to allow patients to work out their conflicted emotions in an interpersonal and group setting. Their report mentions in brief the necessity of group-mediated processes of *moral education* and integration (Arbona, 1950). The twin notions of “moral reason,” and “moral sickness,” as emergent from emotional conflict would be codified through repeated expressions in writings on Puerto Rican delinquency in a more Psychiatric frame.

Biology and Central Planning

While *Bienestar Social* and eventually Puerto Rican psychiatry would identify a source of “social” disease in processes of “civilization,” such diseases were still viewed in nebulous, and by necessity *constitutional*, terms. Lacking a biological basis, these accounts would seek ontology elsewhere. Where sociology would look increasingly toward economic, and population-level explanations, psychiatry would posit various sources including climate and “heredity.” In his book, *Cosas de la Mente*, Pablo Morales Otero, a physician well versed in the

diseases of tropical medicine, describes how the delinquency and moral sickness of the prostitute emerge at the intersection of hereditary and “environmental factors.” Morales Otero ponders how hereditary predispositions converge with the human geography of the *arrabal* to render one mentally sick, and how this extends to the “sick society” at large. This was not a fringe position. Popular ideas about mestizaje, despite being considerably tempered, endured, and were debated in Puerto Rican medical milieus as late as the mid 1950’s. In the 1954 book *Males Del Medio Ambiente*, which includes essays by Morales Otero, Jose Rodriguez Pastor offers an offhand statement on acclimatization, and the debilitating impact of race and constitution in the tropics. In what is otherwise a technical assessment of pasteurization and environmental sanitation, the author notes that climatic debilitation takes effect over many generations: “[t]hese characteristics are not so noticeable in the inhabitants of the tropics whose European ancestors immigrated in more recent times. The mulatto and the mestizo share in great part the vulnerabilities of the white man in the tropics, although his physical strength seems to be greater (Rodriguez Pastor, 1954).”

In a separate volume on public hygiene, edited by Jose Rodriguez Pastor, Antonio Ortiz, speaking of infant mortality, observes that “it would be a mistake to attribute [its frequency] to the tropical environment (race, climate), without taking into account unfavorable social and economic circumstances (Ortiz in Rodriguez, 1955).” A number of articles in *Revista Bienestar Social*, likewise attest to a kind of veiled persistence of converging constitutional, racial, and climatic assumptions. One such study, *Factores Emocionales y Intelectuales de La Prostitución*, “thus cites “torpor,” “instinct,” “heredity-mental disability,” and “environmental factors,” alongside more socio-cultural sources like “poverty,” “undesirable family relationships,” and “bad discipline.” Its author concludes that the sickness of the prostitute is one of moral reason

(Gomez de Talosa, 1952). The specifically psychiatric expression of mental disease as based in hereditary and constitutional factors rather than developmental ones is noteworthy. Both Morales Otero and Guillermo Arbona were well versed in tropical medicine, and well-published in the realm of hygiene and microbial disease. The medical authority of both figures was based in commonly held scientific understandings and methodologies which would appear to be resistant to antiquated Lamarckian assertions of moral heredity. While this point is a minor one, and may not be worth bearing on, the persistence of constitutional, racial, and climatic explanations, its coherence with psychiatric and developmental perspectives of deviance, and the apparent impulse to ground categories of abjection in biological realities (qua disease), is relevant for reasons that will become evident in the next chapter.

The new medical framing of social categories inspired other kinds of biological accounts as well. As urbanization, rapid industrialization, and the growing influence of Nuyoricán migration were increasingly imputed as sources of crime, a growing emphasis would be placed on *populations* as indices of social sickness. An early version of this perception is given by Rosario:

in a small town, or in a neighborhood where everyone knows all the other people in the community, crime is rare fruit. So it was in the rich port of the first three centuries of Spanish colonization; but as soon as people began to move more easily from one side to another, this movement was fertile soil, and moisture and fertilizer for the development of crime (Rosario, 1952, p. 61).

Notably, Rosario does not point to the *space* of the arrabal, but to the *fact of movement*, of mobility, an in-betweenness and uprootedness which relegates “home” to memory. At later

points in the same text Rosario will draw parallels between this phenomenon and the Puerto Rican diaspora in New York, before finally settling on “overpopulation” as the primary cause of crime in Puerto Rico. Such an account is a rapid departure from accounts framing social *degeneration* as rooted in the unhygienic circumstances of the hills or the arrabal. To the extent that it concerns the status of being uprooted, it affords a kind of constitutional understanding; the criminal, like the inauthentic Jíbaro, is tied to neither past nor future. The account also expresses a burgeoning emphasis in Puerto Rican medical and social sciences, on space and the circulation of *populations*, the conflict between “land-limits and a booming population” (O’Connor, 1947[Letter to Juan A. Pons]). In this sense Rosario’s observations about migration and population bear witness to a development in Puerto Rican medical thought which could only be classified as ‘biopolitical’ (Foucault, 2010). Overpopulation—an economic expression of ‘surplus humanity’ (Mahmud, 2010) and ‘sacred-life’ (Agamben, 1998)—would assume a function akin to “social hygiene.” Accordingly, Haven Emerson, a Columbia Professor would describe the “plague” of overpopulation in Puerto Rico as, “a disease in a chain of diseases, a disease which begets disease, delinquency and crime.” (Emerson, 1947[Letter to Juan A. Pons]). The question of overpopulation was just one in a series of administrative developments toward centralized planning on the one hand, and economic growth on the other, that would frame the addict in more or less impersonal terms, as part of a *surplus* population.

An Exception of an Exception

Despite relatively continuous administrative, social, and health discourses on delinquency, criminality, and increasingly alcoholism, the terms “adiccion,” “narcomania,” and

“toxicomania” are scarcely rendered in Puerto Rican scientific or popular writing before the mid 1950’s. The first detailed outline of the dangers of narcotics in an insular scientific context comes in 1955, in a book entitled *Drogas Narcoticas* by the well-known physician and professor of Pharmacy, Rodolfo Escabi. Escabi’s book, among many anomalous features, notes a decline in both prescription use of narcotics like codeine—by far the most widely prescribed opiate at the time—and illicit narcotics traffic between 1949 and 1955. Though it cites predominantly American sources, the text makes no mention of drug dependency, and little more than passing mention to the moral qualities of drug use and drug using-persons. Escabi does, however, express surprise that given the “degradation and abjection involved,” so much of history has taken a “laissez faire approach” toward narcotics (Escabi, 1955). Other accounts of narcotics in popular literature would pertain mainly to the threat of marijuana, which unlike opiates, had been the subject of a series of somewhat successful police campaigns under the Federal Bureau of Narcotics(FBN) in Puerto Rico, and was the source of the majority of arrests made under narcotics laws following the passing of the Marijuana Tax in 1937 (FBN). A 1948 article in *Revista Farmaceutica* by Washington Llorens, President of Puerto Rico’s board of Pharmacy, entitled *Cannabis Sativa*, notes how “habitual [marijuana] use always causes marked deterioration and at times produces a state of insanity (Llorens, 1948).”

The concept of addiction in the American sense of chronicity or dependence, is largely absent from both popular and scientific writing on drugs prior to 1956. More often, “dangerous drugs,” which include primarily Barbiturates and Marijuana, are noted, alongside alcohol, for their morally and intellectually *degenerative* capacities. An early exception I have found is Luis Manuel Morales’ book, *Psiquiatria, Neurologia, y Higiene Mental* (1953), the first Puerto

Rican textbook on Psychiatry, which fits Puerto Rican conceptions of character and personality pathology—as failings of moral reasoning rooted in emotional conflict— into categories of American and European Psychiatry. In sections like “Psychopathic Personalities”, “Character Neurosis”, “Moral Masochism”, “Phobias”, and “Sexual Perversion,” the book balances a nascent local understanding of mental health— in all its delinquent associations— with the visions of mental hygiene articulated by American and European writing¹⁵. It also features a section, two paragraphs in length, on “Alcoholism and Addiction to Narcotic Drugs,” which, despite its title, speaks exclusively of alcoholism, explaining how, for some, alcoholism is “a veritable compulsion,” inevitably linked to unresolved conflict, and associated with perversions like homosexuality. The only mention of “narcotics” in Manuel Morales’ description is the first sentence, which reads: “Alcohol is a narcotic.” (Manuel Morales, 1953).

In general, the problem of drug dependency was conceived by Puerto Ricans as a foreign one, and was not commonly perceived as a marker of delinquency, nor indeed an obvious phenomenon until at least the early 1960’s. Consistent with historical frustrations over what were seen to be humiliating and persistent assaults on the professional autonomy of Puerto Rican physicians, federal drug controls and inspections— both under the Food and Drug Administration (FDA), and the FBN—were met with some resistance by physicians and insular administrators. As the regnant party of Puerto Rico’s former liberal Creole elite, and the first autonomously ruling party under the Commonwealth, the early PPD was in many ways an heir to the institution of Pharmacy. Meetings for burgeoning independence movements during the 19th

¹⁵ The notion of “mental hygiene” is significant. Under Kolb, the Division of Mental Hygiene, which was the narcotics division of the US Public Health Service, becomes NIMH with 1949 National Mental Health Act.

century were commonly held in colonial pharmacies, and pharmacies housed the formation of the first (Liberal Reformist) political party on the island (Trujillo-Pagan, 2013a, p. 157).

Pharmacy and Medicine, as the first trades to receive professional autonomy under Spanish rule, were understood by Creole elites to be innately political, and concerns for professional autonomy inspired resistance to American professional control as early as 1903, when representatives of the *Asociación Médica de Puerto Rico* met to “mobiliz[e] in defense of the ‘puerto rican personality,’” against their inevitable subsumption by the American Medical Association (Trujillo-Pagan, 2013a, p. 136). Beginning with routine federal surveys of prescription practices in 1910 (Swann, 1994), federal narcotics laws would in manifold ways, outline the administrative dynamic of Puerto Rican political system, and the limits of the professional autonomy of Puerto Rican physicians and politicians (Oliphant, H. (1936, January 21). [Letter to Harry Anslinger]).

Creole frustration would reach especially high levels when met with the administrative strategies of Anslinger’s FBN. Though Anslinger was something of a classic “state’s-rights” republican, and generally encouraged states to manage federal narcotics laws on their own terms the letters contained in archives of Puerto Rico’s Treasury department suggest a high degree of exceptionality with regard to Puerto Rico¹⁶. It is indeed apparent through both FBN and insular materials on narcotics, that despite the best efforts of FBN agents, who during the first 40 years of prohibition would increasingly associate narcotics use and trafficking with ethnic alterity, the threat of Caribbean and Latin American Communism, neither trafficking nor recreational opiate use were at all common in Puerto Rico. Distinct from practices the states, the FBN required

¹⁶ e.g. via the “Uniform State Narcotic Drug Act”

Puerto Rico's pharmaceutical wholesalers to disclose sale records to the Treasury, which were then analysed for "abnormalities," spurring regular covert audits and direct surveillance of physicians. As Secretary of the Treasury Manuel Domenech laments in a letter to Ernest Gruening, "[a] large majority of the cases reported... cover minor violations such as the keeping of incorrect records and the obtaining of narcotic drugs by prescriptions instead of through the proper official order blanks (Domenech, M. (1934, October 20).[Letter to Ernest Gruening])."

These efforts necessarily targeted reputable Creoles Physicians who in large part comprised Puerto Rico's insular political bodies. In one notable instance, Teodoro Moscoso Sr., an extremely reputable pharmacist, and the father of one of the PPD's founders was threatened for prosecution over the failure to attach such stamps to an order for paregoric (an opiate) until Domenech intervened (Besosa, H.F. (1933, October 26)).

The insular treasury and its various heads from 1931 through the 1960's, took issue with the FBN for other reasons as well. As the body responsible for enforcing laws against Puerto Rico's popular illegal subsistence economies (as potential tax sources), including bootlegging, bolita, and the sale of uninspected milk, the Treasury was also responsible for managing the federal narcotics laws imposed there. Despite the extreme rarity of addiction, addiction maintenance, and any kind of trafficking in Puerto Rico— a fact repeatedly conceded in letters surrounding periodic narcotics campaigns— Anslinger's FBN viewed Puerto Rico as a potential trafficking threat, and sought to preemptively establish narcotics controls in similarly punitive terms to those of Puerto Rico's other illegal subsistence practices. Repeated complaints of Puerto Rico's insular Treasury secretaries that federal interventions were "inefficient," and "not well suited to the situation" in Puerto Rico, betray the fact that the cost of administration outweighed

the economic payoff, since the tax acquired from narcotics was not greatly affected by their highly uncommon illegal use (Domenech, M. (1934, October 20).[Letter to Ernest Gruening]).

For similar reasons, PPD members and physicians like Pablo Morales Otero, who would later author the first Puerto Rican text on addiction, found themselves in repeated confrontation with federal powers over the issue of changing federal prescription standards. The Pharmacy Act (1942), the Dangerous Drugs Act (1952), and Durham-Humphrey Act (1951) , along with the covert inspections and prosecutions that accompanied them—all provoked organized resistance and controversy amongst Creole doctors, and administrative leaders (Zayas-Aponte, J.(1942). [Letter to Jesus Piñero]).

Because addiction to opiates was not an object of popular knowledge in Puerto Rico, pharmacists were by necessity the first to grapple with and publish on the topic of “dangerous drugs,” as they were handed new federal policies, broadly understood to be somewhat arbitrary, unduly punitive, and threatening to the professional autonomy of Pharmacists. Reading insular letters in conjunction with the general publication timeline of Puerto Rico’s *La Revista Farmaceutica*, one finds a notable temporal convergence throughout the 1940’s, 1950’s, and 1960’s, on the reporting of “dangerous drugs” with the instantiation of new Federal acts, arrests of Creole Physicians, and measures of resistance against Federal scrutiny. In at least one instance, Federal agents communicated directly with Nunez Melendez, Augusto Font, Luis Torres Dias, Mejias— all members of the publication board of *La Revista Farmaceutica*— to provide “educational materials,” (surrounding controversies over Durham-Humphrey) which would be subsequently relayed within the journal in the very same year (Hermann, C. A.(1956). [Letter to Juan A. Pons]; Trias-Monge, J.(1956, August 14). [Letter to Luis Muñoz Marín]).

Creole resistance to American addiction concepts, and lack of concern about addiction in general, was of such an extent that in 1955, 3 years after the creation of the ELA, and 2 years after the U.N. determined it to be a non-possession of the United States, and self-governing territory (Bernabe & Ayala, 2009, p. 171), PPD administrators—among them Luis Muñoz Marín, Jose Trías Mongé, Antonio Fernos-Isern, and Guillermo Arbona— expressed interest in annulling the Harrison Act—the primary law prohibiting Narcotics in the United States, as it had proven costly to implement, and poorly suited to the island's needs (Muñoz Marín (1956, June 4) [Letter to Fernos Isern]; Fortas, A. (1955, November 2). [Letter to Rafael Pico]). For leaders of the newly sovereign ELA, the application of the Harrison Act to Puerto Rico was not only politically and legally problematic, but appeared as a remnant of American colonialism, to which the new Commonwealth status opposed itself. In 1955, Rafael Pico, assistant to Luis Muñoz Marín, wrote Abe Fortas, future Supreme Court Justice, and regular council of the ELA, to express grievances with, and request relief from the duties of administering the Act. In an astoundingly limpid articulation of both the exceptional nature of Puerto Rican sovereignty, and the shaky constitutional grounds on which US drug controls rest, Fortas responded,

We must assume that the Harrison act is an effective exception from the general exemption of Puerto Rico from the application of internal revenue laws....The Harrison Act is clearly and primarily a regulatory statute, using the device of taxation for regulatory purposes...If the Harrison Act were not a tax act but a policing measure, the implications of this problem would be different...If such a measure were constitutional in the states and applicable in the various states its application would not present such a grave problem...The fact remains that its constitutionality in the states depends upon its

tax characteristics...if the tax features of the law were eliminated...critical portions of the law would be unconstitutional because they could not be justified within the limited scope of federal power. Their operation is intra-state and absent the tax features, would probably be an invasion of the police power of the states.

In the letter Fortas proceeds to ask, “if it is desirable for the Commonwealth to sponsor and obtain legislation that might have the effect of providing for the federal collection of a federal excise tax in Puerto Rico,” as federal agents would “continue to enforce the federal law relating to the unlawful importation of narcotics.” He expresses concern over the “psychological effect” the presence of federal agents might have on the newly sovereign entity. The presence of federal powers, he goes on, would also violate the 1954 internal revenue code for Puerto Rico, which is useful for its Commonwealth status, “so the question of whether to remove it is a major one (Fortas, A. (1955, November 2). [Letter to Rafael Pico]).”

Fortas’ letter is also an unusually early expression of the kind of legal exceptionality that would be applied to the nominally sovereign ELA by US officials throughout the latter part of the 20th century. Questions and concerns about the applicability of federal drug laws to Puerto Rico—the Dangerous Drugs Act, the Pharmacy Act, the Durham-Humphrey Act, the Boggs Act—would be raised repeatedly by professional physicians, pharmacists, and high-level government leaders following the 1952 formation of the ELA. Federal officials, who had in large part crafted Puerto Rico’s Organic law to suit the necessity of federal authority, “in the final instance,” would repeatedly deny their queries. While the Harrison Act persisted in Puerto Rico, the Narcotics Control, or Daniels Act (1956), was to be a source of much greater concern for Puerto Rican leaders, and it intensified considerably PPD complaints about the terms on which

the Harrison Act was being imposed. Among other measures, the 1956 Narcotics Control Act imposed the death penalty for repeat offenders, a point obviously contradicting both the PPD's attitude toward federal death penalties, and the ELA's constitutional ban on corporal punishment (Fernos-Isern, A.(1956, July 2).[Letter to Luis Muñoz Marín]). After being amended to omit the death penalty and other objectionable measures, the Narcotics Control Act was provisionally passed through Puerto Rico's legislature, initiating a trial period during which time federal officers, in conjunction with the treasury, would "investigate" more fervently, the narcotics situation in Puerto Rico. Starting in 1956, insular Treasury officials as well as police would be sent to the United States for "training in narcotics enforcement," producing an insular milieu of Anslinger-alumni that would comprise many eventual leaders in narcotics enforcement.

As Fred Fleagle had warned of alcoholism, (which by 1952 was said to affect 80,000 of Puerto Rico's populace; Rosario, 1952), Pedro M. Velez, the leader of the insular treasury department's division of special investigations, and undoubtedly the expert on narcotics trafficking in Puerto Rico in his time, would express during a 1956 meeting of health and government officials, that in his opinion the narcotics problem in Puerto Rico was "not a significant one" (Garcia & Roselló, 1968, p. 49). Velez would list his grievances with the federal approach, in a letter to the PPD stating that insular management of addiction in the terms prescribed by federal law, was unmanageable "both in economic and social terms," as it would require the creation of new hospitals, chemical labs for testing, FBI-style surveillance institutions, and most importantly the development of specialized prisons. He also suggests that these laws could expand the problem of addiction, noting how "authorities at the prison at La Princesa have ... determined that those who introduced the knowledge of addiction had acquired

it while in interaction with other prisoners in the United States (Rigau. (1956, May 9).[Letter to Luis Muñoz Marín]).” In the following years, as the concrete limitations of the federal approach presented themselves ever more clearly, PPD members would outline their intention to orient themselves towards addicts “in a strictly medical manner”(Garcia & Roselló, 1968, p. 49). Despite an existing dynamic of economic, political, and medical consultation with American institutions like Columbia University, the PPD believed it necessary to part ways over the issue of addiction, and “in other areas of government,” as one Pons memorandum expresses,

The idea that only people with a thorough acquaintance with local conditions should make the original plan and set the norms is no more than reasonable; and the subsequent idea that in some cases outside consultants may be brought in to check the plans over is also sound, especially because, as a result of historically determined attitudes, many local executives may well be afraid of change and innovation without some external stamp of approval, at least in the beginning. However I see no reason why such consultants need necessarily come from the states. Why not from England or Scandinavia (Departamento de Salud, 1956).

Letters between health department officials, the treasury, and UPR’s Department of Social Science reveal that considerable was attention given to the question of treatment on the terms of maintenance (Rigau (1956, December 3) [Letter to Pedro Munoz Amato]). In January, 1957, Pedro M. Velez would pen a letter to FBN director George Cunningham expressing his intention to pursue a policy like “the English System,” of heroin-based maintenance treatment, believing this to be the approach best-suited to the situation in Puerto Rico. Weeks later, he would receive a letter from Anslinger calling describing pro-maintenance thinking as

“propaganda,” and affirming that, “all recognized world leaders agree that an addict must be placed under constraint to effect a cure.” and that, “[t]he continued supply to a patient solely for the gratification of addiction is not regarded as “medical need (Anslinger(1957).[Letter to Pedro M. Velez]).”

In spite of the insistence of the ELA milieu on managing addiction as a medical problem, the juridical constraints imposed by federal authorities would also constrain its epistemic genesis in Puerto Rico, as indeed it had in the United States. Among other things, addiction would be increasingly understood through its natural association with criminality. Beginning with the 1956 controversy, the number of popular writings on addiction ballooned, many of them noting the “epidemic” proportions in which addiction is rising. While *la Revista Farmaceutica* and *Asociacion Medica de Puerto Rico* (which contains only two articles on addiction between 1956 and 1962), maintained in relatively limited and decidedly neutral terms, the “dangers” of dependency producing drugs, and expressed open grievances with the federal laws (AMPR, 1956), newspapers like *El Imparcial* would elaborate addiction as a moral and metaphysical threat to Puerto Rico, an “evil without remedy,” “a plague of vice” bred, like other forms of delinquency in the *arrabal*.

Between 1956 and 1959, opiate addicts, like alcoholics, would be increasingly linked to other deviant human kinds, particularly prostitutes and homosexuals. In *Vivir Soñando*(1959), the first thorough treatment of addiction in Puerto Rico, Pablo Morales Otero warns against the epidemic of addiction, and though he insists on the medical treatment of addicts (and even

mentions Methadone as a possible treatment approach¹⁷) notes that, “often, to eliminate narcotics, you must eliminate bolito, prostitution, homosexuality.” In a 1961 chapter for *Tratado de Psiquiatria General*—the first institutionally-rooted Puerto Rican Psychiatry textbook—he writes, “people view the narcotics addict with horror, as if they were a sex maniac,” noting that addicts generally reside in the arrabales, are often selfish, but intelligent, “lacking concern,” and “solidarity (Roselló, 1962, p. 451).” Notably, the phenomenon of withdrawal is what largely distinguishes his chapter on opiate addiction from a preceding chapter, also written by him, on alcoholism.

¹⁷ While it is uncertain where Morales Otero’s knowledge of methadone derives from, he does cite in the 1961 chapter, conversations with Henry Brill, an early advocate of such treatments. Additionally, Puerto Rico held annually a major Pharmacology conference, which many of the early American advocates of Methadone—including Jerome Jaffe, Vincent Dole, and Brill would attend (Jaffe interview)

Chapter Five

Though maintenance approaches were firmly prohibited by federal representatives, early investigations into the problem of addiction in Puerto Rico appear to have shared their same metabolic assumptions. One 1962 Columbia University Masters thesis describes how a new experimental program, *Centro de Investigaciones Sobre la Adicción* (CISLA)—“a joint enterprise of the Department of Health and *Bienestar Publico*”—was conducting work based on “trial-and-error,” which involved feeding those withdrawal patients, “a diet very rich in carbohydrates... as it [was] believed that addiction may be due in part or in whole to metabolic defects (Cruz-Ginorio, 1962, p. 5).” This approach would quickly be abandoned for one framing the disease as a problem of moral reasoning and increasingly, a *spiritual* problem. The study’s leader was a young Puerto Rican Psychiatrist named Efrain Ramirez—son-in-law of Luis Muñoz Marín. Ramirez’ program—later fashioned as the “*Boricua Model*”—elaborated ‘addiction’ in terms that combined Anslinger’s institutional framing (“addicts must be placed under constraint to effect a cure”), with the humanitarian reasoning, and developmentally redemptive posture of Puerto Rico’s Creole leadership. Ramirez held weekly meetings with his father-in-law to discuss the “existential” nature of addiction, and to devise a model based on the “Hispanic cultural tradition (United States, 1979, p. 286).” From his Ocean Park home, Ramirez explained to me how the program was seen to be a component of *Operacion Serenidad*: an enterprise which Muñoz Marín fashioned as the “human face” of the PPD’s program of industrialization and economic development “Operation Bootstrap”—geared at the cultivating the Puerto Rican personality (Ramirez, E. Personal Communication).

In addition to the Department of Health and “Bienestar Publico,” CISLA would be described as an experimental facet of the new “Mental Health Program,” initiated by Guillermo Arbona. Arbona’s early contributions to Puerto Rican psychiatry have been noted; his novel *decentralizing* “regionalization” approach to public health administration established Puerto Rico’s health care system as exemplary on an international scale. Following changes in the legislation of narcotic drugs on the island, the demand for treatment continued to grow. The project was poised to lighten the burden of a growing population of drug users on Puerto Rico’s first Psychiatric hospital. In interviews, Ramirez would describe how persons found to be in possession of drugs and put under the care of the state, were given thorazine and other antipsychotic medications on the premise that addiction was a form of psychosis. For Ramirez, addiction was neither an expression of psychosis, nor a simple physiological consequence of drug use, but “a symptom of severe underlying personality disorders, [which] exist in patients *before* they start using drugs (Ramirez, 1965).”

Epistemic Sources of Addiction

The terms in which addicts themselves are described by Ramirez early on, closely resemble those in which delinquents and mentally ill had been described in earlier delinquency discourses: especially the sociomedical and moral orientation of Pons’ *Bienestar Publica*. For Ramirez, addicts are distinguished not only by a pathological and degenerated character, but by a kind of *moral* underdevelopment, and failure to accept responsibility for their actions. In one of the many news articles published on Ramirez’ therapeutic communities, he describes addiction as a disorder of moral reasoning, and recovery as a question of moral responsibility: “the extent

to which we accept responsibility for our lives is the extent to which we become free moral agents (1895 May 3, 1964 *Nuevo Mundo*).” This point, which emerges in various forms through Ramirez’ own statements, bears marked similarities to Manuel Morales’ (1953) description of the “neurotic character”: a form of “*locura moral*”, not perceptible on the forefront, but with “legal and social consequences.” Such persons are intelligent, affable, and likable, but are marked by an “infantile vanity,” a lack of “solidarity,” which drives them to commit anti-social, and criminal acts (79). Paralleling Wolf and others’ descriptions of the Jibaro, Ramirez would note the “superior intelligence,” and craftiness of addicts, while insisting on their basically *selfish*, and anti-social character.

As a form of deviancy, addiction would increasingly be framed as an exemplary type of “social disease,” emerging from factors related to Americanization. Whether as an effect of “[a]mericanized Puerto Ricans returning to the island from New York and Chicago” (Findlay, 2009), a direct consequence of American colonization (“The Addict: A Confession,” 1964; Wagenstein, 1964), or “a product of rapid industrialization (*El Imparcial*, 1963),” the rate at which addiction caught on as a popular trope of delinquency marked its status as ‘civilizational’ beyond question. Ramirez would accordingly apply the social explanations for ‘crime’ advanced by Rosario, and moral sickness’ described by Pons, to the problem of addiction: “[t]he result of a sizable and constant migration between New York and San Juan (Ramirez, 1967).” Yet the communicable, autoproliferating potential of addiction was also emphasized. In one 1965 report for the DEA, Ramirez writes, “addiction may be described as an epidemic...in proportion and by its nature; its infectious agent, the drug, its susceptible host, the patient, frequently an

adolescent..., and its vector, the addict, who turns pusher in order to support his habit (Ramirez, 1965, p 2).”

The view of addiction as an epidemic —increasing exponentially by the year—is a prevalent feature of reports on Puerto Rican addiction from the passing of the 1956 narcotics act through the 1990’s. The idea is consonant not only with popular expressions of addiction—and criminality more generally— as a product of Americanization, but also with a burgeoning perception of the relationship between addiction, delinquency, and crime. In 1965, Ramirez would issue the claim that addiction can account for half the crimes in Puerto Rico, and can be associated, “with the abandonment of children, the breakdown of the family, and reduced productivity (Ramirez, 1965).” In the same year, Fernandez Marina would declare that for every recovered addict, 5 new addicts emerge— a situation he would attribute to “serious psycho-pathology in society, failures in the function of acculturation in the home,” and “a crisis in the dynamic of cultural values (Garcia & Rosselló, 1968).” “At least half of the property crimes,” Fernandez Marina would write, “ [are] committed by addicts.” Similarly, Pablo Morales Otero would suggest that addiction can be seen to account for 60% of the crime in Puerto Rico, and the head of the Narcotics Division of Puerto Rico’s treasury would suggest that 34% of criminals are addicts¹⁸ (Bobb, 1985).

While epidemic expressions of addiction might on some level be understood as sensational (or in the case of Ramirez’ DEA report, perhaps opportunistic), the introduction and development of addiction as disease entity in Puerto Rico resolved an aporia within extant Psychiatric and sociological accounts of criminality and delinquency: an ontological dimension

¹⁸I find this statistic in at least 5 separate reports spanning 1959 to 1987

and ‘infecting agent.’ This common, burgeoning understanding of addiction as a kind of social infection, and final cause of criminality would form the basis for an institutional shift toward penal management. Still, Ramirez’ model was not yet a hygienic, extirpative, or punitive one but—much like the mental hygiene experiments of the 1950’s, and rehabilitory proposals of *Bienestar Social*—one oriented toward moral rehabilitation. The quasi-heritable affectability of Puerto Ricans under macro-level processes of economic development would endure as a core assumption of Ramirez’ paradigm. To these processes, children were seen as being especially vulnerable. In 1963, Ramirez would coordinate a plan between CISLA and Puerto Rico’s Department of Education to mobilize the community resources and classrooms against addiction. The program would distribute questionnaires to all school-aged children, assessing the relationship between addiction, socio-economic status, and intelligence. This interdepartmental approach would be the first to define at an administrative level, the potential criminality of all school-children. Before going further it will be useful to speak Luis Muñoz Marín’s concept of *serenidad*, and its relationship with economic development efforts in general.

Development and the Therapeutic Enclave

If Muñoz Marín’s early vision of the Puerto Rican pueblo hinged on the central distinction—along the lines of Pedreira— between American greed (*la buena vida*) and the virtuous, simple life of the well-fed Jíbaro (*la vida buena*), this was not left uncomplicated by the discourses of economic development. Where a younger Muñoz Marín had penned minor manifestos on US “capitalist imperialism,” by the 1950 his interests were more pragmatic. As the face of Puerto Rico’s rapid economic growth (alongside Teodoro Moscoso), Muñoz Marín and other PPD representatives accepted the model of economic development just as Creoles of the

previous generation had accepted American public health administration: as a means of civilizing Puerto Rico, drawing its population out of the *charca* of poverty and ill-health. Hernandez (2015) has made a compelling case for the continuity of Muñoz Marín's thinking through his embrace of modernist development premises; such a continuity is borne out especially, I think, in his articulations of *Serenidad* (alternatively "Operation Socrates").

Muñoz Marín's *serenidad* reflects precisely the fear of civilization discussed in the previous chapter. For Pons, this fear had taken medical expression in the threat of "social sickness." For Pedreira the threat was to identity. Muñoz Marín's memos on *serenidad* likewise characterize the "other side" of development as both a sickness and a loss of identity, but also as emerging from specific effects of economic growth proximal to American culture. In economic development initiatives, he notes "there is always the risk of adopting the other culture (Munoz Marin, 1961 "Sobre la identidad")." "Puerto Rico needs to preserve its basic values and culture (Munoz Marin, 1961 "Operacion Socrates")." Among other degenerating causes, Muñoz Marín cites "conspicuous consumption," and "selfishness." In contrast to the American personality, accordingly Muñoz Marín describes the Puerto Rican as "small and great," able to "make things of greater value" with fewer resources (Munoz Marin "Escritos"), possessing a "spiritual prosperity," and "wisdom" to which Americans are barred access. The *serenidad* model will thus serve to foster the "great civilization," minimizing "cruelty, egoism, ignorance, negation of liberty...[and] lack of confidence in ourselves as people (Munoz Marin, 1960. "Notas sobre lo que debe ser una gran civilizacion")." Rather than "freedom within the framework of an economy," Puerto Rico will have an "economy in the framework of freedom."

Through these expressions, we can see how Muñoz Marín's vision, contrary to delineating some unbridgeable divide between American style capitalism and the Soviet model of central planning, merged the two styles in cultural terms that expressed a fundamentally autonomous position for Puerto Rico. In one memo on *serenidad* Muñoz Marín would even compare Americans unfavorably to the Soviets. This type of thinking would become familiar to much of Latin America during the latter half of the 20th century (Escobar, 2011; Larrain, 2013). In a lecture entitled *Development Through Democracy* Muñoz Marín gives new definition to Pedreira's image of the Jíbaro, and question of political autonomy. Far from being a question of oppression vs. sovereign rule, Muñoz Marín says, the question for Puerto Rico will be between two forms of oppression: the oppression of colonial or imperial control, and that of poverty: "[t]he Tydings bill would have made Puerto Rico independent; but it would have shackled the people with economic misery (Muñoz Marín, 1951)." Muñoz Marín proceeds— in terms familiar to modernist discourses of economic development— to describe this discovery as a kind of enlightenment; development is the "the dawning light" of "reason," the "path of progress."

At the time, our emotions were stronger than our powers of reasoning.

Rationalization works where understanding is the servant instead of the master of emotion. Instead of using reasoning objectively to seek the truth, we used it to justify our emotions. Just as one might confuse the glittering uniform of a doorkeeper with that of a king, our powers of reasoning were led astray by rationalization induced by our emotions.

Like the great thinkers of 'modernist' development—Nurske, Rostow, and Lewis especially— "growth" for Muñoz Marín, was simultaneously a path from poverty, and a cultural

path from backwardness, and was expressed in terms that mimicked the Soviet model of centralized planning. In this, we can recognize Muñoz Marín's vision for Puerto Rican democracy (as Hernandez does) as one that doesn't simply mirror discourses of economic development: it anticipates them. In general, the role Puerto Rico has had in shaping post-war development efforts in Latin America has not been given sufficient attention. While the Philippines and Cuba both functioned as early as 1903 as "workshop[s] for American progressivism (Gedacht, 2009)," Puerto Rico would be the primary main stage on which the neoliberal economic development strategies today employed by the IMF, the World Bank, and related institutions, mostly amongst developing and debt-bound postcolonies were refined. As is well known, Puerto Rico would be the model on which Arthur K Lewis theorized his "dual-sector theory" of capital formation, which would be the basis of modernist theories (Mirowski, 2015). Presaging what would come to be a staple of US foreign policy during the 1980's, Puerto Rico was home to the first state-led privatization campaigns outside of Mussolini's Italy, and Hitler's Germany (Bel, 2009); the Puerto Rican Government Development Bank (GDB) served as the partial inspiration for the formation of Structural Adjustment Programs (SAPs) like those of the IMF and World Bank (Tugwell, 1946); and Puerto Rico itself was among the very earliest, if not the earliest, of modern "export-processing" or "free-trade" zones (Neveling, 2015). Less known is Puerto Rico's role in facilitating other development efforts around the Caribbean and the world, through private meetings, technical assistance programs, and conferences. The influence of Puerto Ricans in these processes is perhaps best exemplified in Teodoro Moscoso—the mastermind of Puerto Rico's "operation bootstrap"

—being hired by Kennedy to manage the *Alianza para el Progreso*, an initiative that was arguably conceived on Puerto Rican soil.

In Puerto Rico, development synthesized a vision of capitalist abundance with one of communist egalitarianism, and was the basis for the island's special status: an *Estado Libre Asociado*. But the problems associated with rapid development were still seen as mounting; alongside “social diseases” previously mentioned, “inequality,” “greed, selfishness” and “egotism” were all understood as endemic to the process of rapid growth. The aim of *serenidad* was to manage these. Muñoz Marín would thus figure serenity in its relation to the related enterprises of economic development, and democratization:

The first task we have called Operation Bootstrap, a large effort with little means; the second we named Operation Commonwealth, working at a new form of human freedom; the third we could call Operation Serenity, an attempt to give economic effort and political freedom objectives that can commend themselves to the spirit of man in his function as a leader, rather than a servant of economic processes (Munoz Marin, 1960 “Notas Sobre lo que debe ser una gran civilización”).

As the “social” side of development *Serenity* was the framework in which *arrabales* would be replaced by public housing, through *urbanizacion* campaigns described by Helen Safa (1974). It was also the umbrella for community education initiatives, the production of films, pamphlets, and radio broadcasts, and other measures of centralized planning towards equality in a “cultural framework”.¹⁹ In one memo Muñoz Marín refers to serenity as a program of “comprehensive planning,” encompassing cultural and recreational programs, “humanistic education”, economic

¹⁹ Which would not take up drugs until 1968

measures (in notably biopolitical terms, he gives the example of using excise taxes to de-incentivize too rapid accumulation of cars, and promote the purchase of agricultural machinery) and public spaces. Serenity was about “tak[ing] inventory of what elements are lacking for a great civilization(Munoz Marin, 1960 ”Notas Sobre lo que debe ser una gran civilizacion”),” one defined not only by economic prosperity but “spiritual prosperity(Munoz Marin, 1960 “Metas de Serenidad”),” and “social and economic justice.” In this way modernist development was also a pastoral process, one *individualized* (Foucault,1986), for Puerto Rico.

Inasmuch as CISLA was an expression of “serenity,” it would contrast the realities of addiction to the kind of ideal society expressed by Muñoz Marín’s “Hispanic cultural system”. Against the fatalistic view of sensationalist declaring addiction a “*mal sin remedio*,” (“*evil without remedy*”), CISLA was frequently depicted in utopic terms, showing former ex-addicts happily working, playing basketball, or laughing over a game of checkers (Rolón, 1960). CISLA graduates were not only living normal lives, but exalted ones. Ramirez thus sought not only the moral redemption of Puerto Rico’s drug users, through a therapeutic process of “human reconstruction and development,” but to heal his patients and the social body as a whole, of a deeper, endemic social sickness, framed—in accordance with its institutional context— as both an internal threat and an external one. The addict was, like Pedreira’s *inauthentic* Jíbaro, constitutionally weak in the face of economic forces and modernization, but he was also, like Safa’s (1974) informants, in need of hygienic redemption, and moral education.

Despite notable similarities between Ramirez’ program, and programs like Synanon, Ramirez and David Deitch—the founder of Daytop— (Deitch, D. Personal Communication) both deny that CISLA was fashioned on such a “disciplinary” model. Ramirez drew inspiration

instead from the “existential” premises of Maxwell Jones “democratic” paradigm (Ramirez, E. Personal Communication). In general, many of CISLA’s features are coherent with Puerto Rico’s local constructions of “therapy,” “reeducation,” and “rehabilitation”; but they would also employ terms that share meaning in an economic framework (e.g. *superación, vocación, degeneracion, desarrollo, dependencia*). The institution of CISLA itself would notably draw on features of Arbona’s early experiments in mental hygiene in their community emphasis, and their use of recreation and theatre. CISLA framed recovery as a form of moral, metaphysical and racial transcendence, whereby recovered addicts were symbolically inaugurated into “*la Nueva Raza*.” (*The New Race*) (Nuevo Mundo, 1964)²⁰. More than producing the ex-addict as, “just not a parasite on society,” the program sought to, “make him a successful citizen (Ramirez, 1967).” To achieve this, Ramirez offered his graduates employment in induction centers called “coffee houses,” dispersed throughout the barrios and arrabales of San Juan. He sought to combat the communicability of addiction with a kind of dispensary form, a charismatic communicability based on the national values of Puerto Rico, and borne by ex-addicts who—now immune to relapse—could lead drug users toward “good citizenship.”

Administering Addiction Treatment

²⁰ While expressly secular, CISLA’s spiritual orientation mirrors in ways that of Nuyorican spiritist visions of race and nationality. One of few popular articles on addiction found in the PPD file on narcotics controls is “Las Pasiones por Los Venenos”(1952), from the Nuyorican Progressive Spiritist publication *La Nueva Educacion*. The article outlines addiction in much the same terms that Ramirez will: as an “enfermo del espiritu” [sickness of the spirit] consequent to the ill-effects American culture and western civilization. It notably advocates treatment in the same utopic and insular terms that Ramirez would take up in his language on addiction as a problem of “free reason” and development—an effort to be led by *intellectuals de la raza* (intellectuals of the race). In light of the known influence of spiritism within Creole political organization(see Romberg, 2009), this is a noteworthy plausible source of the CISLA idea.

Ramirez' therapeutic paradigm received a great deal of attention in news media during the early 1960's, and consequently had a significant impact in shaping Puerto Rico's understanding of addiction as a "spiritual," hence tractable disorder. It also was hailed as a groundbreaking model for recovery in American medical journals, and textbooks (Jaffe, 1966; Densen-Gerber, 1973). So successful was the model that John Lindsay— then mayor of New York City— hired Ramirez in 1965 to lead the first coordinated effort against rising addiction-levels in the city. As the Coordinator of Addiction Programs (CAP), and head of New York's Addiction Services Agency (ASA), Ramirez would battle not only the rising tide of addiction, but a wave of medical enthusiasm surrounding the expansion of methadone maintenance research, then still under development at Rockefeller University by Vincent Dole and Marie Nyswander. Defining his program as one "maximizing self-sufficiency (United States, 1979, p. 286)," Ramirez would repeatedly underscore the redemptive capacity of the therapeutic community. As a "symptom...the embodiment of a severe physiological, psychological and *social* dependency," addiction demanded "the step by step overcoming of dependency *in all its forms* (Ramirez' emphasis. United States, 1979, p. 286)."

As head of the ASA, Ramirez sent officers from the New York ASA to be trained at CISLA, and would foster the coordination of New York and Puerto Rican health and police departments in combatting the addiction problem on both fronts. Initial meetings surrounding this coordinated effort, which took place during Sept. of 1966, are reported in both Puerto Rico's popular press, and in various municipal archives of the New York City ASA, and entailed the considerable centralization in Puerto Rico of Addiction services as —increasingly—a police concern as well as a health concern. under the coordination of the Puerto Rican Bar Association,

and the establishment of *La Comisión Permanente para el control de Drogas y Narcóticos* (CPCD), a department established in parallel with Nelson Rockefeller's New York Narcotics Addiction Control Commission (NACC) (Ramirez, 1967). Like Nelson Rockefeller's NACC, the CPCD would foster a milieu favoring the therapeutic approach, civil commitments, and securitization over the model of methadone, an effort which would include a transcolonial narcotics register of Puerto Rican addicts in both New York and Puerto Rico. As residential treatments were integrated into a penal system overburdened by drug-related crimes, the appearance and structure of even voluntary programs would come increasingly to resemble prisons. One report, in particular, commissioned by the Senate of Puerto Rico, and penned by the private consulting firm "Macro Systems Inc. (1972)," notes that "the voluntary aspect of CISLA is largely illusory," and recommends the abandonment of its "authoritative mode of operations," and "rigid institutional approaches," which include, "locked and barred gates" on resident sleeping quarters.

In spite of Ramirez' popular success, addiction would continue to rise in Puerto Rico, and as it did, many of Ramirez' predecessors would call the viability of his approach into question. Insular doctors like Fernandez Marina, Guillermo Arbona, Fernando Cabrera, and José Nine-Curt, felt, justifiably, that Ramirez' therapeutic orientation— which was indeed, the "mental health program" of Puerto Rico itself (Ramirez, 1966) — was ultimately both too expensive and insufficiently effective to quell the continuous surge of addiction. These doctors, particularly Guillermo Arbona, who had continued to advocate for the "British Method," (López Abrams, 1965) were in contact with the progenitor of methadone maintenance, Vincent Dole, as early as 1966, and Vincent Dole himself visited CISLA to help Arbona develop a methadone

trial in that same year (Arbona, 1966). These doctors made continuous efforts to integrate methadone into Puerto Rico's addiction treatment strategy. Methadone, however, would not be taken up in Puerto Rico until 1970, when the NACC began pushing forward methadone treatments in New York at the state level. The blocking of methadone was certainly due to Ramirez' influence at the ASA. Aside from registering dependency "in all its forms," maintenance was in conflict with Ramirez' broadly Psychiatric understanding of addiction as an expression of pre-existing character afflictions. "The time the addict spends under methadone," Ramirez would write, "is wasted time. His underlying disease process, his psychological illness, continues to develop (United States, 1979, p. 271)."

Even after methadone was taken up, the dominantly penal orientation of Puerto Rico towards addiction services would persist. Despite early pilot programs, which established the efficacy of methadone in decreasing recidivism (Muñoz, 1970), methadone programs would be largely centralized, following the creation of *Departamento de Educación y Servicios Contra la Adicción* (DESCA) and *la Comision para Combatir el Crimen* in 1973. Unlike the US model, methadone would be administered primarily in residential programs, and with the specific goal of eventual abstinence. With the express goal of ending "el ciclo de adiccion — crimen — confinamiento—adiccion ("the cycle of —addiction—crime—confinement—addiction") (DESCA, 1977, p. 18)," these programs retained in large part, the "character pathology," and developmental orientations of CISLA, while closely monitoring patients, and administering physiological assays (ibid.). Due to the convergence of maintenance and confinement in Puerto Rico relative to the US, methadone would be widely construed as ineffective. In a 1985 *El Mundo* exposé on methadone programs in Puerto Rico, one member would write, "in the

program we have fewer rights than a prisoner,” describing how program leaders would arbitrarily lower doses, administer placebos, and generally didn’t believe in the efficacy of methadone. “The situation is a catch 22. If you get off and relapse, you have to wait 6 months to get back on again (Bobb, M).” Due to federal constraints on funding, largely from the Law Enforcement Assistance Administration (LEAA), DESCAs, was required to monitor all residents in narcotics programs, and report personal data to the federal government (DESCA, 1977)—a notable point of exception from American policy. The exceptionality of Puerto Rico with regard to patient surveillance was marked not by any positive codification, but was rather paradoxically, much like the Harrison Act itself, symptomatic of Puerto Rico’s mostly nominal sovereignty. In the midst of Nixon’s drug crusade, Public Law 92255, part of which formalized the creation of NIDA, was passed, prohibiting such registries in the United States, in order to protect addicts from police surveillance. As a US territory, Puerto Rico was excluded from these more prophylactic clauses. Such surveillance measures cohere in important ways with how drug controls (and indeed medicine) were enacted over the duration of Puerto Rico’s history. In large part because of the extensive FBI records on Puerto Ricans, and in part because of Anslinger’s ethnic narrative on addiction, Puerto Rican addicts in both Puerto Rico and the United States formed a niche in addiction research, exemplified by Ball & Snarr’s 1969 follow-up study of Puerto Rican addicts, which used FBI documents to track down and interview addicts admitted to the United States Public Health Service’s Addiction Research Center (ARC) between 1935 and 1962 (Ball & Snarr, 1969).

Ramirez' insistence on the cultural rootedness of his program against the "social dependency" registered in metabolic or maintenance paradigms gave his model enduring appeal in Puerto Rico. The emphasis he would place on combatting social dependency "in all its forms" underscores Ramirez' model as one not only aimed at manifesting the ideal of *serenity*—as reconstruction and development in the service of self-sufficiency, but also the Puerto Rican trope of resistance to medical surveillance, biological monitoring, and state health administration. This association would be an enduring one. Though one can only speculate about causality, municipal records attest to a "community outreach" dimension in his role at the ASA, and Ramirez' stance on methadone was shared by much of the Nuyorican community: not only evangelical factions, who were supported by Ramirez' ASA, but also Nuyorican community activists like the Young Lords, who occupied city hospitals, endorsed grassroots treatment programs and waved banners reading, "methadone is slavery."

CISLA itself would notably give birth to more informal evangelical programs. Among its notable alumni were Jose Juan Garcia, founder of Hogares Crea, which helped to spread the Boricua model throughout Latin America (in an evangelical format), and Piri Thomas, author of the Nuyorican popular novel "Down these Mean Streets," which detailed a hard life of crime, addiction, and redemption. Both of these authors were born again years after completing CISLA (and perhaps significantly after the collapse of the PPD optimism of the early 1960's). CISLA would additionally circumscribe the first traces of informality in addiction treatment. As a financially burdensome approach relative to methadone, the now common practice of funding recovery institutions with welfare checks (Fairbanks, 2011a; 2011b) was inaugurated with CISLA, and formalized under Ramirez' direction in New York. Apart from these influences,

Ramirez' administrative-dispensary model—what he referred to as the “dome model” (Ramirez, 1981)—of integrating treatment and recruitment into the interstices of the delinquency-prone community altered the landscape of New York social services, and addiction treatment fundamentally. Just as the DOE affiliation he had fostered in Puerto Rico would be the first state-wide inquiry into ‘social’ disease—the first administrative extension of ‘social’ disease to an entire population — Ramirez’ “dome model” sought to mobilize entire communities in the management of addiction, and would in part form an infrastructural basis for New York’s methadone dispensary format (Gerstein & Harwood, 1992). Unlike the American model of containing and separating addiction in penal institutions like the Addiction Research Center, Ramirez rendered addiction treatment immanent to the space and functioning of society. Such developments speak not only to the influence of Puerto Rican medical tendency toward *decentralization* (exemplified in Arbona’s health care reforms), but a quintessentially biopolitical understanding of healthcare.

Conclusion

*To be poor is an objective condition; to be
dependent, a subjective one as well*

-Daniel P. Moynihan

In the year 2000, Puerto Rican police raided a Monte Park housing project, where they shot and wounded a 14-year old boy, and killed another named Anthony Hernandez. According to witnesses, the officers placed a rifle in the boy's hand and left without reporting the death. A report filed by the local bar association's Commission on Human and Constitutional Rights later that year concluded that the drug war being carried out in Puerto Rico, had encouraged "a class-based interpretation and application of criminal law, worsening the class divisions in Puerto Rico (Beruff & Cordero, 2001)." The precedent set by the Clinton and Rosselló administrations' "Mano Duro contra el Crimen" ("hard hand against crime") campaign has led in recent years to an unprecedented escalation of military force in Puerto Rico, and countless similar raids have been carried out in conjunction with federal officers including the FBI and national guard. Despite the fact that those implicated in the drug trafficking economy have often been elite political figures (Castellon 2010), regional directors of large corporations (Serrano, 2013), conspiring insular police departments (Savage, 2010), and American politicians serving

on Fiscal Control Boards (e.g. Mitch McConnell; Fang, 2014), popular discourse identifies Puerto Rico's poor as the masterminds of drug trafficking, and domestic raids have taken place almost exclusively in spaces like *La Perla*—the Old San Juan arrabal that Oscar Lewis called *La Esmeralda* in his Five Families— alongside the island's many caserios and housing projects. Not insignificantly, these communities, just 70 years, earlier would have been subject to comparably vicious treatment in the name of hygiene.

As a territory of the United States, the Puerto Rican border has since the early 1990's existed as a symbolic threshold for DTOs and federal officials alike, interior to which the powers of Customs agents to prevent further movement to the United States falter. As such, Puerto Rico serves as an “open door for drug traffickers and terrorists (United States, 2012).” Combined with the quantitative failure of drug efforts in Puerto Rico, such language suggests that among the many aims of a drug war in Puerto Rico, one important goal is the enhancement of what James C. Scott has called “legibility,” the governmental need, that is, “to arrange the population in ways that simplif[y] the classic state functions (Scott, 1998).” Historically, colonial concerns about legibility, as well as tactics for enhancing it, particularly through medical and sanitary campaigns, have been a consistent feature in Puerto Rico's political and cultural history. In exceedingly complex ways, Puerto Rico's present-day drug war has been enacted as an extension of these very tactics, within the same neighborhoods and amongst people bearing the same kinds of socio-economic classifications. To combat the problem of narcotic drug trafficking, these narcotics forces operate from the same military bases, coastal waters, and insular offices historically employed by federal security forces during WWII, and the Cold War. In principle the

purpose of these raids is also hygienic, though federal subsidies for addiction treatments in Puerto Rico persist in being virtually non-existent.

As a tentative conclusion to this study, I wish to highlight three dimensions of the material outlined above: the first concerns questions of subjectivity and moral economy; the second, biopolitics and security; and the third concerns the biopolitical basis of race.

“Mantengo” and the Moral Economy of Addiction

The problems of drug use and drug trafficking in Puerto Rico are tied up with an ongoing dynamic of poverty that is enduringly linked to US presence during the 20th century. By the end of the 1970s, Puerto Rico was thoroughly bereft of industry, agriculture, and work, with an unemployment rate of almost 70%, making it a suitable candidate for the installation of an illegal drug industry. That the inauguration of Puerto Rico—which as a Caribbean territory shares borders with the UK, France, and the Netherlands— in the global drug economy, developed in the 1990’s along with the rise of fairly extreme neoliberal policies in Puerto Rico, is no coincidence. As Dan Cicarrone (2009) has shown, such policies, which loosen borders for trade, both facilitate the global movement of drugs, and amplify human dispossession in ways that make what an informant of Fairbanks (2011a) calls “honesty,” economically undesirable, if not impossible. How these policies support a lived, social, and medical experience that runs parallel to *dependency* dynamics of capitalism itself (see Larrain, 1989), is what requires explanation.

Addiction in Puerto Rico today, as elsewhere, persists as an expression of abject subjectivity more readily linked to categories of crime and delinquency, than to those of sickness. Yet Puerto Rico is unique to the extent that its categories of abjection double as central

images of national identity and pride. At the beginning of this study, I posed the question of how one might account historically for a seemingly high prevalence of drug use in Puerto Rico, alongside the apparent deprivation of drug-dependent individuals in terms of health care services, and limited adherence to medical treatment. Here, I wish to address these problems by indicating that in addition to a great deal of historical continuity in the *geographic* distribution of violence today enacted under the drug war, there is a considerable degree of continuity in the discourses that circumscribe the *subjectivity* of Puerto Rico's abject populations.

In *The Moral Economy of the Peasant* (1977), James C. Scott describes the formation of a "subsistence ethic" among populations laboring under pre-capitalist conditions. For Scott, *moral economy* denotes an ethical stance and community identity, shaped by particularly meager economic and social conditions. The present investigation reveals just such a dynamic, bifurcated along the lines of wealth and power in Puerto Rico, with respect to local definitions of delinquency. Whereas the moral discourses endorsed by an administrative Creole class have generally reflected an ethos of humanitarian economic and social development—one which favors a gradual development toward democracy in general, over dependency—the ethics of Puerto Rico's more impoverished communities betray forms of habitus and modes of social valuation influenced strongly by their relative economic position and coherent with their particular subsistence strategies—among which the drug economy has in recent years come to figure prominently.

So forceful is this sense of historic continuity that drug-dependent, and drug-dealing persons today readily define themselves as *Jibaros*—a point that Philippe Bourgois notes in his ethnography *In Search of Respect* (2003). While Bourgois takes interest in the term as a

historical expression of “wildness,” he fails to address the ways in which *jibarismo* functions as a symbol of both hereditary “lawlessness” and a symbol of national identity for Puerto Ricans. *Jibarismo* persists in many facets of Puerto Rican culture as a paradoxical signifier of “real life,” that encompasses experiences and modes of subsistence which since the early 90’s, necessarily include drugs (Dinzey-Flores, 2007); it is at once a claim of pride and anticolonial resistance to the legibility techniques of medicine and other forms of governmentality, and is employed as such, not only by dope-slinging reggaeton artists of Puerto Rico’s 1950’s-era housing projects (Dinzey-Flores, 2007), and highly coordinated, and explicitly nationalist prison-bred drug trafficking networks like the Ñetas, but also by everyday inhabitants forging their survival in a welfare state (Colon-Reyes, 2002).

The immense pride that surrounds traditional subsistence practices like the manufacture of *pitorro*, coupled with the persistence of such a practice as both a form of illegality and a popular Christmas tradition, speaks to a continued sense that legality itself—something invariably determined from the outside—is somewhat arbitrary, and largely exercised in contradiction to practices of survival among communities predetermined as *delinquent*. Linda Colon Reyes (2012) has similarly noted how the colloquial use of the term “mantengo,” (e.g. “la vida de mantengo” [a colloquial expression for dependency]) functions both as an expression of the lived experience of federal dependency that pervades the everyday life of many Puerto Ricans, and as an expression of solidarity. The term, she says, echoing the development theories of the 1970’s, is part and parcel of a neocolonial and neoliberal dynamic that precludes the possibility of economic development, by endlessly reproducing conditions of poverty. In similar terms, Raquel Romberg’s ethnography *Witchcraft and Welfare* (2009), highlights the ways in

which subjectivity is tied to conditions of federal dependency, highlighting how *brujos* (traditional witch healers) have come to provide both spiritual and economic council for clients wishing to navigate Puerto Rico's welfare bureaucracy.

The colloquial use of "mantengo" has obvious resonances with the notion of maintenance outlined in drug treatment. It also expresses a colloquial sense that methadone, medicine, and federal assistance, all necessarily entail a degree of federal surveillance to which other forms of survival might be preferable (for discussions on medical surveillance see Fairchild & Bayer, 2003; 2011). Puerto Rico is certainly unique in the degree to which resistance to medical surveillance is written into the very notion of national identity (Pedreira, 1934; Flores, 1979). As much as this common sensibility informs "delinquent" populations in their pursuit of *mantengo* outside the web of federal bureaucracy (e.g. through the development of *hospitalillos*, injection sites, set up in abandoned buildings, where concerns such as *safety* play out in the form of illegal drug maintenance practices as a kind of resistance), it also structures the existence of trafficking as a quintessentially neoliberal subsistence strategy, and an "ethnic enterprise" (Padilla, quoted in NIDA research monograph), expressive of "everyday resistance." The "delinquent citizenship" (Ramos-Zayas, 2003) of Puerto Ricans, then, is not simply a racist discursive construction of the metropole, but an identity that circulates within Puerto Rican communities, balancing present-day relations of power with salient historical modes of subjectivity.

Between "loss" and "affectability"

Despite converging on the existence of some relationship between addiction and colonialism, the account proffered by Angela Garcia in *The Pastoral Clinic*, and the one taken up

here, diverge on the question of subjectivity. Garcia describes her informants' drug use in decidedly subjective terms, as conditioned by the historical traumas accompanying 19th century settler colonialism, and the intergenerational endurance of an experience of territorial loss. The subjective dimension of this experience is borne out in the statement of Alma: "[T]here's nothing up there anymore. Nothing but memories." Those residing in the border territories which currently house the Rachel Carson wildlife reserve, continue to live out their uprootedness, the loss of the commons, and the private land that once staged their Pastoral self-sufficiency through 'chronic' drug use. Garcia's account in *The Pastoral Clinic* is a powerful one, bookended by the historical experience of territorial dispossession, on the one hand, (complete with motifs of sovereign power, "war," "states of emergency," and death), and on the other, a present-day hopelessness marked by poorly funded state services--in other words, the failings of the state to administer life for populations on the margins of American citizenship. The book ends with a powerful indictment of the privately operated system of "managed care" that threatens to retract the very few, already underfunded, services available to addicts.

It is significant that Garcia's story begins with the loss of sovereignty through *territory*—a familial estate²¹, a historical experience that relegates "home" to some shared cultural imaginary—and ends with the systematic deprivation of a *population*. For Foucault, territorial control will be the backdrop for disciplinary apparatuses, whereas *populations* are the object of an economic and regulatory order of management, shaped by economic controls, hygiene, and the institutional interventions of *police*. These issues have deep resonances with the Puerto Rican experience of addiction as well: more so every year, as since the 1990's the island has seen a the

²¹ Whether or not these estates, like their Puerto Rican corollaries, were associated with slavery, is a question worthy of consideration.

progressive stripping of drug services under the same transitions toward managed care, and with recent developments in austerity, the progressive flight of healthcare providers from the island. What Garcia's account demands, however, and what pure ethnography in general, as an instrument for informing public policy, alleviating suffering, and even shedding light on the structural inequalities at the root of disease, calls for, is a deeper engagement with the historical production of these disparities.

Comparing Garcia's more subjective account with the epistemic account of colonial addiction presented in Puerto Rico, one sees similar dynamics of a "loss of the homeland," and consequent uprootedness. The enduring and overlapping themes of *migration*, *mobility*, *overpopulation*, and the status of dwelling *between* two cultures in Puerto Rican discourses on addiction and delinquency alike express a similar sensibility of shared loss. Yet in Puerto Rico, the racial suppositions underlying the exclusion of drug users from resources necessary for their survival are borne out with greater clarity. Moreover, where by Garcia's account this originary uprootedness conditions addiction through a kind of longing for the cessation of trauma, in Puerto Rico, this very notion of loss, whether or not it can be seen to condition addiction per se, is mobilized in the service of the epistemic making of addiction as redemption, and in a circular manner, the institutional *definition* of the addict as vagrant, delinquent, docile, lost, and dwelling in-between.

I pause here because it is important to consider the implications this will have for the question of race. If the central claim of this thesis is that the category of addiction takes up older medical constructions of race, how does Garcia's picture of race differ from the one elaborated in CISLA? How does the epistemic discovery of addiction, viewed as a question of national

identity oriented towards autonomy, liberation, and the regeneration of the social body, differ from one constructed around absence, and loss of a territory? Today, it seems, the differences are minor; recovery in contemporary Puerto Rico is largely marked by the presence of evangelical institutions. Historically, they are significant. In the same way that Garcia's "loss" is mobilized by pastoral and evangelical institutions, Puerto Rico's loss, at the level of the population, was mobilized not only in the name of economic development, but —as concerns addiction—in the name of the instantiation of a penal system and medical system whose primary purpose is the spatial separation of drug users from the population at large. The enduring difference, it seems, is that Puerto Rico's early enthusiasm for national and racial regeneration enabled a lasting need for penal and security apparatuses that would likely not have been taken up in the same way otherwise. Addiction, for Ramirez—who does not maintain it as a principally metabolic illness — will be constructed as a disease of the population, against which whole communities must be deployed: a continual register for older themes of youth degeneration and delinquency, that at once fulfils the benevolent educational and racially regenerating aspirations of 19th century paragons of national writing like Del Valle Atilas, and the securitization demands of federal powers.

If this study began with the question of *acclimatization* as a plausible source of medical constructions of race, it is appropriate to note the similarities between the question of acclimatization, and the territorial and national assumptions of Garcia's thesis. For Garcia, drug use is a part of a dynamic set of outcomes of *oikonomic* dispossession which includes territorial and national identity as a backdrop for the essential trauma that structures her informants' subjectivity. But the "uprootedness" her account observes notably mirrors the anxieties of a turn

of the century Puerto Rican creole ruling class, and the motifs of french race-theory that preceded them. Like Orgeas' *noncosmopolitan* thesis Garcia's account, though perhaps not overdetermined to quite such a strong degree, betrays a strong set of assumptions about the natural constitution of persons and the likelihood of disease when removed from economic/ethnic/traditional/natural conditions of life. Moreover, if the kind of founding of a new homeland represented by a 1960s Puerto Rico's search for political and economic autonomy yields equivalent forms of violence, abjection and drug dependency, can autonomy, self-determination, or historical continuity and the lack thereof, really point to the material conditions of addiction? There are no doubt resonances between the status of addiction in Puerto Rico, and that in New Mexico. However, by ignoring the humanitarian reasoning at the heart of the administrative powers being withheld under managed care reforms, we risk failing to acknowledge the shortcomings of our own humanitarian gaze, which as Agamben notes "can ever fail to reproduce the terms of sacred life." Such is the case, famously, with Oscar Lewis, and Daniel Moynihan, who despite a genuine humanitarian interest in urban hispanic poor, produced discourses that despite themselves repeat the colonial themes of "born-criminality" pathological culture, a narrative to which our present-day reasoning about addiction is so intimately tied. Such an emphasis on the failings of unbridled privatization amongst marginalized populations ignores the fact that—hyperbolically—it is pastoral power that undergirds these deprivations. It is important to also note that, as Agamben and Mbembe have shown, all biopolitical administration hinges on the definition of a population deemed unassimilable, incapable of "reason," and unworthy of access to resources granted to politically qualified life. How, then, are these unassimilable bodies made up as such, and how does their

irrational, unassimilable nature cohere so consistently with problematic drug use. Is it only that heroin is that which “heals wounds” or makes a pauper feel like a king? Or is there something endemic--perhaps something akin to *affectability*-- to developmental reason as a form of biopower, that guarantees addiction as a contemporary, lived form of age-old categories of (racial) abjection.

A New Security Paradigm

In a little known passage from Foucault’s 1979 lecture series, *The Birth of Biopolitics* (2010), he takes up the biopolitical expression of the concept as crime-- and drug use in particular--in a decidedly different inflection from the one taken up in *Society Must Be Defended*. With the emergence of biopolitical forms of governmentality, he writes:

What in actual fact takes place in the real drugs market? There are basically two categories of buyers and people looking for drugs: those who begin to consume drugs and whose demand is elastic because they may come up against excessively high prices and forgo consumption of the drug which certainly offers them pleasure, but which they cannot afford. And then you have the inelastic demand, that is to say, those who will buy it anyway whatever the price. What, then, is the attitude of the drug pushers? It is to offer a relatively low market price to the consumers whose demand is elastic, that is to say, to the beginners, the small consumers, and when—and only when—they have become habitual consumers, that is to say, when their demand has become inelastic, the price will be raised and the drugs provided will have the extremely high monopolistic prices which

result in the phenomena of criminality. So what should the attitude be of those who direct law enforcement policy? They will have to ensure that what is called the opening price, that is to say, the price for new consumers, is as high as possible so that price itself is a weapon of dissuasion and small, potential consumers cannot take the step of becoming consumers because of the economic threshold. On the other hand, those whose demand is inelastic and who will pay any price should be given the drug at the best possible price, that is to say, at the lowest possible price, so that, since they will buy the drug anyway, they are not forced to get the money by any means to buy it—in other words, [so] that their drug consumption does not encourage crime. So we need low prices for addicts and very high prices for non-addicts. You know that this is a view which sought expression in a policy of distinguishing not so much between so-called soft drugs and hard drugs, as between drugs with an inductive value and drugs without an inductive value, and above all between elastic and inelastic types of drug consumption. From this stems a policy of law enforcement directed towards new and potential consumers, small dealers, and the small trade that takes place on street corners; a policy of law enforcement according to an economic rationality of the market differentiated in terms of the elements I have referred to.

What conclusions can be drawn from all this? First of all, there is an anthropological erasure of the criminal (258).

While the management of addiction in the United States and Puerto Rico has ostensibly not taken exactly the form described by Foucault, it has come to operate in overwhelmingly informal and economic terms, and yet has yielded forms of systematic racially-distributed violence considerably more severe than the more explicitly racist drug controls of the mid-century. As James Ferguson(1993) has shown, such “de-moralized” economic reasoning can naturalize populations with consequences just as dire as more overt forms of racialization. In addition to the well-known racial characteristics of drug criminalization outlined above, the convergence of prison and military-industrial hegemony under the banner of drug control, which defines Puerto Rico as a “third border” and security threats as threats to the mainland, circumscribes Puerto Rico’s status as not only a “state of minorities,” but a “threat” to the metropole.

The economic, social, and spatial transformation of Puerto Rico in the American century has been in many respects a quintessentially biopolitical enterprise. Despite occasionally vivid expressions of the United States’ “hard power,” US control in Puerto Rico—in contrast to Spanish rule—was won in large part through hygienic campaigns and economic seduction, as well as other subtle, calculated techniques for managing populations. But if medicine was a ‘hook’ for American colonialism (Nicole Trujillo-Pagan, 2013), Puerto Rico’s present day securitization under the auspices of narcotics control, bears witness to another side of biopolitical practice, which bears all the markings of what Foucault refers to as “racism.” Thus, while the general concern of this study is with locating the comparative historical sources of an addiction concept in Puerto Rico and the United States, the study is also well positioned to address the relationship between “racism” (in the Foucauldian sense), and the biopolitical administration of

life. Rather than revert to the “normalizing society” that Foucault stresses in early statements on biopower (an explanation which like Garcia’s evokes “states of emergency,” “sacred life,” “territory” and “sovereignty”), I propose that racism, or simply the determination of who to “let die,” operates in the more regulative and economic terms of “human capital”-- an expression to which Foucault devotes much attention (Foucault 2010, p 226-232).²² In Puerto Rico, at least, this term resonates in important ways with the discursive and political meaning of “overpopulation” (or “surplus population”): an exemplary biopolitical expression of race, that gives economic and regulative form to questions which could decades prior have only been articulated in terms of race (Briggs, 2003; see also “surplus humanity,” Harvey, 2003; Mahmud, 2010).

In a very meaningful sense, US imperialism *in general* has operated on the terms of such developmental logic. The central developmental ideal of *freedom* from relationships of economic, cultural, and political dependency, would be regularly, discursively counterposed to the imperial seductions of the Soviet Union. With the fall of the Soviet Union, as Jorge Beruff has carefully demonstrated, Puerto Rico, having ceased to be a model for capitalist stewardship, has seen nothing less than a progressive stripping away of the features that qualify it as a state, leaving ‘security’ to operate in the more or less deterritorializing domain of narcotics control. While Mbembe will employ the term “necropolitics” to describe a colonial dynamic along the lines of Foucault’s “normalizing society,” which combines disciplinary and bio-power, in a dynamic that “kills so that others may live,” it is not clear how attempts to buy up arrabales and public beaches and construct resorts and mansions in their place might be seen to benefit the US

²² The discussion Foucault gives in *The Birth of Biopolitics* on the economic regulation of criminality and specifically drug use are especially valuable in this regard (see Foucault 2010, pp 253-260)

metropolitan populace. Rather, the progressive eating away at Puerto Rico as a state, is an exercise carried out almost exclusively in the name of private capital, especially following the passing of *PROMESA*. This bitter fact is no less true of Puerto Rico's penal institutions than its hotels. Though Garcia documents the eventual, inevitable stripping of what meager services her informants had access to, addicts in Puerto Rico are not merely swept to the margins—reduced to the status of sacred life—they are made fodder for the profit of a private prison industry. To the extent that these things might be expressed in terms of “human capital,” addicts, in addition to being swept away possess a kind of zombie capital in processes akin to those Harvey describes as “accumulation by dispossession (2005).”

In many ways the emergence of addiction in Puerto Rico might be seen not only as a development accompanying the end of Puerto Rican economic utopianism, or the “fall of Puerto Rico as a social laboratory” (Lapp, 1995), but also as one heralding the arrival of severe neoliberal reforms discussed above. As Beruff (2001) has observed, the military infrastructure circumscribing Puerto Rico's drug war in great part replaced the cold-war armature of the 1950's; and the development of addiction as a disease entity framed in increasingly hygienic terms—along with the subsumption of Puerto Rico's state-of-the art recovery program by penal institutions— enabled this shift. Today's drug war, unlike the one outlined by Ramirez in the early 60's as a redemptive enterprise: an expression of *serenity* tied to Puerto Rico's future autonomy, appears in stark contrast to the originally benign aspirations of Puerto Rico's addiction treatment programs.

In the course of the present thesis I have looked not only at the concept of addiction as it has borne out racial suppositions in Puerto Rico, but also the putative racial origins of an addiction concept in the early 20th century United States. While much can be said on this point (and much has been said already concerning the disparities in maintenance availability and adherence between the US and Puerto Rico, for example), I wish to indicate the endurance of whiteness as a normative category in the United States maintained by central assumptions about the hypodescendant nature of race (see Hartigan, 2013). At several points in the course of this study, I have outlined a subtle antagonism between medical understandings circumscribed by the language of constitution, and those circumscribed by the language of hygiene. Addiction, in its American meaning, I have said, invokes an older *medical racism* to the extent that it maintains both the physiological basis of constitutional degenerescence in its metabolic dimension, and the social threat of addiction in its hygienic dimension. On the other hand, Puerto Rican constructions of race have largely maintained its constitutional nature as something immaterial, dissociated from metabolism and physiology, and instead tied to a spiritual, or national understanding strongly reminiscent of older (non-hypodescendant) conceptions of race. Whereas Puerto Rican constructions of addiction have maintained a largely constitutional framework, exemplified by the possibility of redemption by way of recovery, the current execution of Puerto Rico's drug war betrays a strongly hygienic understanding that has its basis (for reasons seen already) in Puerto Rico's political relationship to the United States.

Not unproblematically, I leave these questions open, in the hope that they might inform a more historically nuanced discussion, not only of medical categories at stake in the (often

economic) framings of public health policy, but also in the broader question of global mental health (see, for example Bemme & D'Souza, 2014).

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