

**“REDEEMING THE TROPICS”:
PUBLIC HEALTH AND NATIONAL IDENTITY IN CUBA,
PUERTO RICO, AND BRAZIL, 1890-1940**

by

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In loving memomy of my mother,
Carmen L. de Jesús

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ABSTRACT

After the United States became a world power at the end of the Spanish-Cuban-American War of 1898, it also inaugurated its first successful overseas disease eradication efforts against yellow fever in Cuba and hookworm disease in Puerto Rico. In the 1910s, these initial campaigns were replicated in Brazil through the international health services of the Rockefeller Foundation.

This dissertation examines the consequences of these campaigns in order to understand the ways in which public health transformed the racial and national thinking of early twentieth-century Cuba, Puerto Rico, and Brazil. American and local physicians used public health concerns to bolster state building and define national belonging. In Cuba, public health officials, social scientists, and policy makers exploited the success of the yellow fever campaign to police racial boundaries, generally to the detriment of people of African and Asian descent. In Puerto Rico, the campaign against hookworm mobilized tens of thousands of peasants and offered a platform to expand medical research and training. In Brazil, the missions of nationalist sanitarians and the Rockefeller Foundation converged in the campaign of rural sanitation and altered ideas about regionalism, nationalism, and imperialism.

Furthermore, my research demonstrates that as state authorities implemented disease eradication programs, social thinkers replaced older doctrines of race and environment with less tangible explanations of soul and culture to reassess national identity in the tropics. In Cuba, Puerto Rico, and Brazil public health ideas also had a

profound impact on key intellectual figures of the 1930s who redefined the national community in writings influenced by their ambiguous relationship with the United States.

My analysis draws on U.S. military records, medical journals, ethnographies, autobiographies, novels, popular images, and documents of the Rockefeller Foundation to reconstruct the circulation of public health campaigns in and among these countries. These campaigns provide a window onto the complex political and cultural dynamics that linked the histories of Cuba, Puerto Rico, and Brazil with the history of the United States. By integrating stories from the archives with intellectual history, I draw out connections between public health, immigration, cultural nationalism, and U.S. imperialism in the Americas.

INTRODUCTION

CONNECTING HISTORIES: NATION, EMPIRE, AND PUBLIC HEALTH IN TROPICAL AMERICA

In 1914, a *National Geographic* cover story showcased the era's optimism in experimental medicine with a straightforward title: "Redeeming the Tropics." For countries located between the tropics of Cancer and Capricorn, the author claimed, the triumph over tropical diseases mapped a "new geography of inhabitable territory and commercial opportunity."¹ The article's assemblage of medical accomplishments was certainly impressive. It described how sanitation campaigns had transformed the face of port cities like Havana and Rio de Janeiro, facilitated the construction of the Panama Canal, increased agricultural productivity in Puerto Rico, and paved the way for immigration policies that brought "new blood" to the region. These extraordinary achievements, according to the journal, were to represent the inexorable role of medical science in securing the health, happiness, and prosperity of the American tropics.

The "new geography" mapped by the author sketched the broad outlines that linked medical science, nation building, and United States imperialism. Yet within these grand contours were the uncharted stories of the many individuals who made possible and responded to these public health campaigns. As public health campaigns emerged as a major force to combat widespread diseases, physicians, state officials, and reform activists increasingly used medical discourses to define civic responsibilities and to

¹ William Joseph Showalter, "Redeeming the Tropics," *National Geographic Magazine* 25 no. 3 (1914), p. 345.

promote state modernization. Across the tropics, these professionals dedicated themselves to the civic mission of public health and to elaborating an understanding of population management. But despite their optimistic projections, public health efforts did not follow the inexorable logic of progress. Attempts at reforming the health apparatus were also defined by lack of government resources, regional underdevelopment, and ingrained customs and habits.

The relatively quick acceptance among scientific experts of new medical theories and public health practices highlight major changes many tropical countries were experiencing at the turn of the century. For instance, as Cuba, Puerto Rico, and Brazil faced questions of slave emancipation and nation building, medical theories infiltrated debates about governance, citizenship, and racial difference. These debates circulated freely from professional associations to national assemblies and from health clinics and public schools to city markets, rural trails, and individual households. The language of disease control was also central to the ways many reformers negotiated claims of whiteness, asserted power over specific groups of people, and inserted themselves into international scientific networks. At the same time, public health played a role in transforming the United States from a westward expanding country to an overseas imperial power. Beginning in 1898, when U.S. forces occupied Cuba and Puerto Rico, concerns about yellow fever in Cuba and hookworm in Puerto Rico disease served to justify U.S. presence. A decade later, the campaigns to eradicate these diseases provided a template for the subsequent public health work of U.S. philanthropic institutions in Brazil.

The central aim of this dissertation is to examine the processes by which ideas about medicine and science shaped the political and cultural goals of Cuban, Puerto Rican, and Brazilian leaders in the early twentieth century, and to shed light on the various and vexing consequences of transplanting public health models from one place to

another. Focusing on the relationship among diseases, state policies, national identity, and U.S. influence presents an opportunity to reflect on how specific modalities of exclusion and belonging, while deeply engrained in larger international contexts, remained distinct in each society. Since advances in the fields of bacteriology and parasitology reached beyond the confines of specific Spanish-, Portuguese-, and English-speaking societies, examining various public health campaigns in different countries opens up a new conceptual space for thinking about their regional impact in the American tropics.

As a field of global reach, public health offered physicians in Cuba, Puerto Rico, and Brazil a similar language of efficiency and reform. Their libraries housed books describing the latest advances in tropical medicine, reprints of articles from international journals, and translated copies of presentations given at international conferences. Moreover, these physicians formulated public health offensives both in direct dialogue with their fellow countrymen and in conversation with an international community of “experts.” They followed related public health developments in countries spanning other continents and islands—from countries in Europe, North America, and Latin America to colonial possessions in Africa, the Caribbean, and the Pacific. Despite following scientific developments across the globe, these Latin American physicians did not simply import foreign versions of public health reform. They formulated specific policies based on their national context and even inaugurated models of disease eradication.

In the opening decades of the twentieth century, heightened concerns about yellow fever and hookworm not only instigated the formation of public health department in Cuba, Puerto Rico, and Brazil, but they also resulted in intercultural encounters and contests of power between local and U.S. public health officials. Early in the 1900s, these interactions led to efforts to eradicate yellow fever in Cuba and hookworm disease in Puerto Rico. In the 1910s, these initial campaigns were replicated in Brazil through the

international health services of the Rockefeller Foundation. Soon thereafter, these campaigns also reached, in different guises, port cities and rural areas of other countries.²

As public health officials targeted certain populations in their eradication programs, a new, racialized language of disease transmission stigmatized entire communities.³ This language focused above all on the exclusion of non-white citizens and immigrant laborers, but there were moments where this language also stressed social inclusion. In other words, sanitary experts and social commentators sometimes discounted previous notions that specific groups posed a public health threat, portraying them instead as essential components of the nation. From the urban shantytowns of Havana to the small mountain towns of Puerto Rico to the vast Brazilian hinterlands, crusading public health officials connected disease control to new categories of difference, couching racial discourses at home within international definitions of progress and civility.

The extraordinary visibility and symbolic power of the yellow fever campaign in Cuba, the hookworm campaign in Puerto Rico, and the campaign of rural sanitation in Brazil prompted long-lasting debates about race and nationality within and among these “tropical” societies. Since public health campaigns reached distant and diverse places, it is worth pausing to consider their varied effects in the tropical region. Their immediate impact—the complete or partial eradication of some diseases—is clear, but what happened during and after these campaigns? That is, what role did public campaigns

² See Marcos Cueto, “Visions of Science and Development: The Rockefeller Foundation’s Latin American Surveys of the 1920s,” in Marcos Cueto, ed., *Missionaries of Science: The Rockefeller Foundation and Latin America* (Bloomington: Indiana University Press, 1994), pp. 1-18.

³ On the intersection of medical discourses and exclusionary policies in other contexts, see Ann Laura Stoler, *Carnal Knowledge: Race and the Intimate in Colonial Rule* (Berkeley: University of California Press, 2002) and Aihwa Ong, “Making the Biopolitical Subject: Cambodian Immigrants, Refugee Medicine, and Cultural Citizenship in California,” *Social Science and Medicine* 40 (1995), pp. 1243-57.

play in shifting contemporary ideas about race and place from the 1900s to the 1930s? What explains similar or different paths taken by Cuba, Puerto Rico and Brazil during these years? Did racial ideologies brought by U.S. officials influence formulations of national identity in the three countries? Lastly, to what extent did these public health networks shape representations of the nation and the tropical region?

In probing these questions, it is useful to revisit medical theories that had explained the alleged distinctiveness of the tropical region since the mid-eighteenth century. As miasmatic theories of disease transmission gained greater scientific authority, Europeans attached signifiers of difference to warm and tropical places because the grueling conditions of the torrid zones supposedly weakened the physical and mental forces of white colonizers.⁴ Heat, humidity and rapid temperature changes, as well as the abundant insects and quick processes of decay, were thought to produce deadly miasma (air vapors) on a scale unmatched in Europe. These theories persisted well after the mid nineteenth century, converging with the emergence of race sciences. In 1856, for instance, Count Joseph Arthur de Gobineau argued in his infamous *The Inequalities of Human Races* that the world was divided into superior and inferior races, and that the superior white race inhabited the temperate zones of Europe while the racially diverse population of other regions led inevitably to degeneration. When in 1869 he arrived to Rio de Janeiro as head of a French diplomatic mission, Gobineau was predisposed to confirm his pessimistic views about race and geography.⁵ At a time when the demise of

⁴ On early medical theories about the tropics, see David Arnold ed., *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900* (Atlanta: Rodopi, 1996); Julyan Peard, *Race, Place, and Medicine: The Idea of the Tropics in Nineteenth-Century Brazilian Medicine* (Durham: Duke University Press, 1999); Warwick Anderson, "The Natures of Culture: Environment and Race in the Colonial Tropics," in Paul Greenough and Anna Tsing, eds., *Nature in the Global South: Environment and South and Southeast Asia* (Durham: Duke University Press, 2003), pp. 29-46.

⁵ Count Athur Gobineau, *The inequality of human races*, Adrian Collins, trans. (New York: H. Fertig, 1967 [1856]). Arthur Gobineau, *Arthur de Gobineau et le Brésil: correspondance*

slavery seemed eminent, his ideas helped to consolidate a whitening ideology that promoted the introduction of European immigrants.⁶

Understanding the appeal of public health discourses during the late nineteenth century thus requires situating them within the context of rapidly changing societies. In the last decades of the nineteenth century, Puerto Rico, Cuba, and Brazil saw dramatic social and political transformations. Between 1870 and 1900, the three societies abolished slavery and inaugurated fundamentally new political systems. In Puerto Rico, pressures from prominent abolitionists both on the island and in Spain were instrumental in achieving the eventual overthrow of slavery in 1873. In Cuba, over a decade of independence struggles against Spain facilitated the destruction of slavery in 1886, clearing the way for the formation of a race-transcendent conception of nationality. After the close of the Cuban-Spanish-American War, the two islands passed from the direct rule of Spain to the indirect rule of the United States. The Treaty of Paris guaranteed that Cuba would be independent from Spain but that it would temporarily remain under U.S. military control. The Treaty also assured that Spain would cede Puerto Rico to the United States. In Brazil the complete abolition of slavery took place in 1888. The following year, the political elite established a conservative federal republic to replace the ailing monarchy. As the centers of Brazil's power concentrated in the cities of the southeast, an institutionalized military class consolidated power.

Whether in a neo-colonial, colonial, or conservative political context, questions of governance became fundamental as new state bureaucracies were instituted. Members of

diplomatie du ministre de France à Rio de Janeiro, 1869-1870, Jean-François de Raymond, ed. (Imprint Grenoble: Presses Universitaires de Grenoble, 1990). On Gobineau and the whitening ideology in Brazil, see Sales Augusto dos Santos, "Historical Roots of the 'Whitening' of Brazil," *Latin American Perspectives* 29 no. 1 (2002), pp. 72-74.

⁶ Sidney Chalhoub, *Cidade febril: Cortiços e epidemias na Corte imperial* (São Paulo: Companhia das Letras, 1996), chapter 2.

legislative bodies and reform-minded elites carried alongside their pens and rubber stamps a particular vision of society as well as a discriminating vision of access to state resources. At the core of their visions were public health initiatives that sought to transform unhygienic, disease-ridden populations into a healthy, productive and responsible citizenry. The results of these initiatives helped to scrutinize the behavior of citizens, elaborate racial hierarchies, shape immigration policies, and produce new forms of national representation. Increasingly, scientific and civic organizations became extended arms of the state, working to establish health agencies that would sanitize the environment and foster civic order.

At the same time, U.S. imperial medicine extended the promise of public health progress to the Caribbean. Despite different approaches to disease control, the yellow fever campaign in Cuba and hookworm campaign in Puerto Rico wove together national and metropolitan imaginaries. Local physicians, for example, negotiated their collaboration with U.S. authorities, claiming whatever success ensued as their own. By the mid-1910s, the U.S. military physicians who directed these two campaigns were recruited by the Rockefeller Foundation to initiate their philanthropic work in Brazil. Their earlier work in Cuba and Puerto Rico provided them with the necessary credential for their incursion into international philanthropy. As in previous enterprises, the result of Brazilian collaboration was neither immediate nor self-evident. While they were part of the same transnational phenomenon, the implementation of these campaigns in Cuba, Puerto Rico, and Brazil ran through the economic constraints and political realities of each context, and by necessity each of these campaigns was reconfigured on the ground.

Initiated as an arm of U.S. imperialism, these three public health campaigns helped develop state institutions and racial ideologies across the region. Yet while prior histories of public health have emphasized the functionality of public health as tool of state building or imperial domination, the present work argues that the development of

these transnational public health campaigns were not strictly derivative of these two forces. The development of public health campaigns also depended upon factors such as disease prevalence and treatment, real and unfounded perceptions of threat, economic and labor concerns, pervasive beliefs about racial difference, and tenacious associations between health and national identity. Such interrelated and varied motives enabled policy makers and health officials to initiate and transform these campaigns as they moved from place to place.

Frames of Reference: Historical Currents and Geographical Scope

Three related scholarly interventions guide this transnational history of public health, each of which directly confronts questions of race and nation, and each of which joins national histories to the histories of other countries in the Americas. In broad terms, the project is positioned at the confluence of three currents of historical writing: 1) the cultural and intellectual history of these countries; 2) works on U.S. imperialism in the fields of Latin American and American Studies; 3) and the scholarship on the history of public health and postcolonial studies. These currents, often very different in their subjects and approaches, have been increasingly—and fruitfully—combined in recent research. Together they offer possibilities for connecting the histories of Cuba, Puerto Rico, and Brazil with the history of the United States, and for situating these histories within a larger geographical space.

The first intervention addresses how scientific precepts made their way into national representations that characterized new political ideologies and rhetorical strategies. These embattled representations took their form during an era formed and informed by political and social crises. Studies on how theories of identity formation and place shaped representations of Latin America have mainly been the province of scholars

in the fields of literature and cultural studies.⁷ These studies focused primarily on the ways antagonistic social identities were created and reconciled through national narratives or romances, leaving aside the ways new scientific advances integrated them into broader regional dynamics. In these representations, the opposition between the professional elites and the unruly popular classes, the white reformer and the racially mixed subject, the modern citizen and the dangerous immigrant, and so on, acted as a catalyst for creating different racial and social policies.

Recently, historians of Latin America, especially those influenced by the cultural turn, have been on the cutting edge of examining narratives of power and racial difference. They acknowledge that our understanding of the ways racial difference developed is grounded as much in the material conditions of the past as in an examination of how language, rhetorical styles, and discursive practices refract and mediate reality. In her study of regionalism in São Paulo, for example, historian Barbara Weinstein illuminates the “racialized underpinning of paulista exceptionalism” by examining the ways “these discourses operate not only to naturalize hierarchies and inequalities in the cultural and political spheres, but also to deepen material inequality.”⁸ The present project shows how the language of science and public health structured representations of racial and regional differentiation in all three spheres. Public health became a primary way in which governments selectively attempted to secure international commerce, prepare workers for jobs, and foster economic development.

⁷ On the influence of cultural representation in nation building, see Doris Sommer, *Foundational Fictions: National Romances in Latin America* (Berkeley: University of California Press, 1994); Benigno Trigo, *Subjects in Crisis: Race and Gender as Disease in Latin America* (Hanover: Wesleyan University Press, 2000); Gabrielle Nouzeilles, *La naturaleza en disputa: retóricas del cuerpo y paisaje en América Latina* (Buenos Aires, Paídos, 2002).

⁸ Barabara Weinstein, “Presidential Address: Developing Inequality,” *The American Historical Review* 113 no. 1 (2008), p. 12.

Yet these discourses were not simply about racial exclusion or oppression. They also provided certain groups an opening for inclusion in national representations or for gaining access to institutional power. Beyond the realm of representation, historical and anthropological works on public health provide ample examples of people resisting, bargaining, and mobilizing to negotiate their own health care needs.⁹ In a different context, João Biehl demonstrates how during the 1990s Brazilian communities afflicted by AIDS developed a “health-based concept of citizenship” to demand their rights to medical treatment.¹⁰ Similar claims emerged in the early decades of the twentieth century as individuals and communities endorsed, modified, and contested different aspects of public health programs. By linking the impact of cultural representations and public health campaigns, “Redeeming the Tropics” attempts to step beyond debates about “social control,” and the limited set of choices they provide. Instead this study seeks to understand the relationship between the development of a public health movement and new understandings of the nation and its people in shaping racial meanings, state institutions, and the responses of individuals.

The second intervention links the histories of Cuba, Puerto Rico and Brazil to the history of the United States. In general, the relations between Latin America and the United States have been examined from the distinct paradigms of either Latin American or American studies. Since the 1960s, Latin Americanists have routinely examined U.S.-Latin American relations through the lens of political and economic domination.

⁹ For some examples of these responses, see Jeffrey Needell, “The Revolta Contra Vacina of 1904: The Revolt Against “Modernization” in Belle-Époque Rio de Janeiro,” *The Hispanic Historical Review* 67 no. 2 (1989), pp. 233-269; Katherine Bliss, “Between Risk and Confession: State and Popular Perspectives of Syphilis Infection in Revolutionary Mexico,” in Diego Armus, ed., *Disease in the History of Latin America: From Malaria to AIDS* (Durham: Duke University Press, 2003), pp. 183-208; Alexandra Minna Stern, “Building, Boundaries, and Blood: Medicalization and Nation Building on the U.S.-Mexico Border,” 79 no. 1 (1999), pp. 41-81.

¹⁰ João Biehl, “The Activist State: Global Pharmaceutical, AIDS, and Citizenship in Brazil,” *Social Text* 22 no. 3 (2004), p. 109.

Historians of Cuba and Puerto Rico, in particular, have crafted their inquiries and interpretations seeking to explain the economic ties and political influence of the United States from the nineteenth century to the present.¹¹ Many of them are especially concerned to explore the influence of the United States in Cuban and Puerto Rican affairs after the imperial transition of 1898. These historians generally point to the degree of integration into U.S. markets, the repeated use of U.S. military and diplomatic muscle, and the large waves of immigration to the United States as evidence of dominance. For historians of Brazil, thinking about the political and economic influence of the United States has been less direct. From their perspective, especially during the heyday of dependency theories in 1960s and 1970s, the United States belonged to a core of wealthy nations that maintained poorer, peripheral counties economically and politically

¹¹ From 1960s to the 1980s, studies on the influence of the United States in the political and economic history of Cuba and Puerto Rico drew principally on Marxism and dependency theory. On Cuba, see Julio le Riverend, *La República: dependencia y revolución* (La Habana: Editora Universitaria, 1966); Francisco López Segarra, *Cuba: Capitalismo dependiente y subdesarrollo, 1510-1959* (La Habana: Casa de las Américas, 1972); Jules Benjamin, *The United States and Cuba: Hegemony and Dependent Development, 1880-1934*, second, ed., (Pittsburg: University of Pittsburg Press, 1977); Jorge Ibarra, “Los mecanismos económicos del capital financiero obstaculizan la formación de la burguesía cubana,” *ISLAS* 79 (1984). On Puerto Rico, see Manuel Maldonado Dennis, *Puerto Rico: una interpretación histórico-social* (Mexico: Siglo Veintiuno Editores, 1969); Manuel Maldonado Dennis, *Hacia una interpretación Marxista de la historia de Puerto Rico y otros ensayos* (Rio Piedras: Editorial Antillana, 1977); Manuel Maldonado Dennis, *En las entrañas: un análisis sociohistórico de la emigración puertorriqueña* (La Habana: Casa de las Américas, 1976); Angel Quintero Rivera, *Conflictos de clase y política en Puerto Rico* (Rio Piedras: Ediciones Huracán, 1976); Angel Quintero Rivera, *Puerto Rico 1870-1940, from mercantilist to imperialist colonial domination* (Rio Piedras: Centro de Estudios de la Realidad Puertorriqueña, 1980); José Luis González, *El país de cuatro pisos y otros ensayos* (Rio Piedras, Huracán, 1981). More subtle studies influenced by these currents include Louis A. Pérez, *Cuba under the Platt Amendment, 1902-1934* (Pittsburg: Pittsburg University Press, 1986); Louis A. Pérez, *Between Reform and Revolution*, second ed., (Oxford: Oxford University Press, 1995); Edward Berbusse, *The United States in Puerto Rico, 1898-1900* (Chapel Hill: University of North Carolina Press, 1966); Fernando Picó, *La necesidad de investigar el 1898* (San Germán: Universidad Interamericana de Puerto Rico, 1987); Rafael Bernabé, *Respuestas al colonialismo en la política puertorriqueña, 1899-1929* (Rio Piedras: Ediciones Huracán, 1996).

dependent.¹² Directly or indirectly, both literatures reinforced the idea of the North to South direction of U.S. hegemony.

Recent shifts in the literature on the role of the United States in Latin American countries use new cultural approaches to consider U.S.-Latin American encounters in terms of social and cultural formations rather than exclusively in terms of politics and economics.¹³ This literature borrows from and integrates the fields of Latin American and American studies to focus on the consequences of U.S.-Latin American interactions. Scholars of Cuba, Puerto Rico, and Brazil, for example, emphasize asymmetrical encounters that produced recognizable meanings of racial difference and conflicting visions of the nation. The constellation of factors and forces highlighted include topics as varied as economic enterprises, patterns of consumption, immigration circuits, prostitution and divorce laws, and the internationalization of music and dance genres, anthropological knowledge, and the comparative study of race relations. Their studies shed light not just on the attitudes of U.S. authorities toward these societies, but on the willingness of Cubans, Puerto Ricans, and Brazilians to accept, or not, these depictions and their role in influencing U.S. culture.¹⁴

¹² On developmental theories see, Fernando Henrique Cardoso, *Dependência e desenvolvimento na América Latina, ensaio de interpretação sociológica* (Rio de Janeiro: Zahar, 1970); Marcos Gomes, Reimundo Pereira, and Sergio Buarque, *O imperialismo no Brasil: história de um desenvolvimento capitalista e dependente* (São Paulo: Edições do Leitor, 1978); Joseph Love, *São Paulo in the Brazilian Federation, 1889-1937* (Stanford: Stanford University Press, 1980), esp. Ch. 7.

¹³ Gilbert M. Joseph, Catherine C. Legrand, and Ricardo D. Salvatore, eds., *Close Encounters of Empire: Writing the Cultural History of U.S.-Latin American Relation* (Durham: Duke University Press, 1998). The contributors of this important volume critically revise ideas about U.S. economic and political in Latin America.

¹⁴ See, for example, Eileen Findlay, *Imposing Decency: The Politics of Sexuality and Race in Puerto Rico, 1870-1920* (Durham: Duke University Press, 1999); Jorge Duany, *The Puerto Rican Nation on the Move: Identities on the Island and on the United States* (Chapel Hill: University of North Carolina Press, 2002); Frances Negrón Muntaner, *Boricua Pop: Puerto Ricans and the Latinization of American Culture* (New York: New York University Press, 2004); Louis A. Pérez, "Incurring in a Debt of Gratitude: 1898 and the Moral Sources of United States Hegemony in Cuba," *The American Historical Review* 104 no. 2 (1999); Louis A. Pérez, *On Becoming Cuban:*

Within American Studies two interrelated bodies of work have bearing on questions about the impact of U.S. imperialism on race making. Regional studies of the United States have examined the ways conquering the westward frontier disrupted understandings of race based on black and white paradigms. As white Anglos migrated to states such as New Mexico, Texas, and California after the Reconstruction, they often developed a racially stratified hierarchy among the Mexicans, Asians, and Native Americans they encountered.¹⁵ White elites ultimately translated their desire for political and social order into repressive campaigns against black laborers, poor whites, ethnic communities, symbolically darkened prostitutes, and so on. Beginning around the nineteenth century, experts increasingly tested modern technologies in the fields of law, science, and medicine on particular bodies or communities.¹⁶

Identity, Nationality, and Culture (Chapel Hill: University of North Carolina Press, 1999); Marial Iglesias Utset, *Las metáforas del cambio en la vida cotidiana: Cuba, 1898-1901* (Havana: Ediciones Unión, 2003); Frank Guridy, "From Solidarity to Cross-Fertilization: Afro-Cuban/African American Interaction during the 1930s and 1940s," *Radical History Review* 87 (2003), pp. 19-48; Lillian Guerra, *The Myth of José Martí: Conflicting Nationalisms in Early Twentieth-Century Cuba* (Chapel Hill: University of North Carolina Press, 2005); Robert Stam, *Tropical Multiculturalism: A Comparative History of Race in Brazilian Cinema and Culture* (Durham: Duke University Press, 1997); Micol Seigel, "The Point of Comparison: Transnational Racial Construction, Brazil and the United States, 1918-1933," Ph.D. diss., New York University, 2001.

¹⁵ Peggy Pascoe, *Relations of Rescue: The Search for Female Moral Authority in the American West, 1874-1939* (New York: Oxford University Press, 1990); George Sánchez, *Becoming Mexican-American: Ethnicity, Culture, and Identity in Chicano Los Angeles, 1900-1945* (New York: Oxford University Press, 1993); Tomás Almaguer, *Racial Fault Lines: The Historical Origins of White Supremacy in California* (Berkeley: University of California Press, 1994); Neil Foley, *The White Scourge: Mexicans, Blacks and Poor Whites in Texas Cotton Culture* (Berkeley: University of California Press, 1997).

¹⁶ Edward Escobar, *Race, Police, and the Making of a Political Identity: Mexican Americans and the Los Angeles Police Department, 1900-1945* (Berkeley: University of California Press, 1998); Pablo Mitchell, *Coyote Nation: Sexuality, Race, and Conquest in Modernizing New Mexico, 1880-1920* (Chicago: University of Chicago Press, 2005); Natalia Molina, "Illustrating Cultural Authority: Medicalized Representations of Mexican Communities in Early-Twentieth-Century Los Angeles," *Aztlán* 28 (2003): 129-143.

Similarly, recent books on empire illuminate the extent to which U.S. overseas imperialism shaped categories of difference at home and abroad. These studies focus their attention on the ways colonial enterprises in the Atlantic or the Pacific animated distinctions between colonizers and colonized and within each of these groups. African American conscripts and commentators, for example, imbued the military occupation of Haiti—and its Africanness—with diverse meanings, questioning both their role in the occupation and the place of Haiti in the history of the United States.¹⁷ Other works place their emphasis on the critical role of the circulation of knowledge for understanding the extents and limits of racial classifications on colonial rule. In his study of U.S. imperialism in the Philippines, Paul Kramer demonstrated the myriad ways these categories were reinforced, stretched, and undone as the histories of the Philippines and the United States became increasingly connected to each other.¹⁸ Taken together, these studies of U.S. imperialism bring to light the influence of institutions, social policies, and scientific protocols in redefining racial hierarchies as U.S. officials moved west and crossed the ocean.

Finally, this dissertation brings together tools employed by post-colonial historians of medicine, disease, and public health from the fields of Latin American and American Studies. By exploring the broader significance of U.S.-sponsored public health campaigns in Cuba, Puerto Rico, and Brazil, this project reconstructs North and South relations of power from a number of vantage points, including perspectives that privilege horizontal interactions. In the early twentieth century, for example, the public health campaigns initiated with the assistance of the United States made these three countries

¹⁷ Mary A. Renda, *Taking Haiti: Military Occupation and the Culture of U.S. Imperialism, 1915-1940* (Chapel Hill: University of North Carolina Press, 2001).

¹⁸ Paul A. Kramer, *The Blood of Government: Race, Empire, the United States, and the Philippines* (Chapel Hill: University of North Carolina Press, 2006).

nodes of radiating scientific, medical, and cultural networks. Rather than emphasizing the impact of U.S. imperialism or the role of institutions like the Rockefeller Foundation, close examination of public health campaigns in various countries allow historians to think about the broader geographic region while analyzing the distinct forms of these campaigns in each nation.

The regional impact of these public health campaigns has been illuminated by several complementary works in the fields of Latin American and American Studies. In the last decades, Latin American historians have been successful in looking at the moments in which state health institutions have promoted actions intended to combat particular diseases. These studies highlight the interplay between health eradication programs, the building of a public health apparatus, and the development of a disciplinary language to alter individual practices. Exemplary topics of this literature include: the importance of epidemic outbreaks in building a health infrastructure; the decisive role of physicians in promoting urban redevelopment; the conflicts emerging from increased state interventions; the influence of U.S. institutions in promoting medical discoveries and public health models; the degrees to which medicalization of society advanced ideas about race, gender, and class difference; and, finally, people's responses to these health efforts.¹⁹ Interestingly, none of these studies elaborates on the broader regional

¹⁹ The body of literature on the links between public health and nation has proliferated during the past decades. See Nancy Stepan, *The Beginnings of Brazilian Science: Oswaldo Cruz, Medical Research, and Policy, 1890-1920* (New York: Science History Publication, 1976); Jaime Bechimol, *Pereira Passos: Um Haussmann Tropical* (Rio de Janeiro: Secretaria de Turismo, 1990); Diana Obregón, *Sociedades científicas en Colombia: la invención de una tradición* (Bogotá: Banco de la República, 1992); Lilia Moritz Schwarts, *O espetáculo das raças: Cientistas, instituições, e questão racial no Brasil, 1970-1930* (São Paulo: Companhia das Letras, 1993); Gilberto Hochman, *La era do saneamento: As bases da política de saúde pública no Brasil* (São Paulo: Editora HUCITEC, 1998); Marcos Cueto, ed., *Salud, cultura y sociedad en América Latina: Nuevas perspectivas históricas* (Lima: IEP, 1996); Consuelo Naranjo Osorio and Armando García Martínez, eds., *Medicina y racismo en Cuba: la ciencia ante la inmigración canaria en el siglo XX* (La Laguna: Taller de Historia, 1996); Sydney Chalhoub, *Cidade febril: Cortiços e epidemias na Corte imperial* (São Paulo: Companhia das Letras, 1996); Marcos Chor Maio and Ricardo Ventura Santos, eds., *Raça, ciência e sociedade* (Rio de Janeiro: Editora

implications of public health practices and discourse. Instead, they generally stress the role of the nation-state and nationalism or the influence of the United States in a particular country.²⁰

Similar interests have fueled the history of public health in the United States, but recent studies have been more attentive to the ways illness was used to define disparate social, ethnic or racial groups by examining the intersection between race, gender and class. In *Contagious Divide: Epidemics and Race in San Francisco's Chinatown*, for example, Nayan Shah examines the ways ideas of health and race transformed of the image of the Chinese immigrants from health “menace” in the late nineteenth century to a “model” citizen in the mid-twentieth century.²¹ In *Fit to be Citizens: Public Health and Race in Los Angeles, 1879-1939*, Natalia Molina traces the dynamic history of racial formation by focusing on how public health bureaucracies separately and distinctively targeted Mexican, Japanese, and Chinese populations.²² These and other studies link modernizing public health technologies to phenomena as varied as urban segregation,

Fiocruz, 1996); Marcos Cueto, *El regreso de las epidemias: salud y sociedad en el Peru del siglo XX* (Lima: Instituto de Estudios Peruanos, 1997); Teresa Meade, “Civilizing Rio”: *Reform and Resistance in a Brazilian City, 1889-1930* (University Park: Pennsylvania State University, 1997); Olivia López Sánchez, *Enfermeras, mentirosas y temperamentales: La concepción médica del cuerpo femenino durante la segunda mitad del siglo XIX* (Mexico, DF: Plaza y Valdez, 1998); Katherine Bliss, *Compromised Positions: Prostitution, Public Health, and Gender Politics in Revolutionary Mexico City* (University Park: Pennsylvania State University Press, 2001); Steven Palmer, *From Popular Medicine to Medical Populism: Doctors, Healers, and Public Power in Costa Rica, 1800-1940* (Durham: Duke University Press, 2003); Ann-Emanuelle Birn, *A Marriage of Convenience: Rockefeller International Health and Revolutionary Mexico* (Rochester: University of Rochester Press, 2006); Ann Zulawski, *Unequal Cures: Public Health and Political Change in Bolivia, 1900-1950* (North Carolina: Duke University Press, 2007).

²⁰ One notable exception is Nancy Stepan, *The Hour of Eugenics: Race, Gender, and Nation in Latin America* (Ithaca: Cornell University Press, 1991).

²¹ Nayan Shah, *Contagious Divide: Epidemics and Race in San Francisco's Chinatown* (Berkeley: University of California Press, 2001).

²² Natalia Molina, *Fit to be Citizens: Public Health and Race in Los Angeles, 1879-1939* (Berkeley: University of California Press, 2006).

disease testing, childbirth practices, anti-immigrant sentiments, and community organization.²³

Tools developed by scholars in the field post-colonial studies have been recently applied to the history of public health in the United States. Prompted by an appreciation of the subtle and the not so subtle mechanisms by which the United States legitimated their overseas powers, several scholars have begun to examine the importance of public health practices and discourses for U.S. authorities ruling in colonial or neo-colonial settings. Medical and public health knowledge had a powerful effect on the way U.S. officials attempted to reshape the behavior of ordinary people or particular ethnic groups. Yet these scholars have also revealed the relative limits of these discourses and practices. Using ideals of self-reliance and state responsibility, the inhabitants of these colonial outposts sought control over the affairs of their country and their lives. Warwick Anderson's study on the U.S. colonization of the Philippines in the early twentieth century examines the role of public health initiatives to reform the hygienic behavior and social conduct of Filipinos. In this tropical setting, these efforts unsettled the racial categories of both U.S. officials and the local populations.²⁴ In a study that uses a postcolonial framework to study Cuba, Mariola Espinosa argues that economic motivations and not solely epidemic outbreaks led to U.S. public health intervention in Cuba at the turn of the twentieth century.²⁵ Building on the insights of scholars in Latin

²³ See, for example, John McKiernan, "Fevered Measures: Race, Communicable Disease, and Community Formation in the Texas-Mexico Border," Ph.D. diss., University of Michigan, 2002; Alexandra Minna Stern, *Eugenic Nation: Fault and Frontiers of Better Breeding in Modern America* (Berkeley: University of California Press, 2005).

²⁴ Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham: Duke University Press, 2006).

²⁵ Mariola Espinosa, "The Threat from Havana: Southern Public Health, Yellow Fever, and U.S. Intervention in the Cuban Struggle for Independence, 1878-1898," *Journal of Southern History* 72 no 3 (2006): 541-568; "Epidemic Invasions: Yellow Fever and the Limits of Cuban Independence, 1878 Through the Early Republic" Ph.D. diss., University of North Carolina at

American and American studies, this dissertation attempts to offer an innovative way of telling the stories of racial formations, public health, and empire in early twentieth-century Cuba, Puerto Rico, and Brazil.²⁶ Above all, this dissertation contributes to an intellectual dialogue revitalized recently by scholars who have challenged discrete area study approaches. In the introductory essay of *Imagining Our Americas: Toward a Transnational Frame*, Heidi Tinsman and Sandhya Shukla invite scholars to devise new theoretical and methodological perspectives that conceive the “Americas” as a hemispheric configuration. This challenge does not just require topics that break down the geographic boundaries of Latin American and American Studies but the careful examination of “any formation that acknowledges the necessary transnational dynamics that create it and the national forces that militate against it.”²⁷ Jeremy Adelman, however, reminds us that Latin American historians have a long history of contributing to an understanding of global processes. He argues that since the early nineteenth century Latin Americanists have grappled with linking national histories to the rest of the world, but that the present challenge for transnational historians is to reconstruct the “contingencies and heterogeneous paths of social exchange and integration.”²⁸

One alternative for integrating diverse national stories within transnational developments is to demarcate a manageable geographical scope. This approach enables historians to look at the heterogeneous past of a large region as shaped by external forces

Chapel Hill, 2003. For a similar approach, see Laura Briggs, *Reproducing Empire: Race, Sex, and U.S. imperialism in Puerto Rico* (Berkeley: University of California Press, 2002).

²⁶ On the challenges of narrating transnational history from a Latin Americanist perspective, Micol Seigel, “World History’s Narrative Problem,” *Hispanic American Historical Review* 84 no. 3 (2004), pp. 431-446.

²⁷ Heidi Tinsman and Sandhya Shukla, “Introduction: Across the Americas,” in Heidi Tinsman and Sandhya Shukla eds., *Imagining Our Americas: Toward a Transnational Frame* (Durham: Duke University Press, 2007), p. 5.

²⁸ Jeremy Adelman, “Latin American and World Histories: Old and New Approaches to the Pluribus and Unum,” *Hispanic American Historical Review* 24 no. 3 (2004), p. 409

without being unilaterally determined by them. Yet it also raises the problem of mistaking an artificial spatial frame of reference for a natural one by failing to take account of the conceptual and pragmatic considerations historians use to draw analytical boundaries. To protect against this risk, Lara Putnam has urged historians to be explicit about how the process of delimiting a particular spatial configuration is necessarily tied to any meaningful examination of “large-scale trends and patterns.”²⁹ Taking this challenge seriously requires recognizing first the sources and motivation—as well as the institutional and personal limitations—that determine the geographical scope of any historical inquiry.

This dissertation is based on numerous institutional documents, policy tracts, medical journals, ethnographies, autobiographies, novels, and short stories archived in Cuba, Puerto Rico, Brazil and the United States. These sources provide significant evidence of dialogues, connections, distinctions, and conflicts between and among individuals in different countries. Together, they map tropical America as a large regional formation. Shared interests and exchanges, rather than common geography or language, defined the different ways the people involved in these campaigns connected a world increasingly concerned with disease eradication.

The geographical scope for this project, however, was defined by following U.S. Army physician Bailey K. Ashford as he engaged in public health work in Puerto Rico, Cuba, and Brazil. His autobiography, *A Soldier in Science*, is the story of a physician who sought to secure his place in history. This should not be surprising, given the importance of public health and the United States in the modern history of the region. But even Ashford admitted the perils of imperial authority and the difficulty of public health

²⁹ Lara Putnam, “To Study the Fragments/Whole: Microhistory and the Atlantic World,” *Journal of Social History* 39 no. 3 (2006), p. 620.

initiatives. He arrived in Puerto Rico in 1898 as part of the U.S. military occupation of the island. Ashford soon made Puerto Rico his home, marrying María Asunción López Nussa in 1899 and raising his three children on the island. He ended his days writing his autobiography in his San Juan residence.

In the early 1900s, Ashford became known internationally as the man who initiated in Puerto Rico the first large-scale campaign against hookworm in the hemisphere. In 1916, he visited Brazil as part of a Rockefeller Foundation commission charged with establishing a hookworm eradication program across the country. After brief stint in France during the First World War, the U.S. Army sent him to Cuba to investigate the 1918 epidemic outbreak of dengue. During his visit to Havana, he met with Juan Guiteras, an old friend and the acting Director of Sanitation. Guiteras was not simply a world authority on yellow fever, but had long history of participating in scientific collaborations with U.S. physicians. During the next few weeks the two men worked together on an emergency plan to contain the outbreak.³⁰

Ashford's journeys across countries—as well as the family, professional, and friendship ties he developed along the way—point to the relation between public health and U.S. ventures in Cuba, Puerto Rico, and Brazil. They point as well to the interactions among state official, health reformers, and ordinary people in the cities and regions anchoring many of those ventures. Ashford, of course, was not the only doctor moving back and forth across tropical countries, but his travels suggest the ways physicians in the field of tropical medicine radiated out and stitched together a larger tropical world. These connections, plural as they were, helped to broaden the reach of public health initiatives as well as to multiply their divergent outcomes. Just as a map is created by highlighting

³⁰ Bailey K. Ashford, *A Soldier in Science: The Autobiography of Bailey K. Ashford* (San Juan: Editorial de la Universidad de Puerto Rico, 1998 [1934]), pp. , 131-190, 326-329

different geographical features in space, plotting changing public health discourses and practices at specific historical moments and contexts provides a dynamic picture of the region.

Dissertation Outline

Although “Redeeming the Tropics” observes chronological and spatial boundaries, its chapters do not read in a self-contained fashion. Like an hourglass, this study is divided in three parts whose thematic emphases move from a broad regional focus to specific national development to a broad regional focus again. The first part, “Visualizations,” examines debates over the meanings of race and nation in the turn-of-the-century Cuba, Puerto Rico and Brazil. Chapter One thus opens with the writings of reformers in each of the three countries. It traces the broad political and cultural matrix that shaped Manuel Zeno Gandia’s *La Charca* (1894), Euclides da Cunha’s *Os sertões* (1902), and Fernando Ortiz’ *Los negro brujos* (1906). Read together, these books employed similar images of promise and decay that incorporated contemporary discourses about health and malaise. Specifically, these authors looked at the role race and the environment played in their country’s social pathologies, offered a diagnosis, and proposed a solution. Additionally, these narratives portrayed the white elites as a fragile and unnerved group incapable of dealing with the most pressing problems of society. As instruments of visualization, these representations served as cautionary tales to elite readers not yet ready to embrace sanitary efforts or reform agendas.

“Transformations,” the second part of the project, is composed of Chapters Two, Three, and Four. While separately the chapters examine the impact of a particular public health campaign in a specific country, together they point to a number of connections among them. In general, they explore the formation of racial, regional, and national understandings as authorities struggled to expand the reach of the state, construct a

political order, and negotiate the influence of the United States. Attempts at health reforms in Cuba, Puerto Rico and Brazil took advantage of new public health discourses and policies to establish modernizing initiatives predicated on both the denial of racial determinism and new forms of racial exclusion. In different ways, U.S.-sponsored health campaigns in each country generated new concepts of difference, targeted particular populations, created networks of medical exchange, and challenged ideas of sovereignty. In the aftermath of each of these campaigns, there emerged new ways of thinking about each nation and the tropics as a whole.

After 1898, the United States constructed a new colonial order in Cuba and Puerto Rico by sponsoring public health campaigns that created new racial vocabularies. Chapter Two considers the ways health officials made yellow fever a public health priority during the period of emancipation and collaborated in its eradication during the first U.S. military occupation (1898-1902). The success of the yellow fever campaign quickly became a matter of national pride, since a Cuban physician discovered the mosquito vector that led to the eradication program. After the U.S. military intervention ended, health officials and political activists frequently evoked the success of the campaign to promote immigration and criminal reforms. Their position, supported at different times by state authorities, held that the “backward” presence of black *brujos* (a witchdoctor or practitioner of an African-derived religion) and Chinese, Jamaican, and Haitian immigrants frustrated progressive efforts to “sanitize” Cuba.

Similar concerns over public health, race, and empire emerged from the hookworm campaign in Puerto Rico as thousands of highland peasants—commonly referred to as *jibaros*—embraced public health technologies. Initially, the hookworm campaign forged only a few alliances between U.S. military physicians and Puerto Rican doctors. Seeing the beneficial effects of the first hookworm clinic, however, physicians and residents of different towns mobilized to demand treatment stations in their

municipalities. Chapter Three shows that their actions not only contributed to the increased intervention of U.S. authorities into local governance, but also helped make the Puerto Rican experiment the first large-scale campaign in the hemisphere. At the same time, the hookworm campaign also left a deep imprint on subsequent efforts to situate Puerto Rico as the center of relations between Latin America and the United States. In the 1920s, the creation of the School of Tropical Medicine was thought to be the culmination of efforts initiated by this campaign and the central link between the two continents.

The success of the yellow fever campaign in Cuba and the hookworm campaign in Puerto Rico influenced public health philanthropy in the United States. During the 1910s, these two campaigns were replicated in Brazil through the international health services of the Rockefeller Foundation. Wickliffe Rose, the director of these services, recruited the U.S. military physicians in charge of the yellow fever campaign in Cuba and the hookworm campaign in Puerto Rico to lead their venture in Brazil. The Rockefeller Foundation introduced first the hookworm program as a way to garner the support of Brazilian physicians who were advocating a sanitation campaign in the rural interior. Chapter Four examines the ways the mission of Rockefeller emissaries and Brazilian sanitarians converged and influenced each other. Brazilians sanitarians initially took advantage of the foundation's abundant resources to push for a nation-wide campaign against the most prevalent diseases affecting the interior. These calls for a centralized public health infrastructure drew on ideas of regional difference to promote the image of progress associated with the state of São Paulo. As in Puerto Rico, the campaign's extent and significance shaped the ways intellectuals formulated the idealized representations of the peasant in Brazil's national imaginary.

The third part, "Nationalizations," turns to the period when the impact of these campaigns was transformed, and ultimately incorporated, in the cultural projects of prominent intellectuals. From 1930 to 1940, Cuban, Puerto Rican, and Brazilian

intellectuals wrote nationalist tracts that rethought the role of the environment and of cultural heritage in shaping ideas of the nation. Their writings stressed the cultural distinctiveness of their countries, invoking a range of academic trends to produce historical revisions. Chapter Five explores how these intellectuals drew on public health advances to formulate their interpretation of national distinctiveness. At the same time, these authors reflected on their nation's uniqueness in relation to the history of race relations and racial discrimination in the United States, arguing that their countries were more racially inclusive and less discriminatory than the United States. Ultimately, their thinking integrated a familiar national history—which included their thoughts on race and racial mixture—to a larger history of the cycles of civilization.

“Visualizations” and “Nationalizations” bookend the project by analyzing representations of Cuba, Puerto Rico, and Brazil together at two distinct moments—around the 1900s and the 1930s—and examining the deep and changing ways in which intellectuals used science and disease to write about race and place in the making of distinct peoples. In contrast, the three chapters of “Transformations” show how public health campaigns initiated as part of U.S. overseas expansionism not only brought these distinctive societies together but also led them to diverge. Shifting back and forth from an examination of cultural representations to public health practices captures stories of both particularization and integration. Side by side, these stories provide insights into the centrality of public health in national histories, the changing interactions between Latin America and the United States, and how the histories of Cuba, Puerto Rico and Brazil became connected to each other and to the history of the United States.

In examining these overlapping stories of science and nation across territorial borders, this project maintains a critical gaze reminiscent of an early-twentieth-century observer. In “Los cánticos del progreso” [The Chants of Progress] (1932), Cuban essayist Alejo Carpentier evoked those childhood verses that represented progress as a train that

“will never stop.”³¹ Grappling with the cruel aftermath of the First World War and rise of German Nazism, he then characterized this roaring locomotive as one of the most “widespread deceits of nineteenth-century ideology.” The essay concludes sarcastically quoting a short line from a Spanish operetta: “¡La ciencias adelantan que es una barbaridad!”³² Taking into account Carpentier’s skepticism does not change the beneficial outcomes public health campaigns had in these countries, but it does allow historians to question the simple assumption that scientific knowledge surmounts the bias and opprobrium of an earlier era. It also underlines the power of this knowledge to destroy, contest, and make a difference. In embarking in projects that created new freedoms but also new modes of exclusions, experts in Cuba, Puerto Rico, and Brazil used the tools of science to rid their countries of diseases, transformed understandings of race, and shaped the vast region they set out to redeem.

³¹ Alejo Carpentier, “Los cánticos del progreso,” *Crónicas*, vol. II (La Habana: Editorial Letras Cubanas, 1985), p. 510.

³² Carpentier, “Los cánticos,” p. 515.

PART I: VISUALIZATIONS

CHAPTER ONE

CAUTIONARY TALES: NARRATIVES OF RACE AND NATION IN PUERTO RICAN, BRAZILIAN, AND CUBAN INTELLECTUAL THOUGHT, 1890-1910

In the early 1910s, a thirty-two year old Cuban lawyer published a minor collection of essays with the intimate title *Entre cubanos, psicología tropical* (*Among Cubans, Tropical Psychology*). The author was Fernando Ortiz, a well-established young intellectual of the early Cuban Republic. The first paragraph left no doubt as to the audience for whom the book was intended. In offering his words to “somnolent sons of the tropics,” Ortiz could not help but evoke images of a “land where the sun sizzles” and where “sleeping sickness” prevented its people from confronting national problems.¹ The use of natural and medical imagery marked only one of the central themes about the tropics: the negative relationship between the environment and disease. The other theme appeared just a few lines later, when Ortiz invited both “great thinkers” and “humble laborers” to join in the “regenerative task” of the nation.² While Ortiz used scientific discourses of decline and progress to fit the Cuban context, his writings were also part of a broader trend among intellectuals preoccupied with attaining tropical modernity in European and national eyes.

¹ Fernando Ortiz, *Entre cubanos, psicología tropical* (Habana: Editorial de Ciencias Sociales, 1987 [1913]), pp. 1-2.

² Ortiz, *Entre cubanos*, pp. 2-3.

Ortiz's diagnosis and prescription provide an appropriate point of departure for examining the varied ways other intellectuals in the region revised and adapted these discourses. At the turn of the twentieth century, for example, Puerto Rican novelist and physician Manuel Zeno Gandía and Brazilian engineer and journalist Euclides da Cunha drew on scientific discourses to compel other members of the cultural and political elites to embrace reform projects. In the process, they not only identified social maladies, but, more importantly, proposed new programs for restoring national health.³ In imagining a national community cured by the benefits of science and structured by biological and social laws, these intellectuals not only talked about diverse populations and environments, but also inaugurated new ways of calling for public engagement. Despite their different approaches, they all represented a threatening scenario that at once pathologized the popular masses and the elite leaders and served to generate a will toward scientific reform.

The fact that a lawyer, a doctor, and an engineer born in different countries shared similar preoccupations and rhetorical strategies reveals the influence of science in discussing projects of national consolidation. Fernando Ortiz, Manuel Zeno Gandía, and Euclides da Cunha struggled, like other scientifically-minded intellectuals in the region, with what one scholar has referred to as “the selective appropriation and re-elaboration of European theories of places, peoples, and diseases.”⁴ Their writings often reformulated these theories in ways that subtly challenged imported notions of tropical insalubrities

³ For the ways medical discourses permeated literary production, see Gabriela Nouzeilles, *Ficciones somáticas: naturalismo, nacionalismo y políticas médicas del cuerpo, Argentina 1880-1910* (Rosario, Argentina: Beatriz Viterbo, 2000); Cynthia Davis, *Bodily and Narrative Forms: The Influence of Medicine on American Literature, 1845-1915* (Stanford: Stanford University Press, 2000); Nicolau Sevcenko *Literatura como missão: Tensões sociais e criação cultural na Primeira República* (São Paulo: Brasiliense, 1983); Sander Gilman, *Difference and Pathology: Stereotypes of Sexuality, Race, and Madness* (Ithaca: Cornell University Press, 1985).

⁴ Nancy Leys Stepan, *Picturing Tropical Nature* (London: Reaktion, 2001), p. 23.

and racial degeneration.⁵ At the same time, they reassessed their countries as a place of possible promise, ready to entice new technologies, draw its inhabitants into a unified community, and enter a new era of modernization.⁶

To make their cases, these three intellectuals often used a combination of scientific discourses. At times, they embraced neo-Lamarckian doctrines of human heredity, which assumed that acquired characteristics could be altered depending on the surrounding environment. Others times, they adopted the doctrines of collective psychology or incorporated emerging criminological theories. In a variety of ways, their writings exposed the destructive effects of a racially heterogeneous population but also proposed that reforms could either ameliorate these deterministic effects or contribute to advancement of their societies.⁷

Envisioning Tropical America, Reforming the Nation

By the late nineteenth century, intellectuals in Latin America incorporated new scientific disciplines into discussions about the future of their countries. Writing about national possibilism, not irreversible pessimism, became a way to envision a modern

⁵ On degeneration see, J. Edward Chamberlain and Sander Gilman, eds., *Degeneration: The Dark Side of Progress* (New York: Columbia University Press, 1985); Robert Nye, *Crime, Madness, and Politics in Modern France: The Medical Concept of National Decline* (Princeton: Princeton University Press, 1984).

⁶ On writing and nationalism, see the pioneer work of Benedict Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (New York: Verso, 1991). See also Doris Sommer, *Foundational Fictions: The National Romances of Latin America* (Berkeley: University of California Press, 1991); Angel Rama, *The Lettered City* (Durham: Duke University Press, 1996), chapter. 2; Hommi Bhabha, "Dissemination: Time, Narrative and the Margins of the Modern Nation," *The Location of Culture* (London: Routledge, 1994), pp. 139-170.

⁷ See Barbara Fields, "Ideology and Race in American History," in J. Morgan Kousser and James M. McPherson, eds., *Region, Race and Reconstruction: Essays in Honor of C. Vann Woodward* (New York: Oxford UP, 1992), pp. 143-77; Seymour Drescher, "The Ending of the Slave Trade and the Evolution of European Scientific Racism," in Inikori and Engerman, eds., *The Atlantic Slave Trade: Effects on Economics, Societies, and Peoples in Africa, the Americas, and Europe* (Durham: Duke University Press, 1998), pp. 361-396.

nation. Physicians, engineers, and lawyers—such as Zeno Gandía, da Cunha, and Ortiz respectively—wrote novels, essays, and treatises to map the geography of their countries and to classify its inhabitants, binding together the conceptual space of the nation and its diverse populations. A close examination of their writings reveals that these authors did not indiscriminately adopt scientific trends coming from Europe or did they elaborate impersonal arguments about tropical civilization. Underlying their accounts was a preoccupation with the effects of extending political participation to the racially diverse mass of people. During this period electoral politics and universal male enfranchisement pushed political elites to reach out and gain the support of each country's diverse populations.⁸ In fact, Zeno Gandía's, da Cunha's, and Ortiz's first books attempted to jolt their fellow countrymen into action. Through their writings, they criticized health, education, and civic behavior in their respective countries as a means to promote measures that would improve the political culture.

To read Manuel Zeno Gandía's novel *La charca* (1894), Euclides da Cunha's historical essay *Os sertões* (1902), and Fernando Ortiz's criminological study *Los negros brujos* (1906) in this context recaptures the ways these writers conceived their books as cautionary tales about the complacency of cultural and political elites.⁹ The three writers warned against inaction and tried to convince elite groups that a reform agenda was in their own interest. Zeno Gandía, da Cunha, and Ortiz thus saw themselves as agents of

⁸ See Astrid Cubano Iguina, "Political Culture and Male Mass-Party Formation in Late Nineteenth-Century Puerto Rico," *The Hispanic American Historical Review*, 78 no. 4 (1998): pp. 631-662; Alejandro de la Fuente, *A Nation for All: Race, Inequality and Politics in Twentieth Century Cuba* (Chapel Hill: University of North Carolina Press), pp. 1-95; Peter Fry, "Politics, Nationality, and the Meanings of 'Race' in Brazil," *Daedalus* 129 no. 2 (2000): 83-118; Richard Graham, *Patronage and Politics in Nineteenth-Century Brazil* (Stanford: Stanford University Press, 1990).

⁹ On the purpose of cautionary endings, see Walter Pape, "Happy Endings in a World of Misery: A Literary Convention between Social Constraints and Utopia in Children's and Adult Literature," *Poetics Today* 13 no. 1 (1992): pp. 179-196.

reform.¹⁰ In other words, they believed they were part of a scientifically-minded elite capable of diagnosing national problems that would serve as lessons for what to avoid. At the same time, they suggested guidelines for future reform. To bring others to their reformist cause, Zeno Gandía, da Cunha, and Ortiz capitalized on their own privileged race, upbringing, and training.¹¹

Manuel Zeno Gandía was born in 1855 in the port city of Arecibo, Puerto Rico. The son of wealthy Spanish immigrants, he spent his early childhood in his hometown witnessing firsthand the harsh working conditions of poor agricultural workers. Like many members of his class, he went to Europe during his teenage years. While there, he completed his medical training at the University of Barcelona and later worked for a short stint in Paris. After his return to Puerto Rico in 1876, he combated widespread epidemics, founded a scientific-literary journal, and wrote a manual of child hygiene. In the late 1880s, he became active in the Autonomist Party, a political party that advocate for home

¹⁰ For the influence of these books on their contemporaries, see Regina Abreu, *O enigma de Os Sertões* (Rio de Janeiro: Ministério da Cultura, Funarte, 1998); Luiz Costa Lima, *Terra ignota: a construção de Os sertões* (Rio de Janeiro: Civilização Brasileira, 1997); Juan Gelpí, *Literatura y paternalismo en Puerto Rico* (San Juan: Editorial de la Universidad de Puerto Rico, 1993); Arcadio Díaz-Quñones, “Fernando Ortiz y Allan Kardec: transmigración y transculturación,” *Latin American Literary Review* 25 no. 50 (1997): pp. 69-88; Alejandra Bronfman, *Measures of Equality: Social Science, Citizenship, and Race in Cuba, 1902- 1940* (North Carolina: University of North Carolina Press, 2004), chapter 2.

¹¹ The last decade has witnessed the dramatic growth on the scholarship on whiteness, from literary criticism to history, sociology, and anthropology. It has also created growing concern about transforming the violent history of racist thought into a sanitized social construction. Rather than using “whiteness” as shorthand for a static system of racial supremacy, I will examine how these three writers used medical and psychological discourse to address their concerns about white degeneration and cross-racial interaction. The increasing apprehension about physiological disorder or the psychic manipulation of whites demonstrates how boundaries of race were redrawn during this period. For an excellent debate on this issue, see the special issue of *International Labor and Working-Class History*, 60 (Fall 2001). On the implication of whiteness studies on the study of racism and African-American history, see Barbara Fields, “Of Rogues and Geldings,” *The American Historical Review*, 108 no. 5 (Dec. 2003): pp. 1397-1405. For a compelling study of whiteness and medical discourse, see Warwick Anderson, *The Cultivation of Whiteness: Science, Health, and Racial Destiny in Australia* (New York: Basic Books, 2003).

rule and more representation in Spain but rejected independence. While working as a physician, he published *La charca* (1894), recognized at the time in Puerto Rico's literary circles as the island's most important novel.¹² *La charca* was followed over the next decades by a series of three other novels that Zeno Gandía sordidly described as the *Chronicles of a Sick World*.¹³

Euclides Rodrigues da Cunha was born in 1866 on a small coffee *fazenda* in the valley of Paraíba in the former province (now state) of Rio de Janeiro. From the mid-1880s to the mid-1890s, his military training in the Escola Politécnica and the Escola Militar drew his attention toward the principal ideologies of his milieu: race sciences, nationalism, and republicanism. Soon after graduation, he worked as a sanitary and military engineer and actively participated in the movement that led to the creation of the Republic in 1889. At roughly the same time, he left the military to begin a career in journalism, writing for *A Provincia de São Paulo*, which became *O Estado de São Paulo* in 1889. After witnessing the last weeks of the military campaign against the millenary rebellion led by Antônio Conselheiro at Canudos—an isolated village community in the interior of northern Bahia—da Cunha turned his journalistic account into the publishing sensation *Os sertões*. In the book, he dealt with a variety of national issues—from regional differences to the racially mixed population to the responsibilities of the elite. Da Cunha drew on the work of leading European thinkers, including Henry Buckle on

¹² See Olga Casanova, *La charca de Manuel Zeno Gandía: temas y estilo* (Río Piedras: Editorial Plaza Mayor, 1992); Gilbert Darbouze, *Dégénérescence et régénérescence dans l'œuvre d'Émile Zola et celle de Manuel Zeno Gandía: étude comparée* (New York: P. Lang, 1997); Maria Lemos, *O doutor e o jagunço: ciência, mestiçagem e cultura em Os Sertões* (São Paulo: Editora Arte & Ciência, 2000); Stephan Palmié, "Una Salación Científica: The Work of Witchcraft and Science in Cuban Modernity," in *Wizards and Scientists: Explorations in Afro-Cuban Modernity and Tradition* (Durham: Duke University Press, 2002), pp. 201-259.

¹³ The others novels are *Guarduña* (1896), *El negocio* (1922), and *Redentores* (1925). See Elena Zeno de Matos, *Manuel Zeno Gandía: documentos biográficos y críticos: su vida y su obra reproducida por eminentes críticos de Puerto Rico y el extranjero* (San Juan: Hernández Hns., 1955)

climate, Ludwig Gumplowicz on race struggles, Count Joseph Gobineau on degeneracy, and Gustave Le Bon on crowd theory. By 1903, he was invited to become a member of the distinguished Academy of Brazilian Letters.¹⁴

Fernando Ortiz shared a similar family history with Zeno Gandía. Born in 1881 to a wealthy Spanish immigrant family in Havana, Ortiz later spent part of his adolescence and early adult life in Spain. He graduated from the University of Barcelona with honors, receiving a law degree in 1900. Following a brief consular career in Italy and France (1902-1906), he returned to Cuba in 1906. That year he began his study of black Cubans, publishing the well-received *Los negros brujos*. This work turned him, almost overnight, into a prominent public figure and his writings circulated widely in literary journals and newspapers. During that decade, he was also appointed Assistant Professor of law at the University of Havana, became an active member of the prestigious Sociedad Económica Amigos del País, and assumed the directorship of the Sociedad's *Revista Bimestre Cubana*.¹⁵

Zeno Gandía, da Cunha, and Ortiz used their understandings of race, class, and science to play on fears about governing over a hostile tropical environment and a racially mixed population. Their writings provided an alternative to persistent claims that the tropical region was environmentally and racially doomed, and at the same time engaged authoritatively in scientific discourses that sustained such arguments.¹⁶ In this

¹⁴ For the life and influence of Euclides da Cunha, see Regina Abreu, *O enigma de Os Sertões* (Rio de Janeiro: Ministério da Cultura, Funarte, 1998); Luiz Costa Lima, *Terra ignota: a construção de Os sertões* (Rio de Janeiro: Civilização Brasileira, 1997); Roberto Ventura, *Euclides da Cunha-esboço geográfico: Retrato interrompido da vida de Euclides da Cunha* (São Paulo: Companhia das letras, 2003).

¹⁵ *Bio-bibliografía de Don Fernando Ortíz* (La Habana: Instituto del Libro, 1970); Alejandra Bronfman, *Measures of Equality*, chapter 2.

¹⁶ It is generally recognized that the term “tropical” refers to more than geography. It includes ideas of the essential difference of place, peoples, and diseases in hot and humid climates. Although the region between the Tropic of Cancer and the Tropic of Capricorn may have some unique flora and fauna, historian David Arnold uses the term *tropicality* to discuss the constructed

sense, Zeno Gandía, da Cunha, and Ortiz used their books as didactic devices that, rather than representing redemption, warned against inaction. By portraying moments in which the population transcended the limits of race and the environment, these authors refuted prevailing beliefs about the futility of implementing any type of reform and rejected the notion that civilization was impossible.

The authority and popularity of Zeno Gandía, da Cunha, and Ortiz's books relied on their careful blend of scientific and literary genres. In general, their writings dealt with two forces of causation that propelled individuals and racial groups. The first was biological and its reign was almost absolute: blood and nature decided the fate of people. The second was psychological and less rigid. Behavioral explanations opened a possibility for people to be held accountable for their actions. In most cases, they served to counter the fixed effect of biological determinism. Far from separating these two seemingly antagonistic forces, these writers made them complementary. In narrating race and nature these writers partially accepted that race and the environment conditioned human action. Biology governed, in part, social life. At the same time, in narrating nation and redemption these authors argued that national uplift could be achieved through voluntarism. Social psychology could help understand how to overcome—to an extent—biological determinism.

or discursive representations of the tropics in modern geography. I use the term “tropical America” as a unit of analysis to explore overlapping themes between these three countries. A shared history of plantation-based agriculture, slavery, and colonialism makes tropical America a unique historical configuration. See, David Arnold, “‘Illusory Riches’: Representations of the Tropical World, 1840-1950,” *Singapoure Journal of Tropical Geography*, 21 no. 1 (2000): pp. 6-18. See also, Jeffrey Needell, *A Tropical Belle Époque: Elite Culture and Society in Turn-of-the-Century Rio de Janeiro* (Cambridge: Harvard University Press, 1987); Julyan Peard, *Race, Place, and Medicine: The Idea of the Tropics in Nineteenth-Century Brazilian Medicine* (Durham: Duke University Press, 1999); Nancy Stepan, *Picturing tropical nature* (London: Reaktion Press, 2001).

Although within each work the themes of race, nature, nation, and redemption were inextricably intertwined, following sections analyze race and nature and nation and redemption separately for the purpose of clarity and to illustrate their interplay. These authors also understood that to reach beyond a small circle of elite intellectuals they needed to call for new forms of patriotic consciousness.¹⁷ The act of writing transcended the boundaries of the page to acquire political significance. In this sense, a clear will for promoting political reform underlay the rhetorical strategy.

Narrating Nature and Race

In order to understand the tactics Zeno Gandía, da Cunha, and Ortiz used for advocating reform, it first is necessary to understand prevalent ideas of race at the turn of the century. Intellectual debates about race reflected the general medicalization of society, examining the illnesses of a country in relation to its environment, and comparing the role of the social thinker to the role of a physician.¹⁸ What Zeno Gandía, da Cunha, and Ortiz meant when they spoke about race, though never far from color racism, was more than color. By and large, their generation defined race as a typological distinction of human difference based on skin color. Racial discussions of the period,

¹⁷ Roger Chartier has written extensively on the dynamic interchange between books and the community of readers they create. He underlines the limitations of representing written texts as mere vehicles of social domination and cultural diffusion. For Chartier, both the author's strategies for imposing orthodoxy and the interpretative strategies of a given community must be accounted in order to fully grasp their cultural significance. See Roger Chartier, *The Cultural Uses of Print in Early Modern France* trans. Lydia Cochrane (Princeton: Princeton University Press, 1987) and *The Order of Books: Readers, Authors and Libraries in Europe Between the Fourteenth and Eighteenth Centuries*, trans. Lydia Cochrane (Cambridge: Polity Press, 1994).

¹⁸ While many historians define medicalization as the process by which modern medicine was introduced to states lacking licensed medical practitioners, this work ascribes a more ample meaning to the term. In the 1970s, Michel Foucault popularized a broader meaning for the term. Foucault's definition stresses the ways in which medical modes of analysis, both in the use of language and techniques of control, influenced non-medical intellectual disciplines (i.e. legal, anthropological, and literary). See Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Vintage Books, 1979) and *The History of Sexuality. An Introduction* (New York: Vintage Book, 1990).

however, were so broadly construed that they tended to absorb other social classifications like class and ethnicity, as well as regional and national identities. Second, many physicians and social scientists held neo-Lamarckian views of heredity, in which acquired characteristics were inherited, enabling individuals to transform the racial legacy passed on to their descendants. Alcoholics or prostitutes, for instance, could transmit their degenerate behavior to their offspring depending on the positive or negative influence of the environment in the evolutionary process. Familial decline could thus be spoken in terms of race. Finally, geography and social environment explained levels of racial variations among regions. These variations explained in part human actions, although they did not determine them completely. Social thinkers of the period, however, did not make such rigid distinctions. Reworking these scientific discourses, Zeno Gandía, da Cunha, and Ortiz reevaluated the role of the environment, racial mixture, and white elites in well-being of future generations.¹⁹

In *La charca*, Zeno Gandía's portrayed biological doom and evolutionary potential as competing, but interrelated, forces that shape daily life in the highlands of Puerto Rico. In his framework, the maladies of society were symbolized in the fissures between the interlocking worlds of the rich *hacendado* (planter) and the poor peasant girl,

¹⁹ The last decade has witnessed the dramatic growth on the scholarship on whiteness, from literary criticism to history, sociology, and anthropology. It has also created growing concern about transforming the violent history of racist thought into a sanitized social construction. Rather than using "whiteness" as shorthand for a static system of racial supremacy, I will specifically examine how these three writers used medical and psychological discourse to address their concerns about white degeneration and cross-racial interaction. The increasing apprehension about physiological disorder or the psychic manipulation of whites amply demonstrates how boundaries of race and citizenship were redrawn during this period. This by is by no means an exoneration of their deeply rooted racist discourse, but illustrates the specific circumstances when it was reformulated for political action. For an excellent debate this issue, see the special issue of *International Labor and Working-Class History*, 60 (Fall 2001). On the implication on whiteness studies on the study of racism and African-American history, see Barbara Fields, "Of Rogues and Geldings," *The American Historical Review*, 108 no. 5 (Dec. 2003): pp. 1397-1405. For a compelling study of whiteness and medical discourse, see Warwick Anderson, *The Cultivation of Whiteness: Science, Health, and Racial Destiny in Australia* (New York: Basic Books, 2003).

between the disciplining role of science and the anarchy of nature, and between the racial stability of the coffee planter and the unsteady racial mixture of the peasantry. Juan del Salto and Silvina, the wealthy planter and the anemic peasant women, respectively, inhabit opposite poles of a chronically “sick world.” To highlight this point, Zeno Gandía completely separated the lives of Juan del Salto and Silvina, since in the novel the two characters never meet, although their lives shaped each other’s.

In *La charca* the plot begins and ends with nature itself. In the opening scene, an overflowing and violent river announces destruction as Silvina contemplates the idea of throwing herself into the deadly abyss. In the final scene, her dead body lays motionless at its bank. The idea of national death lingers throughout because life in this stagnant water hole (*charca*), as the title indicates, is filled with poisonous miasmas that produce disease and despair. In Zeno Gandía’s reconstruction of life in the highland coffee regions, racial mixture and an oscillating nature resulted in a life of extreme struggles and imbalances that resembled the river’s “galloping force and watery leaps.”²⁰ The dynamic relationship between the characters and the natural landscape is crucial for understanding both the broader social ensemble and Zeno Gandía’s projections for late nineteenth-century Puerto Rico.

At the center of the story are “scientific” theories of human difference. Zeno Gandía uses “science” as the basic framework for defining, if not necessarily resolving, the deep-seated problems facing the coffee region—erratic labor discipline, lack of education, criminal behavior, physical lifelessness, and nervous apathy. The physical feeblenesses, hereditary atavisms (evolutionary throwbacks), and criminal psychopathologies of the peasantry came under the explanatory aegis of a scientific

²⁰ Zeno Gandía, *La charca*, p. 37.

narrative voice that laments the influence of the environment because of the lack of moral, educational, and health institutions.

To hammer this point, Zeno Gandía used both the omniscient narrator and Juan del Salto as vehicles for presenting scientific knowledge. Throughout the novel, both reflect on the environment and the physical and mental collapse of the peasantry. Unlike the narrator, Juan del Salto's voice is unequivocally duplicitous. Del Salto, however, is only self-assured when he draws on a nostalgic historicism to explain how the early combination of racial mixture and environmental exuberance caused social pathology. "The causes of this disaster date back to distant origins," del Salto reflected. "Imagine... an ethnic group that comes in the days of the conquest, and struggles to adapt itself to the torrid zones... the influences of the new soil, the harshness of the new climate... then came the cross-breeding... From this mixture [a cross between the white Spaniards and the *taino* Indians] the composite lot was physically inferior."²¹

Zeno Gandía's narrator further reinforced this paternalistic gaze by describing a whole class of laborers as racially diseased. "In studying the people of the mountains, Juan saw the evolutionary development of a race... ..He saw [the peasantry] descend from a straight line of ethnic mixtures whose end product was contaminated with a deadly, invisible weakness, leaving its arteries anemic, the brain sluggish, the arms without strength."²² The link between the lack of character and unbridled nature was inescapable. "Such beautiful fields, such brilliant flora, such superb fauna! But what did it mean to an anemic soul, treading barefoot upon such an exquisite landscape, without even the strength to ponder the generous, opulent handiwork of nature?"²³ For Zeno

²¹ Zeno Gandía, *La charca*, p. 72.

²² Zeno Gandía, *La charca*, p. 50.

²³ Zeno Gandía, *La charca*, p. 51. Given the racial theories of the day, it is not surprising that del Salto recognized racial mixture as the undeniable root of Puerto Rico's social perils. What is surprising is that in novel that unfolds in the 1860s, a decade when slavery had not been abolished

Gandía the force of nature stood in stark contrast to the lassitude of the peasant, raising concerns about how the “anemic” mass of society would be integrated to the political sphere and to a modernizing economy.

While Zeno Gandía was concerned with the distinction between the coast and the mountains, Euclides da Cunha confronted the difficult task of grasping the enormity of his country and the diverse racial mixtures that each geographical region contained.²⁴ In fact, the stated purpose of *Os sertões* was to illustrate how different landscapes shaped the “complex intermingling of races,” charging with uncertainty the possibility of a unified national “race.”²⁵ Da Cunha’s critique of Antônio Conselheiro’s messianic rebellion and the ensuing military massacre at Canudos (1896-1897) exposed the fragility of the new republican regime. In elaborating his critique, he stressed the deep interplay between physical setting, people, and race.

From the outset, da Cunha argued that racial and regional heterogeneity not only prevented the interdependencies to advance progress, but weakened some racial types to the point of extinction. He stated that racial “types” like the *jagunços*, the *tabaréo*, and

all Zeno Gandía offered as a commentary on the black population was their utter absence. On Puerto Rico’s indigenous population, see Francisco Moscoso, *Sociedad y economía de los Taínos* (Río Piedras: Editorial Edil, 1999). On the jíbaro and blackness, see Arlene Torres, “La gran familia puertorriqueña 'ej prieta de beldá: the Great Puerto Rican family is really really black,” in A. Torres and N. E. Whitten, eds., *Blackness in Latin America and the Caribbean Volume II* (Bloomington: Indiana University Press, 1998), pp. 285-326.

²⁴ During the period preceding the establishment of the Republic, other authors dealt with the problem of national integration and diverse populations. See, for example, Machado de Assis, “Esaú e Jacó,” in *Obras completas*, vol. 1 (Rio de Janeiro: Aguillar), pp. 1031-1340; José de Alencar, *O sertanejo* (São Paulo: Clube do Livro, 1952 [1875]). In the early twentieth century, Manoel Bonfim linked disease metaphors with national problems. See Bonfim, *A América Latina: males de origem* (Rio de Janeiro: Top Books, 1993 [1905]).

²⁵ Euclides da Cunha, *Rebellion on the Backlands*, trans. Samuel Putman (Chicago: University of Chicago Press, 1967), p. 52. For the most comprehensive critique of Cunha’s interpretation of the war at Canudos see, Robert M. Levine, *Vale of Tears: Revisiting the Canudos Massacre in Northeastern Brazil, 1893-1897* (Berkeley: University of California Press, 1992).

the *caipira* would not be able to survive into the twentieth century.²⁶ However, two regional racial mixtures of the Northeast would prevail. On the coast, the neurasthenic mulatto resulted from the unsteady but continuous unions of Portuguese and Africans, and in the semi-arid interior (*sertão*), the isolated mixture of Portuguese and Indian produced more lasting, if variable, populations.²⁷

Yet to provide room for both biological and psychological explanations, da Cunha divided the book in two distinct parts: “The Backlands” and “The Rebellion.” The first part, which occupies a little over a third of the book, examined the environmental causes that led to the creation of different racial types in the backlands. The second part chronicled the participation of people in the rebellion at Canudos, underlining their capacities to effectively organize, lead, and even defeat the republican army of Brazil. The negative and affirmative potential of the sertao’s racially mixed people—which remained consistent with the ways contemporaries linked threat and promise—left open the possibility of their rehabilitation, provided they were properly guided. While da Cunha portrayed the relation among the environment, race, and human agency as permanent and indivisible, crowd theory offered him both a way to explain the extraordinary force of the messianic army and a way to critique the government’s gruesome massacre of Conselheiro’s followers.

Dain Borges has demonstrated that da Cunha was less concerned with how racial mixture induces backward evolution and more with social psychology, in which body, climate, milieu, spirit, and morality are confounded as facets of “race.”²⁸ Da Cunha,

²⁶ da Cunha, *Os sertões*, p. xxix. *Jagunços*, *tabaréo*, and *caipira* are general terms for racially mixed men of the interior. Da Cunha often used the term *jagunço* as inhabitant of the backlands almost synonymous to sertanejo, the term *tabaréo* as a military recruit of the backlands, and the *caipira* as the rustic countryman of the south.

²⁷ da Cunha, *Os sertões*, p. 89.

²⁸ For Brazilian discussion on degeneration, see Dain Borges, “‘Puffy, Ugly, Slothful and Inert’: Degeneration in Brazilian Social Thought, 1880-1940,” *Journal of Latin American Studies*, 25 no.

building on the work of Italian social theorist Scipio Sighele, believed that a person with great demagogical skills could transform a group of people into a crowd. As crowds people could either regress to a primitive emotional state or be empowered to transcend great obstacles—including the limitations of race and the environment. While Da Cunha entwined environmental determinism with crowd theory, he still gave environmental factors greater force over collective psychology.²⁹

Da Cunha portrayed the sertanejo as honest and strong, but he also explained that the extreme climates of the backlands marked the sertanejo's life with a dangerous instability, alternating between intense apathy and excessive energy. The intermittent fluctuations between drought and rain made man “stand in a functional relation to the earth.”³⁰ Da Cunha described how the changing climate and racial mixture predisposed the sertanejos to more likely follow the “fanciful prophecies of insane messiahs” like Antônio Colselheiro.³¹ If the charisma of this religious figure compelled the sertanejos to become a crowd in the first place, da Cunha attributed their retarded psychic development to the social environment. “The simple sertajeno,” wrote da Cunha, “upon setting foot in the place (Canudos) became another being, a stern and fearless fanatic. He absorbed

2 (1993): 235-256. See also José Carlos Barreto de Santana, “Natural Science and Brazilian Nationality: *Os sertões* by Euclides da Cunha,” *Science in Context* 18 no. 2 (2005): 225-247.

²⁹ On crowd theory in Europe, see Robert Nye, *The Origins of Crowd Theory: Gustave Le Bon and the Crisis of Mass Democracy in the Third Republic* (London: Sage Publications, 1975). The crisis of late nineteenth century France's Third Republic provided many conservative social commentators reasons to explain the failings of democratic politics. Gabriel Tarde and Scipio Sighele also stressed and popularized the pathological behavior of European crowds. In Latin American writers like Raymundo Nina Rodrigues, Euclides da Cunha, and Fernando Ortiz borrowed from Le Bon understandings of crowds. They also drew on the Italian school of positivist criminology. See Borges, “Puffy, Ugly, Slothful, and Inert,” p. 247.

³⁰ da Cunha, *Os sertões*, p. 112.

³¹ da Cunha, *Os sertões*, p. 110

collective psychosis.”³² At Canudos, the “mysticism of each individual gradually merged with the collective neurasthenia.”³³

But regression was only one way in which collective psychology worked. Da Cunha represented the sertanejo’s valiant resistance against the republican army to demonstrate how a charismatic leader could release the heroic capacities of racially-mixed populations. In war, the sertanejo was transformed into a “bronze Titan who causes armies to waver in their march.”³⁴ This transformation was possible because, as a resilient race, the sertanejo was “capable of evolving and differentiating himself in accommodation to loftier destinies.” As they rose above the limitations of their race and the environment, Conselheiro’s troops also posed a real challenge to the republican forces.³⁵ In these extraordinary moments of valor, the life of the sertanejo was saturated with possibilities. Da Cunha turned around images loaded with violence and disorder to offer the opportunity of national progress.

Da Cunha did not limit his focus to the effects of crowd psychology on the millenarian movement. Antônio Conselheiro’s troops in the backlands had their popular counterpart in the republican troops. Da Cunha observed that many republican soldiers were “of the same racial stock as the backwoodsmen.” He noted that after the unexpected loss of Moreira Cesar’s expert leadership, these men “readily fell victim to the power of suggestion.”³⁶ Transformed by the emotions of war, their collective patriotism led to disastrous consequences and massive killings. “They were,” da Cunha wrote, “displaying the same delirious enthusiasm, the same absolute self-dedication, and the same fanatic

³² da Cunha, *Os sertões*, p. 148

³³ da Cunha, *Os sertões*, p. 160.

³⁴ da Cunha, *Os sertões*, p. 195.

³⁵ da Cunha, *Os sertões*, p. 88.

³⁶ da Cunha, *Os sertões*, p. 269.

aberrations as did the *jangunços*.” Commanded by a sociopath, the army fell under an “irresistible impulse for destruction which was hypnotic in character.”³⁷

Within da Cunha’s reinterpretation of the war, collective psychology was essential to explain the mutual slaughter and to expose the mental deficiencies of both sides. Using past political and military mistakes to analyze the campaign at Canudos, he cautioned about the dangers of internal division and demonstrated the terrible shortcomings of the First Republic. Da Cunha was seeking a rational approach to governance and framed his scientific appeal in the need to protect society from the atrocities of war.

If *La charca* and *Os sertões* examined racially diverse populations within remote natural environments, *Los negros brujos* turned to Cuba’s black populations in the dangerous urban landscape. Efforts to rethink the relationship between race and nation began in mid-nineteenth-century Cuba as a way to deal with the demise of slavery, but at the turn-of-the-century the focus turned to crime, creating increasing apprehension against the African roots of *brujería*, a distinct religious practice of Cuba.³⁸ Ortiz felt compelled to gain comprehensive insights about *brujería* through both criminological and psychological explorations.

Ortiz began the book inviting readers to explore the “polyethnic” character of Cuban criminality by descending to its “social subsoil.”³⁹ Within this “subsoil” contacts

³⁷ da Cunha, *Os sertões*, p. 381.

³⁸ Ortiz like the other writers belong to a long line of intellectual concerned with the “problem” of race in the national terrain. During the late nineteenth century, writers used war narratives to write black Cubans into the national imaginary rather than naturalist literature. See, for example, Manuel Sanguily, *Obras de Manuel Sanguily*, vol. 8 (Havana: A. Dorrbecker, 1925). On the contradictions with independence activist writings, see Ferrer, *Insurgent Cuba: Race, Nation, and Revolution* (North Carolina: University of North Carolina Press, 1999), pp. 112-140.

³⁹ Fernando Ortiz, *Hampa afro-cubana: Los negros brujos (apuntes para un estudio de etnología criminal)* (Miami: Ediciones Universal, 1973), p. 5. (Hereafter *Los negros brujos*.)

between blacks and whites were abundant, and mutual influences overturned physical and psychic boundaries associated with blackness and whiteness. Whereas the “black race acquired an impulse for progress,” the “lowest echelon of the white race Africanized.” Through “reciprocal” interactions, blacks “awaken from their secular lethargy,” while whites incorporated the influence of African “primitive impulses.”⁴⁰ In this pernicious subsoil, blacks evolved forward, but uneducated whites regressed to a state of criminality.⁴¹ This “favorable fusion ground” leads many to the shadows of the *mala vida* (criminal life). Perceived as a dangerous source of moral decay, violent behavior, and barbaric superstitions, the brujo was seen by Ortiz as a threat to a bounded whiteness and to the transformation of former slaves into responsible citizens. He viewed and created the brujo as an object of science, an aberrant racial type whose practices needed to be understood and contextualized.⁴²

To structure his argument, Ortiz used the opposition between the civilized and the primitive. His efforts towards examining the “primitive” repeatedly invoked the African presence that survived within Cuban culture.⁴³ Ortiz acknowledged that Cuba had counted “13,000 native blacks from Africa in 1899.”⁴⁴ By the time his book was published in 1906, black residents of diverse African origins and ancestry were a ubiquitous feature of the daily life of Havana, working in factories and ports, meeting in social clubs, and actively participating in the political arena. Ortiz decided to confine their ubiquity to criminality, and in so doing concluded the “black race has

⁴⁰ Ortiz, *Los negros brujos*, p. 18.

⁴¹ Ortiz, *Los negros brujos*, pp. 16-17. Ortiz referred to this favorable environment as *capa infima* (low stratum), without directly associating it with the working class. Instead, he grouped in this stratum blacks and whites with the same “primitive psychology.”

⁴² Ortiz, *Los negros brujos*, p. 16.

⁴³ Ortiz, *Los negros brujos*, p. 21.

⁴⁴ Ortiz, *Los negros brujos*, p. 222.

characteristically marked many aspects of Cuba's low life."⁴⁵ As for the brujos, concerns that they would transmit criminality made them the target of police crackdowns. More was at stake in these crackdowns than merely policing criminality. Ortiz stressed that the practices of brujos were Africanizing Cuba, and thus deterring civilization.

Before Ortiz published *Los negros brujos*, crackdowns against brujería already had a history. Since the late-nineteenth century, police crackdowns in tenement houses were a common occurrence in Havana. Countless verbal, journalistic, and visual accounts further embedded in the Cuban unconscious scenes of violence and murder purportedly performed by brujos.⁴⁶ However, the novelty of Ortiz's text was that it standardized the study of the brujo. He built on a stockpile of images and on the criminal anthropology of the day to define norms of civilized behavior.⁴⁷ Ortiz borrowed and adapted the concept of atavism from the Italian criminologist Cesare Lombroso to catalogue the distinguishing features of the "born brujo."⁴⁸ "What defines the inborn brujo is not atavism, in the most rigorous sense of the word," he clarified. For Ortiz the African slaves transported to Cuba moved up in the evolutionary scale since the new environment was a step forward from the "savagery" of their birthplace. The brujo's proneness to delinquency was the remaining vestige of their "primitive psyche," a residue of the allegedly inferior African psyche that survived in Cuba.⁴⁹

⁴⁵ Ortiz, *Los negros brujos*, p. 19.

⁴⁶ Ortiz, *Los negros brujos*, p. 25. See Bronfman, "Social Science and the Negro Brujo," in *Measures of Equality*, pp. 37-65; Reinaldo Román, "An Indignant Public Opinion: The Cuban Press and the Negros Brujos Scares, 1904-1943," in "Conjuring Progress and Divinity: Religion and Conflict in Cuba and Puerto Rico, 1899-1956" (Ph.D. diss. University of California at Los Angeles, 2000); Stephan Palmié, "Una Salación Científica: The Work of Witchcraft and Science in Cuban Modernity," pp. 201-259; Aline Helg, *Our Rightful Share: The Afro-Cuban Struggle for Equality, 1886-1912* (Chapel Hill: University of North Carolina Press, 1995).

⁴⁷ Ortiz, *Los negros brujos*, p. 20.

⁴⁸ The Lombrosian concept of atavism explained how "born criminals" reproduced the ferocious instincts of primitive humanity and the inferior animals.

⁴⁹ Ortiz, *Los negros brujos*, pp. 230-231.

In his search for the social ills of modern society, Ortiz confronted dilemmas similar to those faced by Zeno Gandía and da Cunha: how to diagnose social maladies without projecting the inevitability of national degeneration and how to persuade the political and cultural elite of the necessity of establishing scientific reforms. He saw brujos as an “obstacle to civilization,” and, like his contemporaries, discussed their dangerous influences through the language of disease.⁵⁰ Ortiz drew attention to the disquieting effects of the “parasitic sorcerer” and to the “cancerous fanaticism” of brujo.⁵¹ As a source of disorderly Africanness, blackness, and Cubanness, they occupied a polyvalent position that attracted broad, in some cases extreme, racism of the press, jurists, physicians, and social scientists during the period. As anathema to Cuban modernity, the figure of the brujo made these diverse public voices resonate as one. These competing voices transformed brujería from a religious phenomenon to a social pathology and the brujo from a spiritual leader to a medico-legal category.

Ortiz did not limit his medical metaphors to parasitic and cancerous diseases. His figurative language also drew from the success of a public health campaign more directly related to Cuba. Under the U.S. military occupation (1898-1902), Havana underwent an extensive sanitation campaign that, among other accomplishments, eradicated yellow fever in 1901 (See Chapter Two). Ortiz stated that the brujo, like a yellow fever patient under the eradication campaign, should be “isolated” from the centers of urban life.⁵² This meant that the task of the criminologist, just like that of the public health official, was to identify the source of the crime and take measures to prevent the contagion of criminal activity. While references to disease served to amplify the threat of criminality in Cuba,

⁵⁰ Ortiz, *Los negros brujos*, p. 229.

⁵¹ Ortiz, *Los negros brujos*, p. 104.

⁵² Fernando Ortiz, *Los negros brujos*, p. 102.

the language of public health suggested the containment of criminal behavior and offered an effective course of prophylactic action.

To lend weight to these metaphors, Ortiz capitalized on highly publicized brujería scares. The murders of twenty-month-old Zoila and of ten-year-old Celia in 1904 began a series of sensationalized media accounts that motivated Cuban commentators to draw new racial boundaries.⁵³ Police reports and newspapers claimed that prominent brujo leaders had instigated these murders. Brujos scares were not the only problem that gave these metaphors force. Ortiz's ethnological construction of brujería legitimated the perception that some black Cubans were incapable of controlling their criminal behavior. Therefore, many residents, police officers, and jurists accepted the persecution and arrest of brujos, even though these measures violated the rights of freedom of religion and association guaranteed by the Constitution of 1901.⁵⁴

Zeno Gandía, da Cunha, and Ortiz used the authority of scientific language to disseminate their understanding of the unsteady relationship between race and nature, and consequently to make visible the most imminent problems facing their countries. At first glance, their intellectual project seems to have no other justification than to adopt scientific measures for regulating the life of the diverse nonwhite population. A closer examination, however, reveals that these authors also predicted national dissolution as part of their appeal to mobilize white elites. In so doing, these authors manipulated dominant ideas about a stable white civilization. They credited inaction, psychic breakdown, and mental weakness of Puerto Rican, Brazilian, and Cuban elites as obstacles to an emergent tropical modernity. Thus the image of racially-compromised masses competed with the construction of the fragile psyche of educated elites. All three

⁵³ For a detail description of the Zoila case see, Bronfman, "En Plena Libertad y Democracia."

⁵⁴ Bronfman, *Measures of Equality*, 53-58;

authors hoped that revealing disparaging images of the elite would accelerate the adoption of a reformist agenda.

Narrating Nation and Redemption

How can a cautionary tale conjure up images of redemption? Was the act of narrating the nation a strategy to absolve a dominant class complicit in the victimization of its fellow citizens? Or, on the contrary, was it a way to denounce and rectify social maladies? In their books, Zeno Gandía, da Cunha, and Ortiz blended science and literature to express both their critique of and commitment to the nation. On the one hand, their scientific eye sought to diagnose the defects of the nation for the purpose of reform. On the other hand, their nationalist eye would reveal the deep problems of the nation by demonstrating patriotic love through the simple act of telling. The epigraph opening *La charca* illustrates this principle: “To tell everything so as to know everything so as to cure everything.”⁵⁵ That, in a nutshell, was the role of men of science and letters.

But if these authors usually began telling everything by recognizing the negative influence of racial and environmental diversity, they followed with an examination of the psychological maladies of the elites. By portraying the demise of planters and politicians, these authors took apart the myth of white superiority. Since civilization, by definition, had a component of civic duty and upright behavior, these authors showed the psychic instability, weakness, and corruption of elites. In this sense, at least, they were no

⁵⁵ This epigraph is a quote from Emile Zola’s *Dr. Pascal*. In all three counties, narratives of “caution” relied on explicit claims to truth because they could refer to medicine and psychiatry as well as to forms of regulation and enforcement. Da Cunha echoed these claims to truth in his preliminary note, “We propose to do justice to that admirable saying of Taine concerning the honest narrator who looks at history in the face it deserves.” Ortiz’s used his closing remarks for this same purpose: “*Only [scientific] truth will give us a virile robe.*” See da Cunha, *Os setões*, p. xxx; Ortiz, *Los negros brujos*, p. 4.

different from the popular classes.⁵⁶ Zeno Gandía, da Cunha, and Ortiz provided elite readers with a bleak representation of themselves in order for them to amend their behavior. In order to strengthen their appeal, these authors underscored the parallel between psychic burdens of the white elite and those of other racial constituencies of the nation.

In *La charca*, Zeno Gandía used Juan del Salto to depict the horrible suffering of the peasantry and propose a series of reforms. Juan del Salto describes the mountainous region as an “immense hospital,” where “hunger reigned and life was barely sustained.” In those mountains, a “gigantic stomach,” the “great pale mass of people” was “condemned to extinction.”⁵⁷ How could state authorities expect to foster productive workers if they did not recognize the “sickness of their bodies?”⁵⁸ The “cure,” de Salto suggested, would come in social policies that imposed:

compulsory education, health vaccines, enforced hygiene, and other defenses against the forces of nature; military service, which converts weak recruits into robust veterans; the encouragement of hunting, which eliminates softness and rewards agility; clothing to awaken the shame of nudity; the encouragement of alternate crops that allow a healthy, varied diet; stimuli to build cheap, clean and sensible housing; and, above all there must come the merciful hand that snatches away from the people the slow poison, the miserable enemy of their health, of their peace, of their redemption... alcohol!⁵⁹

According to these demands, the Puerto Rican peasantry possessed an irrefutable right to health, education, and housing—tenets that only tacitly suggested the redistribution of wealth and thus challenged the unrestricted enrichment of the elite. This suggestion remained unspoken because Juan del Salto did not make explicit economic demands,

⁵⁶ On civilization discourses, see Gail Bederman, *Manliness and Civilization: A Cultural History of Gender and Race in the United States, 1880-1917* (Chicago: University of Chicago Press, 1995).

⁵⁷ Zeno Gandía, *La charca*, p. 52.

⁵⁸ Zeno Gandía, *La charca*, p. 70.

⁵⁹ Zeno Gandía, *La charca*, pp. 73-74.

taking instead the safer route by representing lofty ideals, personal disinterest, and commitment to social justice. Zeno Gandía instead wrote about the nervous weakness and political lethargy that prevented Juan del Salto from taking any concrete actions.

To highlight the planter's psychic weakness, Zeno Gandía draws parallel with Marcelo and Silvina, the peasants most severely damaged by their milieu. So great was the force of the environment that the mental abilities and physical strength of Marcelo were "sapped by anemia," and his mental energy was eventually destroyed by alcohol. Silvina was emaciated by epilepsy, a treacherous disease that "exploded with the rudeness of a hammer blow."⁶⁰ Her promiscuous sexuality further debilitated her nervous force. Caught in a degenerative environment that made them liable, neither of these characters could resist the ruins of the spirit and flesh. Marcelo committed fratricide under the influence of alcohol, and Silvina fell off a cliff after an epileptic seizure.

Zeno Gandía understood that emphasizing the terrible fate of Silvina and Marcelo underscored the helplessness of Juan del Salto. Faced with widespread suffering and malaise, the landowner found himself anxious about his ability to eliminate the misery of the coffee region. The magnitude of the problem drained del Salto's nervous force, making him so "indecisive that he finally came to laugh at himself."⁶¹ His ambivalence about advancing a reform agenda took the form of a "brutal match" within his psyche, which inevitably led his nervous system to bounce "like a ball from one altitude to another."⁶² In dealing with the problems of the highlands, "he imagined himself to be

⁶⁰ Zeno Gandía, *La charca*, p. 186. The dialogue that follows these observations about Silvina and Marcelo is significant because a wide range of elite voices are represented expressing their opinions about the social ills of society. These voices include the landowner, the clergy, and the physician. Dr. Pintado, in particular, plays a crucial role in bridging the world of del Salto and the peasantry.

⁶¹ Zeno Gandía, *La charca*, p. 52.

⁶² Zeno Gandía, *La charca*, pp. 51-52.

suffering from some nervous disease which prevented him from arriving at just solutions in socio-philosophical matters.” Del Salto’s “nervous disease” was not only a symptom of excessive mental demands, but of an overworked intellect debating between personal interests and collective wellbeing.⁶³ Zeno Gandía thus blamed a faltering landowning class for many of the misfortunes of the coffee region. *La charca* represented the generalized breakdown of the population and elite nervousness as two sides of the same coin. This condemnation intended to instill in readers a desire for the mutual uplift of these two groups.

Although more complex than in *La charca*, the parallel between the psychological pathologies of heterogeneous masses and white professionals were also central to *Os sertões*. As discussed in the previous section, da Cunha, in addition to ascribing to ideas of racial and environmental determinism, drew on the ideas of Scipio Sighele to portray the millenarian movement of Antônio Conselheiro and the republican army as susceptible to demagoguery. Both the sertanejo and the army represented the racially-mixed population, whose capacity to act as a demented collectivity was no different from that of the racially homogenous elite. And each of these groups could be negatively or positively influenced by the power of suggestion.

Da Cunha complemented this disturbing depiction of the masses with an equally disturbing image of the political elite. Just as in *La Charca* Juan del Salto and Silvina represented two opposing poles of the “sick world,” in *Os Sertões* so did the racially-mixed crowds and political elite. In 1889, a new Republican regime sought legitimacy as a democratic political system, but the dictatorship of Army Marshall Floriano Peixoto (1891-1894) undermined the constitutional guarantees of 1889. For da Cunha, the

⁶³ On neurasthenia and civilization, see Gail Bederman, *Manliness and Civilization: A Cultural History of Gender and Race in the United States, 1880-1917* (Chicago: University of Chicago Press, 1995), Ch. 3.

dictatorship, like life in the sertão, had been defined by brutal contrasts, “proceeding by leaps and bounds from conditions of the utmost sloth to those of the most rigid discipline.” In midst of this violence, he argued, the “higher significance of democratic principles became debased.”⁶⁴ Da Cunha found in collective psychology a way to explain these oscillating political circumstances. For him the “psychology of the era” accounted for the “inadaptability of the people to the higher legislation of the new political regime.” The Peixoto regime thus accelerated Brazil’s “downward path, with disasters appearing at rhythmic intervals, like the stages of some recurring malady.”⁶⁵ In acquiescing to the dictator, Brazil’s political elite exhibited a susceptibility to manipulation similar to the republican army and to the sertanejo.

Da Cunha drew again on the work of Scipio Sighele to explain the inability of the elite to denounce the gruesome crimes committed at Canudos. In their unwillingness to acknowledge the massacre at Canudos, the leaders of Brazilian society had sadly demonstrated the power of “*psychic mimicry*.” Rather than opposing state violence, the “conscientious but timid majority” repeated the “bold mediocrities” of the legislators that blindly complied with the manic dictatorship of Floriano Peixoto.⁶⁶ Whereas political leaders avoided the “obligation laid upon them for a more civilized social environment,” professional elites were complicit by their passivity.⁶⁷ Under the spell of a charismatic leader, politicians and their constituents undermined the possibility of a viable democratic regime.

Da Cunha at once denounced and justified the criminal acts committed by the army and the prolonged silence sustained by the elites by embracing crowds as an

⁶⁴ da Cunha, *Os sertões*, p. 225.

⁶⁵ da Cunha, *Os sertões*, p. 225.

⁶⁶ da Cunha, *Os sertões*, p. 227.

⁶⁷ da Cunha, *Os sertões*, p. 226.

observable scientific phenomenon. Criminal responsibility shifted from the armed perpetrators to a heterogeneous and unidentifiable crowd, while moral responsibility shifted from specific political leaders to an indifferent and unidentifiable elite. The simultaneous desire to expose and exculpate through this scientific lens underscores the ambivalences embedded in da Cunha's account. He circumvented attaching particular responsibility by portraying the massacre at Canudos as generalized "acts of madness and crime."⁶⁸ As a cautionary tale, however, *Os sertões* sought to prevent another horrific war that signaled an "ebb in the direction of the past," an ebb similar to the "backward step" recently taken at Canudos.⁶⁹

If *La charca* characterized the depletion of "nerve force" as the explanation for the fragility of peasants and the hacendados, and *Os sertões* used collective psychology to portray the masses and the elites as mentally unstable, *Los negros brujos* turned to criminology as means for exploring the influence of Africa in the psyche of black and white Cubans. For the most part, Ortiz argued that brujos "contributed to maintaining the consciousness of uneducated blacks at the lowest level of African barbarity."⁷⁰ Yet, while Ortiz conflated African-derived brujería with the Cuban criminality, he acknowledged that worshippers belonged to diverse racial groups and social classes, including factory workers, opportunist politicians, and respectable white ladies.⁷¹

The multiracial "subsoil" where the deterioration of the psyche occurred allowed Ortiz to draw a parallel that challenged perceptions of an uncorrupted whiteness. Brujos, as Ortiz theorized them, succumbed to primitive psychic impulses or even homicidal mania, but they also lured other feeble minds to their decaying world. Once immersed in

⁶⁸ da Cunha, *Os sertões*, p. 476.

⁶⁹ da Cunha, *Os sertões*, p. xxx.

⁷⁰ Ortiz, *Los negros brujos*, p. 227.

⁷¹ Ortiz, *Los negros brujos*, p. 175.

mala vida, “shameful prostitution, abject vagrancy, routine and organized criminality, absurd superstition, rampant ignorance, and savage impulsivity were shuffled together like the races of this Cuban subsoil.”⁷² Ortiz did not stress as much the dissimilarity between whites and blacks but how this “noxious” subsoil brought together people “without distinctions of color.”⁷³

Ortiz also used criminal psychology to reflect on the uncertainties of white bourgeois males whose civil restraint and masculine honor depended on guarding racial boundaries. If Ortiz was baffled by the prevalence of “African fetishism” in Cuba, the reason was not only the presence of brujos. The fragile mental apparatus of some whites made them susceptible to this kind of “superstition.”

It seems that though when [whites] collide with any of the multiple life’s hindrances... ..the layer of culture that shield us, leaves our infantile psyche uncovered, unprotected, defenseless, exposed to all the beatings of superstition, ignorance, and malevolence...⁷⁴

Ortiz cast whites drawn to brujería as possessing an “infantile” psychic state. Building on the psychology of Théodule Ribot and Edward Tylor, Ortiz naturalized the appeal of brujería because fears cause all racial groups to “descend through the religious evolutionary scale.”⁷⁵ As far as criminal behavior was concerned, the cross-racial exchanges that pervaded the most dangerous streets of Havana allowed whites to “fall from the height of their civilization.”⁷⁶ In addition, Ortiz witnessed how whites found solace in the “most primitive fetishist superstitions” when they experienced a problem in their love lives or faced an unexpected illness.⁷⁷ In particular, the delicate psychic

⁷² Ortiz, *Los negros brujos*, p. 18.

⁷³ Ortiz, *Los negros brujos*, p. 18.

⁷⁴ Ortiz, *Los negros brujos*, p. 176. Ellipsis in original.

⁷⁵ Ortiz, *Los negros brujos*, p. 176.

⁷⁶ Ortiz, *Los negros brujos*, p. 174.

⁷⁷ Ortiz, *Los negros brujos*, p. 176.

constitution of white Cuban women rendered them exceptionally vulnerable. An emotional distress or a physical injury, Ortiz warned, could draw a refined Cuban lady to fall victim of the onerous demands to a rustic brujo.

Finally, Ortiz attacked the possible influence of brujos in electoral politics. “Brujos are able to intrude in political struggles,” warned Ortiz, “counting, although not for themselves, on the votes of their numerous admirers and supporters.”⁷⁸ In places where brujería was widely accepted, politicians could build a broad base of support for their party by establishing relations with local religious leaders. Ortiz explained that the brujo’s “increasing influence, more in the political than in the superstitious realm, would also provoke the regression of the civilized members of the colored race in Cuba.”⁷⁹ Ortiz’s praise of black progress served as warning about the continued practice of brujería. By turning the claims of civilization toward black elites, Ortiz suggested that the political standing of many black Cubans could be reversed if the religious practices that set them apart from brujos became undistinguishable.

The success of his ethnography, Ortiz believed, should be measured in relation to its success in promoting a scientific reform program. In order to move beyond descriptive ethnography, preventing the interaction of whites or educated blacks with brujos was only the first step. To make his vicious subsoil a fundamental terrain for social reform, Ortiz’s strategy rested on modernizing the legal system, law enforcement agencies, and correctional facilities. A scientific, expert ethos, he assured, would accelerate “social redemption.”⁸⁰ Because he perceived criminality as a social disease, all intellectual efforts should concentrate on “sanitizing slums, regenerating parasites, and protecting the

⁷⁸ Ortiz, *Los negros brujos*, p. 178.

⁷⁹ Ortiz, *Los negros brujos*, pp. 178-179.

⁸⁰ Ortiz, *Los negros brujos*, p. 6.

moral progress of our society.”⁸¹ True to his science, Ortiz thought that by cracking down on brujos, authorities would at once eliminate a source of urban lawlessness and prevent the most “primitive” population from spreading its corrupt lifestyle. Only then would Cuba rise in the evolutionary scale of nations.⁸²

Conclusion

Narratives of caution reveal a growing skepticism among intellectuals about their capacity to write the nation and to sustain a coherent vision of its citizens. Whether a serious novel, a historical essay or an ethnographic exploration, each brought into relief those destabilizing elements of society that needed to be repressed, reformed, and redeemed. To understand the significance of *La charca*, *Os sertões*, and *Los negros brujos* it is necessary to understand the complex ways the ideologies of race, science, and nation were interwoven in the 1890s and 1900s, and the skillful ways Zeno Gandia, da Cunha and Ortiz challenged these links. The significance of these books hence does not lie in the inability of their authors to represent a positive outcome, but on the reverse mechanics through which Zeno Gandía, da Cunha, and Ortiz put forth such possibility. Their prescriptions for resolving national problems appeared plotted as an antithetical model, as an example of what to avoid, rather than as a desired conclusion or as an ideal image. By demonstrating that unresponsive white elites were as vulnerable and unstable as the diverse populations of their countries, they attempted to convince these elites that scientific reforms would serve their own interest. For this reason, their admonitory gesture did more than denounce. It represented the disquieting effects of white neglect, demagoguery, and superstition in order to compel politicians to embark on public welfare projects that transcended racial and environmental “problems.”

⁸¹ Ortiz, *Los negros brujos*, p. 6.

⁸² Ortiz, *Los negros brujos*, pp. 232-253.

In so doing, these authors adapted and combined several scientific discourses. Racial and environmental heterogeneity became, to use da Cunha's words, the "martyrdom of man," the fundamental backdrop of the nation's own drama. Psychological theories challenged in a variety of ways the manners in which such drama unfolded. They explained the process by which the different racial groups—including whites—could be vulnerable to psychic diseases. The underlying paradox behind the writings of these intellectuals was that in their attempts to rationalize their world, they saturated their books with a devotion to contemporary science. Racial and environmental determinism partially explained the difficulty of attaining national order and stability. Social psychology contributed to explaining the disrupting forces of the marginal classes as well as to justifying the incapability of white elites confronted with national problems.

Because in each narrative few uncorrupted heroes emerged, and the path to the modern tropical nation was lined with obstacles, the three texts share similar rhetorical strategies and reformist objectives. An agreement about the interplay between racial degeneration and redemption linked them. This relation, however, was expressed in books marked by fragmentations, complexities, and anxieties particular to each country's diverse population and environments. Men like Zeno Gandía, da Cunha, and Ortiz produced these scientific mediations to both challenge conventional boundaries of belonging and to define the new boundaries that would take their place. Forces outside and inside intellectual culture provoked this representational crisis: for while scientific discourses coming from abroad resulted in self-doubts among some privileged men, the crisis was also precipitated by the events of different social actors making claims on the national space.

Zeno Gandía, da Cunha, and Ortiz bear witness to the formative stages of these transformations, uneasily writing about problems of the nation. Almost uncannily, the scenarios depicted in their cautionary tales foretold or amplified the significance of

pioneering public health campaigns led by the United States. In the early decades of the twentieth century, these campaigns linked histories of these four societies.

PART II: TRANSFORMATIONS

CHAPTER TWO

CAUGHT BETWEEN DISEASE AND CRIME: YELLOW FEVER, IMMIGRATION, AND RACIAL GATEKEEPING IN CUBA, 1880S-1920S

On May 20, 1902, *La Higiene*, a journal exclusively devoted to promoting hygienic behavior among the people of Havana, celebrated the “triumph of Cuban capacity” in managing the health institutions of the new republic.¹ As residents of the capital city marked the departure of the U.S. military government with festivities, Manuel Delfín, the journal’s editor, celebrated the role of Cuba’s scientific community in ensuring that the island would not return to “American hands.”² Delfín, who had followed the sanitation of Havana during the two and half years of the U.S. occupation, believed that Cuban physicians would be crucial in guaranteeing national sovereignty. Even if a constitutional amendment gave the United States the right to intervene in Cuba in the event of epidemic, Cuban physicians had proven that they could successfully embark in a major public health project.³ “We have faith in our men of science,” wrote

¹ Delfín, “La dignidad del pueblo,” *La Higiene* 2 no. 67 (1901) p. 813. As the official organ of the Hygienic Society, *La Higiene* began publication in 1893, but it ceased to be published in 1895, when the last war of independence began. *La Higiene* resumed publication in 1898. See Manuel Delfín, *Treinta años de médico* (Havana: La progandista, 1909), pp. 59-62, 89-91.

² Delfín, “La dignidad del pueblo,” *La Higiene* 2 no. 67 (1901) p. 813.

³ Article V of the Platt Amendment stated: “That the government of Cuba will execute, and as far as necessary extend, the plans already devised or other plans to be mutually agreed upon, for the sanitation of the cities of the island, to the end that a recurrence of epidemic and infectious diseases may be prevented, thereby assuring protection to the people and commerce of Cuba, as

Delfin, “and every hygienic measure implemented during the period of intervention was suggested one thousand times before by Cubans.”⁴

Delfin’s words reflected the sentiments of many Cuban physicians. After the last war of independence against Spain ended in 1898, the Treaty of Paris transferred control over Cuba from Spain to the United States. The military government that followed carried out an ambitious sanitation campaign in Havana in an effort to eliminate yellow fever. In 1901, Cubans finally escaped the grip of the disease known to have ravaged the capital city since the mid-eighteenth century, when reliable death records began to be kept in Havana. While Cuban physicians celebrated the eradication of yellow fever as an important accomplishment of the U.S. government, they also stressed the exceptional contribution of Cubans to this achievement. More specifically, they stated that the success of the campaign relied on the mosquito-vector theory of transmission formulated by Cuban physician Carlos Finlay and on the collaboration of hundreds of Cuban leading the sanitary work. Justifiably, they demanded appropriate recognition of Cuban participation in the first successful yellow fever campaign in the world. The significance of the campaign, however, was not forgotten after the United States left in 1902. State and health officials continued to boast the triumph of the campaign in policy debates long beyond the occupation period. Delfin and many other scientifically-minded professionals often pointed to the yellow fever campaign and the discourses around public health it brought to police the racial boundaries in Cuba.

well as to the commerce of the southern ports of the United States and the people residing therein.” On the Platt Amendment, see *The Statues at Large of the United States*, vol. XXXI (Washington: Government Printing Office, 1899-1901), pp. 897-898; Louis A. Pérez, *Cuba Under the Platt Amendment, 1902-1934* (Pittsburg: University of Pittsburg Press, 1986). Platt Amendment

⁴ Delfin, “La dignidad del pueblo,” p. 813.

While the Cuban wars of independence (1868-1898) allowed patriots to popularize the ideology that Cuban nationality transcended racial identification, at the same time the ascendance of public health discourses worked against the inclusionary vision for the new republic. Even those Cubans who embraced new interpretations of race science had to negotiate the tensions between an expansive conception of citizenship and the creation of new racial hierarchies. This chapter focuses on these tensions through the words of those “men of science” who most frequently probed and debated the political and racial implications of public health to define, change, and legitimate the meanings of race and nation. Specifically, it examines the different ways medical professionals, social scientists, and state officials frequently invoked the significance of the yellow fever campaign to promote new reform projects and legitimate scientific theories of racial difference.

This chapter traces the evolution of the yellow fever campaign from a public health priority in the late nineteenth century to a justification of racially exclusionary social policies in the early twentieth century. The shifting meanings of the yellow fever campaign mark three distinct periods: the era of slave emancipation and independence struggles, the years of U.S. occupation (1898-1902), and the first decades of the Cuban republic. In the 1880s, yellow fever became an urgent and conspicuous social problem when Cuban physicians realized that the horrific disease was an impediment to bringing European immigration to substitute for slave and indentured labor. At the turn of the century, when U.S. military forces finally left Cuba, most physicians believed that the campaign was a momentous achievement of Cuban science and that the island was on the path to becoming a self-governing nation. Over the next decades, the yellow fever campaign—as an easily retrievable nationalist metaphor—lent scientific legitimacy to racially-coded proposals emerging from the fields of criminology and eugenics.

Rather than seeing racial debates in the field of public health as reflective of Cuban society as whole, this chapter focuses more precisely how the yellow fever campaign was frequently invoked by numerous Cuban professionals as a model in formulating policies to protect the racial health of the nation. In linking medical theories and exclusionary nationalist ideologies, these professionals also limited the privileges of citizenship by measuring the potential capacities and threats of different ethnic and racial groups in relation to each other. As multiple public health discourses were elaborated and used, race provided the text and subtext for gatekeeping the nation.

Race, Public Health, and National Ideologies

In examining the ways professionals invoked yellow fever to define national boundaries, this chapter builds on a large body of scholarship examining the development and consequences of the race-transcendent nationalist ideology in Cuba.⁵ In the late nineteenth century, the violent separatist movement that mobilized cross-racial alliances promoted an egalitarian national ideology. The republican system that followed, however, did not consistently uphold the ideals of economic justice and racial equality at the core of the independence struggles. While some studies have argued that this race-transcendent idea of nationality obscured the continuing discrimination against blacks after independence, more nuanced studies have focused on the ways black Cubans

⁵ For a study that emphasizes the ways the myth of “racial democracy” led to the suppression of black political movements in Cuba, see Aline Helg, *Our Rightful Share: The Afro-Cuban Struggle for Equality, 1886-1912* (Chapel Hill: University of North Carolina Press, 1995). For studies that evaluate the possibilities and limits of this ideology, see Ada Ferrer, *Insurgent Cuba: Race, Nation, and Revolution, 1968-1898* (Chapel Hill: University of North Carolina Press, 1999); Alejandro de la Fuente, *A Nation for All: Race, Inequality, and Politics in Twentieth-Century Cuba* (Chapel Hill: University of North Carolina Press, 2001); Alejandra Brofman, *Measures of Equality: Social Science, Citizenship, and Race in Cuba* (Chapel Hill: University of North Carolina Press, 2004) Lillian Guerra, *The Myth of José Martí: Conflicting Nationalisms in Early Twentieth-Century Cuba* (Chapel Hill: University of North Carolina Press, 2005); and Rebecca J. Scott, *Degrees of Freedom: Louisiana and Cuba After Slavery* (Cambridge: Harvard University Press, 2005).

deployed this ideology in their demands for national belonging, political power, and economic well-being. In all three arenas, these demands resulted in important advancements and reversals. Regardless of their different emphases and approaches, scholars have generally examined the strategic deployment of the race-transcendent ideology as they evaluate the political and social gains of black Cubans.

Historians have generally focused on evolving meanings of race and equality beyond the arena of ideology and into realm of labor and political mobilization to understand the cross-racial interactions among Cubans during the early twentieth century. These scholars emphasize the motivations that led people of color and their white counterparts to participate in public claims to rights during the first decades of the twentieth century. More recent studies of the period have drawn attention to the ways Chinese and their descendants invoked the race-transcendent nationalist ideology to justify their inclusion in Cuban society.⁶ The imagining of the new Cuba also took place through the incorporation of symbols of modern nationhood borrowed from public health knowledge, which during this era enjoyed growing status in Cuba.⁷ At times, this involved the symbolic appropriation and transformation of a public health campaign introduced during the United States occupation. Other times, it involved the creation of policies that were not based solely on black-white color distinctions, but also on interlocking ideas about place of birth, religious beliefs, and presumed health threats.

Public health not only transformed understandings of race and health, but also the terms of inclusion for immigrants coming to Cuba. It is therefore important to examine as well the ways the language of health was critical in the constitution of identities such as

⁶ Kathleen López, “Migrants between Empires and Nations: The Chinese in Cuba, 1874-1959,” Ph.D. diss., University of Michigan, 2005.

⁷ See Consuelo Narajo Orovio’s *Medicina y racismo en Cuba: La ciencia ante la inmigración canaria en el siglo XX* (La Laguna Tenerife: Centro de Cultura Popular Canaria, 1996).

the dangerous black *brujo*, inassimilable foreigner, the unsanitary Chinese, and the immigrant disease carrier. In addition, this language also safeguarded the identities of individuals and groups who occupied a privileged position in Cuban society—that is, the white professionals deemed respectable, trustworthy, honorable, and politically capable. But the symbolic significance of the yellow fever campaign was not limited to policing racialized identities. Debates about disease control elicited by the campaign opened and closed transnational circuits of labor migration, encouraging the immigration of Europeans while restricting the entry of people of African descent and Asians. As much as public health legitimized reform politics in the minds of a substantial number of elite Cubans, the eradication of yellow fever remained a constant guiding principle in the period of abolition and struggles for national independence.

On the Threshold of the Nation: Yellow Fever and Racial Politics, 1878-1898

The focus on yellow fever in the decade before slave emancipation highlights the dilemmas of a society in transition from slavery to wage labor. After the Ten Years War against Spain ended in 1878, it was clear to Cuban physicians that yellow fever hindered European immigration. While most native Cubans had acquired some kind of immunity through exposure to the disease during childhood, newly arriving immigrants could easily contract yellow fever. During the Ten Years War, Cubans witnessed how Spanish troops fighting in the countryside easily succumbed to the disease.⁸ Most of these immigrants would become infected with the fever and slowly recover, but many others would suffer helplessly its excruciating symptoms. In these patients, the disease attacked the vital organs, and caused victims to turn yellow and repeatedly vomit black, coagulated blood

⁸ Gorgas, William C. "Report of Major W. C. Gorgas, Chief Sanitary Officer of the City of Havana." In *Civil report of Brigadier General Leonard Wood, Military Governor of Cuba, for period from Jan. 1 to Dec. 31, 1901*, vol. 4, 1903, p. 2

until death followed. It is not hard to imagine why anyone hearing about the ravages of the disease abroad would be dissuaded from traveling to Cuba.⁹ In fact, the recurring presence of yellow fever gave Havana the reputation of a disease-ridden pesthole.

Across the Gulf of Mexico, the devastating consequences of 1878 yellow fever epidemic in the Mississippi Valley forced the U.S. government to recognize that it were inescapably linked to Cuba. U.S. officials tracked the source of the epidemic to a ship arriving from Havana to New Orleans without passing quarantine. As yellow fever spread across the region, over twenty thousand people died of the disease and over two hundred million dollars was estimated to have been lost in the economy.¹⁰ The loss of lives and trade set off by the epidemic led to the creation of the Yellow Fever Commission in 1879. Chaired by Dr. Stanford Chaillé, the dean of the Tulane Medical School, the international Commission included prominent doctors like Major George Steinberg of the U.S. Army and Drs. Carlos Finlay and Juan Guiteras of Cuba.¹¹ The Commission marked the beginning of long-lasting collaborations between American and Cuban physicians.

⁹ The interest in eradicating yellow fever as the abolition of slavery approached was not exclusively Cuban phenomenon. In Brazil, professional elites and coffee planters also turned yellow fever into a public health priority to facilitate the importation white immigration. On yellow fever in Brazil see, Sidney Chalhoub, "The Politics of Disease Control: Yellow Fever and Race in Nineteen-Century Rio de Janeiro," *Journal of Latin American Studies*, 25 no. 3 (1993): 441-463.

¹⁰ Margaret Humpheys, *Yellow Fever and the South* (Baltimore: Johns Hopkins University Press, 1999), pp. 63-69; Edward J. Blum, "The White Flag Waves: Spiritual Reunion and Genocidal Visions during the Yellow Fever Epidemic of 1878," in *Reforging the White Republic: Race, Religion, and American Nationalism, 1865-1898* (Baton Rouge: Louisiana State University Press, 2005), pp. 146-173.

¹¹ See Stanford E. Chaillé, "Report to the United States National Board of Health on Yellow Fever in Havana Cuba," in ed. U.S. National Board of Health, *Annual Report of the National Board of Health, 1880* (Washington: Government Printing Office, 1881). The two Cuban physicians invited to participate in the Yellow Fever Commission obtained their medical degrees from prestigious universities in Philadelphia. In 1855, Carlos Finlay received his medical degree from the Jefferson Medical College and in 1873 Juan Guiteras received his from the University of Pennsylvania.

Meeting in Havana during the summer of 1879, the Commission was specifically created to study the sanitary conditions that allowed yellow fever to flourish in Cuban ports, and to identify measures to prevent ships carrying the disease from reaching the United States. The Commission initially tested whether yellow fever, like cholera, was transmitted through contaminated human waste found in sewage. The members of the Commission, however, were not able to prove this mode of transmission, nor did they reach any final conclusion about the cause of yellow fever. They did, however, suggest a connection to the ramshackle tenement houses, deficient sewage system, and lack of paved streets in Havana.¹² Believing that an aggregate of unknown factors caused the disease, the Commission suggested quarantine measure during the summer season to prevent the disease from reaching the United States.¹³

The bacteriological line of research Chaillé pursued provided Carlos Finlay with a novel perspective on the disease. By discarding the possibility that the transmission of yellow fever had any relation to human waste and by considering that yellow fever was caused by bacteria, Finlay could investigate other potential modes of transmission, including a blood-sucking insect. Since the most distinctive symptom of the disease was hemorrhage, he considered that an intermediary vector transported the disease from the bloodstream of one patient to another. Finlay knew about Patrick Manson's theory of an intermediate host for filariasis, a parasitic disease transmitted by mosquitoes. He also had thorough knowledge of Cuban entomology. On these bases, Finlay hypothesized in 1881 that the *Culex fasciatis* (later *Aedes Aegypti*) mosquito transmitted yellow fever from one victim to the next.¹⁴ Finlay's hypothesis went untested and unexplored for decades.

¹² Chaillé, "Report to the United States," pp. 72-73.

¹³ Mariola Espinosa, "Epidemic Invasions: Yellow Fever, Public Health, and the Limits of Cuban Independence," Ph.D. diss., University of North Carolina at Chapel Hill, 2003, p. 24.

¹⁴ On Finlay's mosquito theory, see François Delaporte, *The History of Yellow Fever: An Essay on the Birth of Tropical Medicine*, Athur Goldhammer, trans. (Cambridge: MIT Press, 1991), pp.

Critics discarded his experiments as unreliable because, according to them, his patients could have been infected through exposure to the contaminated city rather than mosquito bites.¹⁵ Meanwhile, in the United States, Chaillé continued to advise sanitary officials in New Orleans to use “telegraphic reports” to track the “number of deaths in Havana.”¹⁶

In a general sense, U.S. and Cuban physicians undertook the study of yellow fever for broadly similar reasons. Like their American counterparts, Cubans physicians believed that scientific innovations and technologies could reveal the cause or mode of transmission of enigmatic diseases like yellow fever. In addition, the eradication of yellow fever would allow for the more rapid exchange of goods between Cuba and the United States as well as the protection of their citizens. Yet the physicians leading these investigations also emphasized their desire to eradicate yellow fever based on concerns close to home. Whereas American physicians routinely emphasized safeguarding international commerce entering through the port cities of the U.S. South, Cubans linked yellow fever eradication to the imminent abolition of slavery and the need to promote white immigration.¹⁷

At end of the Ten Years’ War, for example, Finlay published an article challenging the idea that the climate in Cuba was “*insalubrious and lethal.*” Going against conventional wisdom, he celebrated the “excellent health conditions” that Cuba

33-63; Nancy Stepan, “The Interplay between Socio-Economic Factors and Medical Science: Yellow Fever Research, Cuba and the United States,” *Social Studies of Science* 8 no. 4 (1978): 397-423. José López Sanchez, “Carlos Finlay and the Conception of Contagion,” *Indian Journal of History of Science* 16 no. 2 (1981): 156-168.

¹⁵ Nancy Stepan, “The Interplay,” 400-414.

¹⁶ Stanford Chaillé, “Yellow Fever Prevalence in Havana,” *New Orleans Medical and Surgical Journal* 11 (1883): 721-723.

¹⁷ Nancy Stepan, “The Interplay between Socio-Economic Factors and Medical Science,” pp. 397-423.

“offered to white immigration.”¹⁸ Most Cubans believed that they were immune to the disease. Finlay rightly asserted that yellow fever affected mostly the “transient population” arriving to Havana, and therefore that the country’s mortality rate provided an exaggerated picture of number of the deaths claimed by the disease in the white population. Cuba’s native white population, he argued, acquired some immunity in childhood, and white immigrants residing in Cuba for more than a year had acclimatized enough so that the disease did not pose any life-threatening risk.¹⁹ In other words, the severity of yellow fever was inversely proportional to the amount of time the person spent in the tropics.

Finlay clearly took pains to demonstrate that white immigrants could live healthily in the island. To make this point he compared the mortality and birthrates of Havana’s black, Chinese, and white population. Without considering the effects of poor nutrition, unsanitary living conditions, or deaths due to other diseases, he used the high mortality rates and low birthrate of both blacks and Chinese relative to whites as evidence of the biological hardiness of white Cubans. Not only was the Cuba one of the healthiest environments for whites, but acclimatized immigrants had the best life expectancy. Based on population trends, Finlay predicted the complete annihilation of the black population. Because these populations were dying in greater numbers from diseases such as tuberculosis, he inaccurately concluded that blacks would eventually “fade without mixing with the European races.”²⁰ Finlay used vital statistics and demographic trends to undermine allegations that Cuba’s insalubrious climate was detrimental for whites.

¹⁸ Carlos Finlay, “Apología del clima de Cuba,” *Gaceta Médica de la Habana* 1 no. 2 (1878), p. 1. Emphasis in original.

¹⁹ Finlay, “Apología,” p. 3.

²⁰ Finlay, “Apología,” p. 3.

Two decades later, a prominent physician moving into the leadership in the Cuban independence movement revived the connection between white immigration and the presence of yellow fever. Juan Guiteras—the other Cuban member of the 1879 Yellow Fever Commission—used his propaganda campaign for independence to discuss the problem yellow fever posed to Cuba. Guiteras, an expatriate and pathology professor at the University of Pennsylvania, launched a tireless campaign to garner financial and military support from the Cuban community abroad and the U.S. government.²¹ In his *Free Cuba: Her Oppression, Struggle for Liberty, History, and Present Conditions* (1897), an edited collection of essays written by fellow Cuban expatriates, he argued that Cuba needed to move away from the backwardness of Spanish colonialism. By and large, the contributors to *Free Cuba* ascribed to a raceless conception of nationality based on the immense mobilization of white and black insurgents during the three wars of independence. However, these authors still adhered to naturalized explanations of racial difference, blaming Spanish for introducing racially inferior groups to Cuba.²²

Journalist Rafael María Merchán, for example, blamed Spanish colonial policies for inundating Cuba with racially inferior African slaves and Chinese contract workers. He asserted that policies had “purposely barred the increment of the white population and favored that of the other races.” Firing up his anti-colonial rhetoric, he argued that, after the abolition of slavery, Spain perpetuated the “infamous institution of slavery by the

²¹ Juan Guiteras was the president of the Club General Carrillo in Philadelphia and the sub-delegate of the Cuban Revolutionary Party in Pennsylvania. In 1895, he actively advocated for the U.S. to recognize the “rights of belligerency” between Cuba and Spain. See John Guiteras, *The United States and Cuba: A Review of Documents Relating to the Intervention of The United States in the Affairs of the Spanish American Colonials* (Philadelphia: The Levytype Company, 1895). For a biography, see César Rodríguez Expósito, *Dr. Juan Guiteras* (Habana: César Rodríguez Expósito, 1947).

²² See John Guiteras, *The United States and Cuba: A Review of Documents Relating to the Intervention of The United States in the Affairs of the Spanish American Colonials* (Philadelphia: The Levytype Company, 1895).

introduction of the Chinese.” This immigration was not to be taken lightly, he explained, because Chinese were known for their “degraded and criminal tendencies.”²³ In contrast to this portrayal, Merchán believed that blacks deserved citizenship rights based on their significant contribution in the wars of independence. Nevertheless, Merchán found solace in statistical evidence that suggested a “gradual decline in the colored population, with a greater increase in the white.”²⁴

While Merchán envisioned equal rights for all, he argued that social status would follow established racial hierarchies. For example, even though Chinese insurgents had participated in wars of independence, Merchán omitted them from discussion of citizenship. He argued that blacks occupied a higher position than the Chinese based on the erroneous assertion that only they had earned their rights through warfare.²⁵ “Cuba was mother Country of the negroes as well as the whites,” he wrote. “Martí, who was the soul of the present revolution, would never have undertaken the task of liberating the island, if to do it he would have to sacrifice one race to another.”²⁶ Although he ensured that in a free Cuba no one would be excluded from assuming “public functions” based on race, he clearly demarcated the position blacks occupied in society:

The negroes will not dominate everything in Cuba, nor will they try to do so, for the conquest of liberty has been the work of all, and the negroes know this well. Nor have they forgotten that they owe the abolition of slavery to whites, and they are aware of the efforts made in behalf of their education; and to kindle within them a consciousness of the dignity of man.²⁷

²³ Rafael Merchán, “Causes and Justifications of the Present War,” in *Free Cuba: Her Oppression, Struggle for Liberty, History, and Present Condition*, John Guiteras, ed., (Philadelphia: Publisher’s Union, 1897), p. 208, p. 213.

²⁴ Merchán, “Causes and Justifications,” p. 216.

²⁵ Kathleen López, “Migrants between Empires and Nations: The Chinese in Cuba, 1874-1959,” pp. 161-179.

²⁶ Rafael Merchán, “Causes and Justifications of the Present War,” p. 205.

²⁷ Merchán, p. 220.

In imagining what type of citizen black Cubans might be, Merchán conceived deference and moderation as elements of their temperament. Rather than seeking “revenge” against whites, he argued, blacks would work hard to preserve the rule of law that held them to the highest standards of civilization. There was no need to fear universal suffrage because, after all, “above the negro and the white man stands the law.” This appeasing message was clearly directed to fellow white Cubans. Besides, for Merchán, granting political rights for all was a better alternative than continuing under the Spanish “system of plunder and rapine.”²⁸

At the end of Merchán’s essay, immigration policy emerged again as the principal example of Spanish mismanagement. At this point, Guiteras felt compelled to add an editorial footnote. According to Guiteras, Spain had not taken a “single step” to eliminate yellow fever in Cuba. This “criminal” neglect not only has “kept down the white immigration and the white population in Cuba,” but had “exerted a baneful influence” in the “South Atlantic and Gulf states” of the United States.²⁹ Guiteras exploited at the same time the anxieties of white elites in Cuba and the economic anxieties of U.S. officials in the South. He also knew, however, that any argument favoring U.S. involvement in Cuba would only be persuasive to Cubans if it was limited to public health. As a Cuban living in the United States for decades, Guiteras was perplexed about the longstanding inaction of the U.S. government. “Ships leaving from Havana” caused “recurring summer epidemics of yellow fever,” he wrote. Yet the United States “seems to be willing to bolster up that pest house [Cuba] of political and infectious corruption at our very doors.”³⁰ Guiteras seemed to welcome U.S. involvement in Cuba’s war against Spain if afterward it helped eliminate yellow fever from the island.

²⁸ Merchán, p. 222.

²⁹ Merchán, p. 215

³⁰ Guiteras in Merchán, p. 215.

The arrival of U.S. forces in Cuba in 1898 had unintended consequences for independence. Entering the war against Spain in its closing months, the U.S. army suffered more casualties due to yellow fever than to war-related injuries. Nancy Stepan estimates that for every injury-related death twenty-five fell to the disease.³¹ As a result, the U.S. army recruited prominent Cubans—including Carlos Finlay, Juan Guiteras, and Arístides Agramonte—to treat soldiers suffering from the disease in the eastern city of Santiago.³² By the time the war ended, Cuban physicians and U.S. authorities agreed that the eradication of yellow fever was a high priority. U.S. assistance in matters of public health, however, came at a great price. The United States invoked both political and scientific superiority to justify a four-year military occupation (1898-1902) that severely limited Cuba's sovereignty. During these years, the U.S. devoted a great deal of effort to satisfying the two obligations of any interventionist force: to set up nation building mentorship as a necessary step for "self-government" and to enforce surveillance of various areas of public and private life.

The U.S. Occupation and Scientific Self-Affirmation

No other enterprise was as vast and successful in attempting to achieve these two tutelary goals than the wide ranging sanitary efforts to eliminate yellow fever in Havana.³³ Begun by Major John G. Davis and completed by Major William C. Gorgas,

³¹ See Stepan, "The Interplay between Socio-Economic Factors and Medical Science," p. 409

³² See, Officers of U.S. Marine-Hospital Service, *Yellow Fever: Its Nature, Diagnosis, Treatment and Prophylaxis* (Washington: U.S. GPO, 1899). This collection of essays was commissioned for publication in June 1898. Henry Carter and Juan Guiteras contributed to the volume.

³³ The Department of Sanitation was the first agencies to receive the attentions of the military authorities in the island. See Major W. C. Gorgas, "Report of Major W. C. Gorgas, Chief Sanitary Officer of the City of Havana" in *Civil report of Brigadier General Leonard Wood, Military Governor of Cuba, for period from Jan. 1 to Dec. 31, 1901*, vol. 4; José López del Valle, *Desenvolvimiento de la sanidad y la beneficiencia en Cuba durante los últimos diez y seis años, 1899-1914* (Habana: La Moderna Poesia, 1914); Jorge Le Roy y Cassá, *Desenvolvimiento de la sanidad en Cuba durante los últimos cincuenta años, 1871-1920* (Habana: La Moderna Poesia, 1922).

the sanitation of the capital city signaled the beginning of a new war, a battle against a disease that provided a means to justify and implement U.S. imperialism. “[T]he peace of Cuba is necessary for the peace of the United States,” Secretary of War Elihu Root proclaimed, and “the health of Cuba is necessary to the health of the United States.”³⁴ Because the prevailing medical opinion was that yellow fever was caused by filth and spread by contaminated objects, the occupation government initiated a massive campaign for controlling environmental risks in the city by enforcing the removal of animals from the city center, installing plumbing and disposal systems, requiring the proper management of food, and keeping streets clean.

To manage sanitary conditions and implement regulations on hygienic behavior, the American regime enlisted a veritable army of engineers, statisticians, sanitary officials, supervisors, clerks, and workers in the state apparatus. In the first nine months of 1899 alone, the Department of Sanitation employed 260 men to carry out the systematic cleaning and disinfecting of houses in Havana. Since there were not enough army physicians to be sanitary inspectors, Gorgas enlisted one hundred Cuban physicians to perform this task. Teams consisting of a U.S. medical officer and a Cuban subordinate would inspect each house for violators of the regulations. But if sanitary rules came from above, the demands of routine house inspection often led a division of labor between foreign and local inspectors. When a contagious disease was identified in a home, it was a Cuban physician who disinfected of the premises with a dichloride solution and formaldehyde gas. In doing so, many inspectors were often met with displeasure by the population.³⁵

³⁴ Quoted in Louis Pérez, “Incurring in a Debt of Gratitude: 1898 and the Moral Sources of United States Hegemony in Cuba,” *American Historical Review* 104 no. 2 (1999), p. 371.

³⁵ See Gorgas, “Report of Major W. C. Gorgas;” Jorge Le Roy y Cassá, *Desenvolvimiento de la sanidad en Cuba*, p. 31.

Meanwhile, the military corps of engineers devised the basic arrangement of street cleaning in the city. Each day a regimen of over 500 workers recruited by the occupation government methodologically swept 273 miles of street.³⁶ The map included in their report details the frequency of street cleaning in the different districts, but more importantly it plots the extensive reach of the sanitation campaign (Figure. 2.1).

Figure 2.1: Map showing street cleaning in Havana, 1899.



Source: 56th Congress, 1st Session. House of Representatives. Document No. 2. Annual Reports of the War Department for the Fiscal Year Ended June 30, 1899. Washington: Government Printing Office. 1899.

Cuban physicians participating in the enterprise welcomed the comprehensive approach of the U.S. sanitary campaign. In joining the campaign, they sought to distinguish themselves in matters of civilian governance. They often boasted that they

³⁶ For the sanitation of Havana, see Mariola Espinosa, "Epidemic Invasions," chapter 3.

were drawn from the nation's finest talent for staffing the civilian branch of the military regime. These physicians occupied high-ranking administrative positions in the civilian government, reinforcing their claim that they were prepared to discipline and uplift their own society. José López del Valle, the director of the disinfecting service of the Department of Sanitation, spoke for many collaborators when he declared that "Cuban physicians, from those assigned to occupy official positions to those dedicated solely to their private practice" acted as the "most powerful assistants in the Sanitary labor of the American intervention."³⁷ After the occupation ended, this experience ensured their prominent role in new state institutions. For example, Dr. Diego Tamayo became Cuba's first Secretary of State; Carlos Finlay, the President of the Superior Board of Health; and Manuel Delfín, the Secretary of Charities. In the 1910s, Juan Guiteras replaced Finlay and Jorge Le-Roy y Cassá organized the first Bureau of Demography and Statistics of the Department of Sanitation.³⁸

Cuban physicians also emphasized the patriotic components of the sanitation campaign by insisting on the link between civic responsibility and self-determination. More than protecting against threatening diseases, Manuel Delfín argued in *La Higiene* that "scientific propaganda" taught Cubans on "how to achieve liberty, how to use freedom, and how to gain the consideration and respect of other countries no matter how powerful and wealthy they are."³⁹ The editors of *El progreso médico*, perceiving the sanitation campaign as a stage for performing self-government, asked municipal authorities to demonstrate their qualifications for efficient civil authority. They advised

³⁷ José López del Valle, *Desarrollo de la sanidad y la beneficencia en Cuba*, p. 4-5. Capitalized in the original.

³⁸ Carlos Trelles, *Contribución de los médicos cubanos a los progresos de la medicina* (Habana: Dorebecker, 1926).

³⁹ "El Nuevo Año," *La Higiene* 2 no. 37 (1901): p. 434.

the municipality of Havana to exercise judicious management in overseeing Havana's sanitation to "demonstrate to the occupying foreigner the governing capacity of the Cuban people."⁴⁰ After this recognition, the editors hoped, U.S. forces would withdraw and an unequivocally independent Cuba would be established.

Despite two years of concerted effort to sanitize Havana, the U.S. occupation failed to secure the city against the ravages of yellow fever. With the progress against yellow fever stalled, General George M. Sternberg, the U.S. Army Surgeon General created the Yellow Fever Commission in 1900 to study the bacteriological cause of the disease.⁴¹ Headed by Walter Reed, the commission investigated principally the Giuseppe Sanarelli theory that linked yellow fever to bacteria, *bacillus icteroides*. But one member of the Commission, Jesse Lazear, departed from this line of research. He worked closely with Carlos Finlay to reexamine his theory that the mosquito served as an intermediate vector. Lazear used eggs provided by Finlay to raise the mosquitoes that would bite yellow fever patients. In controlled experiments, Lazear combined Finlay's mosquito theory with Dr. Henry Carter's work demonstrating a lag of approximately twelve days between the first case of yellow fever and a subsequent case. He meticulously recorded how long the mosquito had bitten a yellow fever patient before the experimental subject was bitten. In August 1900, Lazear was able finally to prove that the disease was transmitted through a mosquito bite. With the confirmation of Finlay's theory, Major Gorgas, in addition to continuing his sanitation efforts, organized an intense campaign to

⁴⁰ "El saneamiento de la ciudad," *El progreso médico* 10 no. 10 (1900): p. 375.

⁴¹ On the early stages of the Commission, see Walter Reed et. al., "The Etiology of Yellow Fever: A Preliminary Note," U.S. Senate ed., *Yellow Fever: A Compilation of Various Publications* (Washington: Government Printing Office, 1911 [1900]). U.S. Army Surgeon General George M. Sternberg was a member of the first Yellow Fever Commission of 1879. Like the previous group, the members of this Commission included U.S. and Cuban physicians. The members of this commission were Walter Reed, Jesse Lazear, James Carroll, and Aristides Agramonte

systematically destroy mosquitoes and their breeding grounds throughout Havana. As a result, yellow fever was completely eradicated from Havana in 1901.⁴²

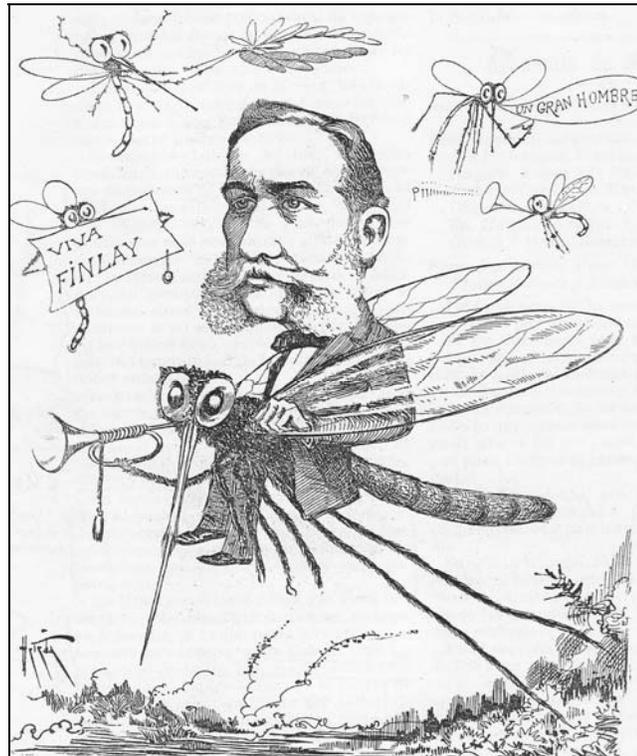
Without a doubt, the confirmation of Finlay's mosquito theory by the Reed Commission in 1900 made public health a matter of national pride.⁴³ Since Cubans were denied control over their own affairs, they seized Finlay's findings as evidence of the readiness of Cubans to assert their right to self-government. Finlay's name and portrait adorned the covers of papers, journals, and magazines, and shifted the language of disease control from a justification for U.S. occupation to the very essence of national self-reliance (Figure 2.2). By the time yellow fever was eradicated, the role of Finlay's theory in the eradication campaign helped heighten the significance of public health discourses in claiming independence against U.S. intervention. It was also soon used by officials and policy makers to act on their longstanding goal of whitening the population through European immigration. The improved public health conditions in Cuba, the editor *El Progreso Médico* stated, will attract an "immigration current of vigorous arms to exploit our resources."⁴⁴

⁴² The cooperation between Finlay and the Reed Commission is examined in Delaporte, *The History of Yellow Fever*, pp. 89-101. After the validation of his mosquito theory, it was not long before Cubans claimed that Finlay anticipated Reed's results, and that Americans provided a version of history that concealed Finlay's contribution. For a detailed account of Lazear's experiments see Espinosa, "Epidemic Invasions," pp. 89-93.

⁴³ See Juan Guiteras, "Etiología de la fiebre amarilla: la teoría del Dr. Finlay y la Comisión Americana," *Revista de Medicina Tropical* 2 no. 1 (1901): 1-5.

⁴⁴ Gabriel Casuso, "Nuestro estado sanitario," *El Progreso Médico* 11 no. 12 (1901), p. 303.

Figure 2.2: Cartoon of Carlos F. Finlay.



Source: *La Higiene*, January 10, 1901.

The yellow fever campaign, and Finlay’s role in his success, was principally seen as an event so profound that at times it seemed to overshadow the setback of the U.S. occupation. “Yellow fever has *almost* disappeared,” wrote Delfin on the date of the inauguration of the Cuban republic. “Yet this feat has had as collaborators and sometimes as initiators our doctors.” The public health standard included in the Platt Amendment, he argued, was an affront to the capacity of Cubans. He decried the distrust of “American legislators” who believed that, once the intervention ends, Cubans would fall prey to their “Latin blood” and abandon sanitary measures.⁴⁵ Guiteras, who had collaborated with the Reed Commission, believed that Finlay deserved the scientific “glory” not only for

⁴⁵ Manuel Delfin, “Los cubanos y el saneamiento,” 2 no. 86 (1902), p. 1043.

initiating the mosquito theory, but also for pointing to the transmitting agent, and sketching a viable research plan.⁴⁶ Speaking to the International Sanitary Congress in 1902, Jorge Le-Roy y Cassá praised the Reed Commission for proving the mosquito theory that Finlay had first presented to Cubans in 1898.⁴⁷ Finlay himself defended the originality of his finding in multiple congresses and articles.⁴⁸ To reconfirm the groundbreaking work of Finlay, some medical editors in Cuba even reprinted previous articles in which he proposed the mosquito theory.⁴⁹

In the unfolding of these struggles for scientific recognition and Cuban capacity, medical professionals and activists soon moved toward the idea of remaking the racial composition of the island by encouraging white European immigration. The new republic would safeguard the health and safety of its citizens, even if in so doing it would etch racial prejudice onto state policies and institutions, eroding in part the raceless conception of Cuban nationality that have emerged from the independence struggles.

Public Health and Selective Immigration in the Early Republic

The dynamics of the U.S. military occupation cast a long shadow over the public discourse of the new republic. When the U.S. military forces finally left Cuba in 1902, the terms of Cuban sovereignty were not entirely clear. Restrictions imposed by the Platt Amendment stated that any mismanagement in foreign or domestic affairs would be

⁴⁶ See Juan Guiteras, "Etiología de la fiebre amarilla: la teoría del Dr. Finlay y la Comisión Americana," *Revista de Medicina Tropical* 2 no. 1 (1901), p. 2; Juan Guiteras, "Fiebre amarilla: Un trabajo inédito del Dr. Finlay," *Revista de Medicina Tropical* 4 no. 7 (1903): 121-123.

⁴⁷ Jorge Le-Roy y Cassá, "Estadística de la Fiebre Amarilla," *Revista de Medicina Tropical* 3 no. 4 (1902): 71-83.

⁴⁸ Gonzalo Arostegui, "Congreso sanitario internacional," *Revista de Medicina y Cirugía* 7 no. 3 (1902): 41-47; Carlos Finlay, "Probable Nature and Life-Cycle of the Yellow Fever Germ," *Revista de Medicina Tropical* 4 no. 4 (1903): 54-59.

⁴⁹ Juan Guiteras, "Fiebre amarilla: Un trabajo inédito del Dr. Finlay," *Revista de Medicina Tropical* 4 no. 7 (1903): 121-123.

cause for U.S. intervention. Fearing that yellow fever would once again threaten commerce in the U.S. South, one of the provisions specifically required the Cuban government keep up the public health measures or risk a U.S. intervention.⁵⁰

In May 20, 1902, President Tomás Estrada Palma took office as the first president of Cuba with a nominal pledge to maintain the racial unity achieved during the war and prevent a second U.S. intervention.⁵¹ In practice, however, his administration quickly distanced itself from these goals. Instead, the Estrada Palma administration concentrated its efforts on policing racial boundaries through forms of criminal control and migratory policies. Medical professionals and political activists usually framed their policy proposals by aligning them to the yellow fever campaign or defining public welfare in terms of health. The influences of public health were both symbolic and direct. Cuban professionals referred to these successes partly because they created public support for reform policies, partly because they served as a means to defend national sovereignty, and partly because they were inserted within the growing transatlantic hegemony of scientific discourses. By and large, members of the two political parties employed similar medical metaphors to neutralize the dangers posed by the supposedly racially inferior citizens or immigrants.

Fearing that the racial makeup of the island would thwart sanitary and political progress, a growing number of physicians and politicians concentrated their efforts on “whitening” the nation.⁵² Their reports, articles, and political rhetoric repeatedly stressed that the black and yellow “races” would either sink Cuba to a lower level of civilization

⁵⁰ See Louis A. Pérez, *Cuba: Between Reform and Revolution* (Oxford: Oxford University Press, 1995), pp. 186-188; Louis A. Pérez, *Cuba Under the Platt Amendment, 1902-1934* (Pittsburg: Pittsburg University Press, 1986).

⁵¹ De la Fuente, *A Nation for All*, pp. 60-61; Guerra, *The Myth of José Martí*, chapter 4.

⁵² De la Fuente, *A Nation for All*, pp. 45-53.

or turn it back into a disease-ridden pesthole. To avoid these dangers, scientifically-minded professionals promoted white immigration, on one hand, and attempted to ban nonwhite immigration, on the other. Although immigration policies framed part of the Estrada Palma administration, less obvious approaches also illustrate the desire to whiten the population. State efforts to suppress taste and habits associated with African-derived practices and the “sinister” influence of the Chinese increasingly fell under the rubric of public order.⁵³ Hence, these professionals did not rely exclusively on color racism but also on attached judgments about cultural attributes, physical propensities, and psychological susceptibilities. Under the guise of securing the country’s wellbeing, reformers targeted specific groups of people who they believe did not fit into a civilized Cuba.

One of these racialized discourses surfaced five days before the inauguration of the Republic. On May 15, 1902, the Cuban Congress approved an order issued by Military Governor Leonard Wood that harnessed the ideal of whitening into the legal framework of the state. Medical language lent weight to a project that limited Chinese immigration to only students and businessmen. The 1902 order explicitly mandated the exclusion of “idiots, lunatics, or people that could become a public charge; afflicted by a dangerous, chronic or contagious disease; and delinquents who have committed infamous crimes or moral perversions.”⁵⁴ Cuban legislators approved the bill singling out the propensity of Chinese immigrants to become carriers of disease or a source of crime, and thus most likely to become a public charge. The specific grounds for exclusion were malleable and broad; the crucial step was to establish bodily difference. This ambiguous reasoning paved the way for future immigration restrictions.

⁵³ On brujería and state repression, see Bronfman, *Measures of Equality*, chapter 1.

⁵⁴ Military Order 155, 15 May 1902; reproduced in Hortencia Pichardo, ed., *Documentos para la historia de Cuba*, (Havana: Editorial de Ciencias Sociales, 1969), 2: 199-201.

In the meantime, popular observations about disease containment were folding into race-based conceptions of criminal propensity. Four years after the ban on the Chinese, for example, the success of the yellow fever campaign spilled into debates about the delinquent behavior of black residents and Chinese immigrants. Although advances in tropical medicine had muted certain assumptions about racial determinism, these innovations generated standardized documentation used to stigmatize whole populations. As a powerful symbol of modernization, however, the yellow fever campaign linked public health and criminology. In *Los negros brujos*, for example, criminologist Fernando Ortiz established a parallel between the systematic elimination of the yellow fever and his efforts to reorganize the criminal system. Yet before introducing the yellow fever metaphor, he described in no uncertain terms the contributions of the “black race” and “yellow race” to Cuban criminality:

The black race brought [to Cuban criminality] its superstitions, sensuality, and impulsivity, that is, its African psyche. The yellow race introduced their appetite for opium, homosexual vices, and other refined corruptions of their civilization.⁵⁵

Although Ortiz portrayed these diverse groups as a monolithic unit with innate criminal tendencies, he was principally interested in the black brujo—usually a black male—as a criminal type identifiable by race and his African-derived religious practices.⁵⁶ As discussed in the previous chapter, he used the metaphor of yellow fever to initiate his call for a crackdown against the religious practice of brujería. In his proposal for the elimination of brujería, the initial step was to “isolate” the “brujos from their followers,

⁵⁵ Ortiz, *La hampa afro-cubana: Los negros brujos (apúntes para un estudio de la etnología criminal)* (Madrid: Editorial América, 1917 [1906]), p. 15. Cited herethereafter as *Los negros brujos*.

⁵⁶ On brujería, see Reinaldo Román, “Conjuring Progress and Divinity: Religion and Conflict in Cuba and Puerto Rico, 1899-1956,” Ph.D. diss., University of California at Los Angeles, 2000; Stephan Palmié, *Wizards and Scientist: Explorations in Afro-Cuban Modernity and Tradition* (Durham: Duke University Press, 2002), chapter 3; Bronfman, *Measures of Equality*, chapter 2.

like those stricken with yellow fever.”⁵⁷ Just as the yellow fever patient was isolated to avoid the mosquito transmission of yellow fever, the brujo—as the source of criminal behavior—needed to be incarcerated to avoid the spread of brujería.⁵⁸

In the contentious political context of the early Republic, the convergence of medicine and criminology would heighten political tensions that had built up in the years after independence. The fraudulent reelection of Tomás Estrada Palma in 1905 provoked rising opposition from an alliance of Liberal Party leaders, black veterans and activists, and a large popular constituency. The systematic use of state violence contributed to this alliance, but the systematic exclusion of blacks from government jobs, persecution of cross-racial labor movement, and the promulgation of new immigration policies ultimately gave the uprising momentum. As political unrest escalated in the months following the elections, many Cubans believed the Estrada Palma administration had broken the promise of a racially inclusive nationhood.⁵⁹

Three events in 1906 sharpened the rivalries between Estrada Palma and his opponents. These events exposed the ways public health and criminology lent scientific weight to an immigration policy that brought turmoil and the brink of U.S. intervention. First, the “Fifth Conference of the Department of Sanitation, Charities, and Correction” provided an avenue to promote whitening through the discussion of public health and criminological knowledge. Second, the passing of a bill favoring white immigration gave this knowledge legal form. Finally, the swift reaction against the law revealed how these race-based policies were contested by a highly politicized population. The conference, the immigration law, and the subsequent popular uprising characterize both the increasing

⁵⁷ Fernando Ortiz, *Los negros brujos*, p. 102.

⁵⁸ Bronfman, *Measures of Equality*, pp. 95-104. Alejandra Bronfman has shown that in practice some of those charged with brujería used the justice system to challenge their persecution.

⁵⁹ Guerra, *The Myth of José Martí*, chapter 5; de la Fuente, *A Nation for All*, pp. 62-63.

relevance of scientific knowledge and the intense contestation of cross-racial mobilization in the early republic.

In April 1906, the “Fifth Conference of the Department of Sanitation, Charities, and Correction” met in the port city of Santiago to discuss the “problem” of useful immigration. Conference participants agreed that certain “races” should be excluded altogether from Cuban soil. Physician Ramón Mesa, for example, argued that the importation of Chinese indentured laborers in the late nineteenth century was a failed and costly experiment that resulted in the introduction of destructive diseases and criminal behavior. Mesa then warned about the “fatal” consequences of reintroducing Chinese immigrants to Cuba. Fernando Ortiz, for his part, used his criminological expertise to argue that Chinese immigrants not only “gave Cuba a larger proportion of delinquents,” but that their crimes were “six times” more violent than those of whites. In proposing an immigration project, physician Federico Córdova y Quesada emphasized standard stereotypes of moral deviance associated with black and Chinese immigrants to conclude that the “only convenient immigration for our country is white.”⁶⁰

The “scientific” truths pronounced at the Santiago conference induced Congress to pass a discriminatory immigration bill in July 1906. With the pretext of defending the nation, the first draft of the law banned all “individuals and families of the race of color,” a broad-ranging restriction that distinguished between whites and “black, Malaysians, Mongoloid, of the Oceanic races as well as the copper-toned and all mestizoes, and the gypsies.”⁶¹ The commitment to health preservation and protection against criminality convinced many skeptics to subscribe to these policies. Others took issue with the racial

⁶⁰ These three authors were quoted in Jorge Le-Roy y Cassá, *La inmigración anti-sanitaria* (Havana: Dorbecker, 1929), pp. 11-13.

⁶¹ Cited in Guerra, *The Myth of José Martí*, p. 148-149. The text was taken from “Proyecto de Ley de Inmigración y el Fomento Nacional,” *El economista: revista financiera y comercial. El hacendado y el agricultor cubanos. Gaceta de ferrocarriles de Cuba* 5 no. 7 (1906): 134-135.

language used to justify exclusion. Black congressmen Martin Morúa Delgado and Rafael Serra, for example, forced Congress to drop the explicit racist language of the initial bill. The legislature finally passed a law which established quotas based on place of origin, rather than specifying the race of banned immigrant group. The bill set aside \$1 million for the recruitment of immigrants, with \$800,000 reserved for recruiting Spanish and Canary Islanders. The remaining money went to the recruitment of laborers from Sweden, Norway, Denmark and northern Italy.⁶² While over the next decade policies derived from this bill would dramatically alter the racial makeup of Cuba, more immediately it increased the tensions between President Estrada Palma and his critics.⁶³

Leaders of the Liberal Party tied the immigration bill to President Estrada de Palma's continuous discrimination against blacks and antagonism toward the labor movement.⁶⁴ One month after the immigration bill passed, discontent developed into a full-fledged revolt. For war veterans, black activists, and labor leaders who took up arms, state efforts to subsidize white immigration were the last straw. Support for this coalition began in the province of Las Villas extending outward as prominent black veterans Quintín Banderas and Evaristo Estenoz—also a labor leader—joined the Liberal revolt. In different ways, members of this coalition sought to defend their rights to organize against anti-democratic measures and against an immigration policy that would inundate the market with low paid white workers. As fears of imminent defeat increased late in 1906, Estrada Palma requested U.S. military intervention.⁶⁵

⁶² Reproduced in Pichardo, *Documentos*, pp. 273-75.

⁶³ On the massive current of Spanish immigration to Cuba, see María del Carmen Barcia, "Un modelo de inmigración "favorecida": el traslado masivo de españoles a Cuba, 1880-1930," *Catauro* 2 no. 4 (2001): 36-59.

⁶⁴ Guerra, *The Myth of José Martí*, pp. 170-71; de la Fuente, *A Nation for All*, pp. 60-66.

⁶⁵ Guerra, *The Myth of José Martí*, pp. 181-185, 188-190; Scott, *Degrees of Freedom*, pp. 224-225.

The armed uprising and the second U.S. occupation coincided with the first yellow fever outbreak since the United States had left the island. In the previous years, the Cuban government had not kept up with sanitary measures and the anti-mosquito techniques introduced by the occupation forces. U.S. government officials, fearing the loss of commerce, began calling on the Cuban government to keep the island free of diseases. On March 1905, for example, the Secretary of State used the Platt Amendment to demand that “the unsanitary conditions of the ports of the island be remedied as soon as possible.”⁶⁶ The first case of yellow fever was diagnosed in October 1905, and by the time armed revolt ended yellow fever had spread to the interior of the island. On September 29, 1906, the United States took over Cuba with a plan already in place to stamp out the disease. And once again, besides interfering to control political unrest, the U.S. used the campaign against yellow fever as a justification to continue its occupation in Cuba.⁶⁷

The link between yellow fever and the loss of sovereignty did not escape Cubans. In 1905, the editor of the Havana newspaper *La Lucha* insisted that the epidemic outbreak could provoke the United States to invoke the sanitary provision of the Platt Amendment. Cuba should not “provide the smallest pretext to the Washington administration to believe, in any way, that the moment has come for a second intervention.”⁶⁸ In the following decade, racialized links between health and criminality did not disappear, but rather they were subsumed into national anxieties about U.S. domination. As public health became a matter of national sovereignty and wellbeing,

⁶⁶ From John Hay to Herbert G. Squiers, March 10, 1905, in United States Department of State, *Papers Relating to the Foreign Relations of the United States, with the Annual Message of the President Transmitted to Congress, December 1905*, p. 271. Quoted in Mariola Espinosa, *Epidemic Invasion*, p. 140.

⁶⁷ Mariola Espinosa, *Epidemic Invasion*, pp. 136-142.

⁶⁸ “Nuestro estado sanitario,” *La Lucha*, January 2, 1905, p. 1.

Cuban professionals would rework these images to oppose the “foreign” threats of U.S. dominance and nonwhite immigration.

Opening National Borders, Hardening Racial Boundaries

After the second U.S. occupation ended in 1909, a chorus of Cuban professionals intensified their efforts to guarding interior and exterior racial boundaries. During the 1910s, some white Cubans became increasingly concerned about black political mobilization, the influx of nonwhite immigration, the opening of the Panama Canal, and the economic and political interference of the United States. Their attempts to preserve social order and national autonomy renewed debates about the perceived threats of foreign influence. Anxieties about foreign disruptions took three distinct forms, and each was articulated through public health discourses. The first was the notion that nonwhite immigrants introduced disease and crime to the island. The second was the idea that their proclivities toward political violence fostered social fragmentation. And the third was a critique of the increased meddling of U.S.-interests in Cuban affairs. During the 1910s, the specters of race and U.S. intervention substantiated the ways public health discourses generated negative depictions of blacks inside Cuba, as well as anti-immigrant bias.

Guarding racial frontiers within Cuba coincided with state violence against the Independent Party of Color (*Partido Independiente de Color*), the first political party organized around racial lines in Cuba. Since its creation in 1908, the party’s platform included securing access to government jobs, regulating work hours, redistributing land, and opposing white immigration.⁶⁹ Most people of color, however, chose not to join the ranks of the Independent Party of Color, either out of prudence, patron-client ties, or the

⁶⁹ On the events of 1912, see Helg, *Our Rightful Share*, chaps. 6-7; De la Fuente, *A Nation for All*, pp. 66-91; Guerra, *The Myth of José Martí*, pp. 225-242; and Scott, *Degrees of Freedom*, pp. 226-252. The party was organized by Evaristo Estenoz, a former labor activist disenchanted with Cuba’s two main political parties.

belief that it betrayed the idea of a race transcendent Cuban nationality.⁷⁰ Some politicians of color outright opposed it. Senator Martín Morúa Delgado, for example, proposed a bill that could be interpreted as explicitly outlawing the Independent Party of Color on constitutional grounds. After the constitutional amendment was ratified in 1910, state repression and media sensationalism against the party escalated. On May 20, 1912, exactly ten years after the Republic was founded, the Independent Party of Color launched an armed rebellion in the eastern provinces. Dreading another U.S. military occupation, President José Miguel Gomez authorized a retaliation that reputedly killed thousands of black rebels and civilians.⁷¹

These violent events aroused the interest of public health officials, criminologists, and intellectuals. They used the rebellion to magnify long-standing concerns about the alleged pathological and criminal proclivities of black Cubans and nonwhite immigrants. Some self-proclaimed patriotic white Cubans like Gustavo Enrique Mustelier and Carlos Velasco seized on the violence of 1912 to express virulent racist views, employing medical metaphors to oppose black immigration. Although a minority position, Mustelier argued in 1912 that in the colonial era African slaves brought “morbid germs” that damaged the “national spirit and that in republican era their descendants spread rebellion and licentiousness like a “contagion or transmission.”⁷² A year later, Carlos Velasco, the director of *Cuba Contemporanea*, depicted the participation of Jamaican and Haitian

⁷⁰ Even many politicians and activist of color found it difficult to align with a party in which the very idea of racial fraternity was questioned. The results of 1908 elections demonstrated the scant electoral support the party received. See De la Fuente, *A Nation for All*, p. 70.

⁷¹ The scale of the devastation resulting from the 1912 repression requires further archival research. Aline Helg used printed sources with sensationalist overtones to estimate the number of casualties at 4,000. Scott suggests that an analysis grounded on local archives and oral histories is required to shed light on the extent of the repression. Helg, *Our Rightful Share*, p. 225; Scott, *Degrees of Freedom*, pp. 243-244, 333 n. 75.

⁷² Gustavo Enrique Mustelier, *La extinción del negro: Apuntes políticos y sociales* (Havana: Imprenta de Rambla, Bouza y CA, 1912), p. 23.

immigrants as instrumental to the unrest of 1912, calling on the Cuban government to “categorically prohibit black immigration while agreeing to facilitate and stimulate white immigration.”⁷³

Inside Cuba, the supposition that blacks were potential criminals informed the efforts of state authorities to enforce the law and single out individuals. In 1912, the government created the National Bureau of Identification with physician and criminologist Israel Castellanos acting as its first director. Charged with establishing a system of racial policing, the bureau documented anthropometric measurement with the purpose of keeping potential criminals in check. By 1914, Castellanos apparently had enough insights to articulate a precise definition of Cuban criminality (*hampa*). A stricter Lobrosian than Ortiz, Castellanos identified the physical imprints of crime on the body—general body size, facial angles, cranial circumference, and physiognomic crevices, but projected those markers to the general expression of criminal behavior in Cuba. He concluded that Cuban delinquency was in “its manifestations, its ways of being and feeling, ethnically African.”⁷⁴

⁷³ Carlos de Velasco, “El problema negro,” *Cuba contemporánea* 1 no. 2 (1913): 73-74. Velasco, “El problema negro,” p. 79. Velasco was also a member of the National League of Homiculture, a nascent eugenic organization that encouraged state intervention in matters of racial hygiene and national vitality. Eugenics made its entrance into Cuba in the 1910s following the teachings of French obstetrician Adolphe Pinard on “puericulture,” the scientific study of the child. Cuban physician Eusebio Hernandez introduced the study of puericulture to Cuba, but later expanded its scope to study of the human species as a whole, which he termed “homiculture.” This first wave of Cuban eugenicists embarked on proto-natalist campaigns to combat infant mortality and boost population density, instruct mothers in child-rearing, and monitor the development of the nation’s children. See “Puericultura,” *Vida nueva* 2 no. 10 (1910): 1. For a definition “homiculture” see Domingo Ramos, “Algo sobre la homicultura: La genética y la embriología experimentales en relación con la medicina,” *Vida nueva* 8 no. 5 (1916): 2. Bronfman, *Measures of Equality*, 117-120; Armando García González and Raquel Alvarez Peláez, *En busca de la raza perfecta: Eugenesia e higiene en Cuba, 1898-1958* (Madrid: Consejo Superior de Investigaciones Científicas, 1999).

⁷⁴ Israel Castellanos, “Etnología de la hampa cubana,” *Vida nueva* 6 no. 3 (1914): 68.

As the government hardened racial policing within Cuba, it yielded to pressures of U.S. sugar corporations, opening its doors to black immigration from the Caribbean.⁷⁵ Magazines, journals, and bulletins used medical language to portray “foreign invasion” as a problem on two fronts: Africanization and U.S. domination. In a series of articles entitled “Social Pathology: The Sick Republic,” the editor of *Vida Nueva* repeatedly accused foreign capital of causing the political corruption and social turmoil that threatened the nation by introducing black immigrant laborers.⁷⁶ José Sixto de Solá, a columnist of *Cuba Contemporánea*, complained that Cuba had become a “colonial-factory” of the United States and called for a bill to evict recently arrived immigrants that “import noxious tendencies from abroad.”⁷⁷

Unable to guard the country against black immigration and U.S. capital interest, some physicians tapped into the long-standing associations between yellow fever, whitening, and national affirmation. In order to revive interest in Finlay, a group of renowned physicians proposed Carlos Finlay as a candidate for the Nobel Prize in 1912. Juan Guiteras, now the Director of the Department of Sanitation, led the initiative, finding immediate support from scientific associations in Cuba. For the occasion, Guiteras published a selected compilation of Finlay’s writings. While the initiative did not succeed in winning Finlay the prize, it served to stir up frustrations within scientific and intellectual circles that viewed the eradication of yellow fever as central to whitening Cuba’s population. The principal supporters like Jorge Le-Roy Cassá, Gabriel Casuso, Carlos Moya, and Juan Fernández—all opponents of contract labor—expressed anger and

⁷⁵ “Reglamento para la ejecución de la Ley de Inmigración, Colonización y Trabajo,” Decreto 743, 20 August 1912, allowed private companies to bring contract workers. See Pichardo, *Documentos*, 273.

⁷⁶ “Patología social: La republica enferma,” *Vida nueva* 4 no. 2 (1912): p. 22.

⁷⁷ José Sixto de Solá, “Los extranjeros en Cuba,” *Cuba contemporánea* 8 (June 1915): 107.

indignation against an immigration policy that stripped away one of the underlying objectives of Finlay's crusade.⁷⁸

Given the tenor of the immigration debate, the much anticipated inauguration of the Panama Canal in 1913 heightened the nativist rhetoric of criminologists and physicians. Cubans proudly believed that the construction of the Canal was possible in part because Finlay's theory had made possible the eradication of yellow fever in Panama, and that its opening was an opportunity to highlight his contribution. At the same time, they were worried that the inter-oceanic pathway would facilitate Chinese immigration. Fernando Ortiz, for example, warned that the Canal would allow foreign-owned companies to demand the "importation of Chinese laborers." Fearful that a massive wave of Chinese immigration would threaten the "preservation of our own character," Ortiz echoed the nativist motto of the Chilean Minister of Foreign Affairs: "America for the Americans."⁷⁹

Although the 1902 order to ban Chinese laborers from entering Cuba was still in place, the mandate contained a provision that allowed the entry of Chinese tourists and businessmen. Chinese laborers sidestepped this order by entering Cuba with falsified documents. In 1913, Juan Guiteras, concerned about the rapid global transmission of diseases, projected that any spike in Chinese immigration would be both "inconvenient and dangerous" to Cuba. He argued that this immigrant population would introduce "utterly exotic diseases in our territory or those that are showing a tendency to vanish." Diseases like plague, cholera, trachoma, and malaria, which were quite rare in Cuba, would find fertile ground, and other already controlled diseases such as dysentery,

⁷⁸ José López Sanchez, *Finlay: El hombre y la verdad científica* (La Habana: Editorial Científico-Técnica, 1987), pp. 408-409.

⁷⁹ Ortiz, "El Peligro Amarillo," *Cuba y América* 25 no. 15, January 22, 1908, p. 3.

hookworm, and tuberculosis could easily reemerge. Guiteras insisted that a new wave of Chinese immigration would ultimately be “pernicious for the interests of our country.”⁸⁰

Guiteras couched his sinophobic argument around the history of cross-racial alliances built during the wars of independence. “Together our two races, the white and the black,” he wrote, “constituted the Cuban nation whose interests we need to guard. And surely we do not defend those interests by introducing a race that does not amalgamate in the country.”⁸¹ Guiteras, echoing Merchán’s 1897 position, incorrectly argued that because Chinese immigrants had not forged cross-racial ties of solidarity during war, they were inassimilable. In fact, their presence could disrupt the racial fraternity that currently existed among Cubans. He argued that Chinese laborers without family had an advantage over black and white Cubans competing for the same jobs in “small business, small industries, and certain classes of labor.”⁸² Besides, why should Cuba introduce sanitary and social instability, if the Panama Canal had proven that “the acclimatizing of the white race in the Tropics had been successfully accomplished”?⁸³

Whereas Guiteras used public health and historical alliances to sustain racial hierarchies, Castellanos applied criminological doctrines to redefine them. He used the “statistics, figures, and the photographic archive” at his disposal to identify the racial imprint of criminality in Chinese Cubans (Figure 2.3).⁸⁴ “In the criminal scale of Cuba,”

⁸⁰ Juan Guiteras, “La inmigración china y el Canal de Panamá,” *Reforma social: revista mensual de cuestiones sociales, económicas, políticas, parlamentarias, estadísticas y de higiene pública* 1 no. 1 (April 1914): p. 1, 3. This paper was previously delivered to the Academy of Science on November 28, 1913.

⁸¹ Guiteras, “La inmigración china,” p. 2-3.

⁸² Guiteras, p. 3.

⁸³ Juan Guiteras, “The White Race and the Tropics,” *The American Journal of Tropical Diseases and Preventive Medicine* 1 no. 1 (1913): p. 159.

⁸⁴ Israel Castellanos, “Los chinos en Cuba: Su criminalidad,” *Gaceta Médica del Sur* 33 no. 4 (1915): p. 74. This is the first article of a two-part series.

Castellanos wrote, “blacks and people of color have a higher ranking than Chinese.”⁸⁵ In his view, blacks and mestizoes committed aggressive and violent crimes, while the Chinese perpetuated crimes that were less harmful. Where black brujos and *ñañigos*—a secret cult linked to African religion—committed homicide and practice cannibalism, the Chinese merely gambled and loitered. The physical mark of crime was also different among racial groups. According to Castellanos, white and blacks “stamped the barbarity of their crime in their faces.” In contrast, the Chinese “lacked the physiognomic repugnancies of the *criminal expression*.”⁸⁶ For Castellanos the mixture of black and Chinese (*mestizos achinados*) was the most aggressive and dangerous” because the negative traits of each race were amplified.⁸⁷ Yet he ended his argument on a hopeful note. He concluded that the “mosaic of Cuban nationality” would be gradually uplifted by the “powerful gust of Hispanic American culture.”⁸⁸

⁸⁵ Castellanos, “Los chinos en Cuba,” p. 76.

⁸⁶ Castellanos, “Los chinos en Cuba,” *Gaceta Médica del Sur* 34 no. 4 (1915): p. 104.

⁸⁷ Castellanos, “Los chinos en Cuba,” p. 105.

⁸⁸ Castellanos, “Los chinos en Cuba,” p. 105.

Figure 2.3: Criminological Photographs of Chinese in Cuba



Source: Israel Castellanos, “Los chinos en Cuba: Su criminalidad” (The Chinese in Cuba: Their Criminality) *Gaceta Médica del Sur* 33, no. 4 (1915), p. 74.

Despite the warnings of physicians and criminologists, demand for agricultural labor resulted in a dramatic increase in black and Chinese immigration.⁸⁹ After 1915, for example, sugar corporations recruited Haitian workers by the thousands: 4,000 in 1915, 12,000 in 1916, 18,000 in 1917, 20,000 in 1918, and 34,000 in 1920.⁹⁰ In addition, World War I pressures to boost sugar production led to 1917 legislation that allowed the temporary importation of Chinese contract laborers.⁹¹ Under these circumstances, fears of

⁸⁹ On the sugar boom and labor mobility in the during and after the First World War, see Barry Carr, “‘Omnipotent and Omnipresent’?: Labor Shortages, Worker Mobility, and Employer Control in the Cuban Sugar Industry, 1910-1934,” in Aviva Chomsky and Aldo Lauria-Santiago eds., *Identity and Struggle at the Margins of the Nation-State: The Laboring People of Central America and the Spanish Caribbean* (Durham: Duke University Press, 1998), pp. 260-291. On the conflation of anti-American sentiment and anti-black immigration after 1916, see Aviva Chomsky, “‘Barbados or Canada?’: Race, Immigration, and Nation in Early-Twentieth Century Cuba,” *Hispanic American Historical Review* 80 no. 3 (2000): 444

⁹⁰ See Louis A. Pérez, *Cuba: Between Reform and Revolution* (New York: Oxford University Press, 1988), p. 204.

⁹¹ Kathleen López, “Migrants between Empires and Nations,” pp. 217-218.

social disintegration and health menace escalated. In an effort to rally anti-immigrant support from both white and black Cubans, historian Luis Marino Pérez contended that the language and traditions of Jamaicans immigrants made them inassimilable. Cuba should close its doors to Jamaicans not because of their skin color, but because they lacked a “history of common struggles and sacrifices.”⁹² Moreover, he stated that as a result of the poor enforcement of health codes in Jamaica, these immigrants could introduce dysentery, hookworm, and syphilis. In closing, Marino Pérez complemented his racialized argument with an economic justification. A flood of Jamaican laborers benefited mostly the “North American capitalist” in detriment of “black Cubans” who were obliged to accept lower wages.⁹³

Nativist rhetoric did not actually end the migrant stream, but served to scapegoat immigrants for a host of social ills. Yet not all arguments against all immigrant groups were the same. Biological, cultural, and economic explanations drew sharp lines of demarcation between and among different immigrants groups. In “The Yellow Peril and the Black Peril,” journalist Pelayo Pérez compared foreign sugar companies with slave plantations. Like the slave holders under the Spanish rule, foreign companies were preoccupied only with profit margins. They hastily introduced all kinds of “undesirable aliens,” disregarding the consequences for the country. In addressing the issue of U.S. dominance, Pérez found it easy to redirect his frustration against foreign companies to foreign immigrants. He cautioned first against unrestricted Chinese immigration. Drawing on Guiteras’s earlier article, Pérez warned about the proclivity of Chinese

⁹² Luis Marino Pérez, “La inmigración jamaicana desde el punto de vista social, económico, sanitario,” *Reforma social, Revista mensual de cuestiones sociales, económicas, políticas, parlamentarias, estadísticas y de higiene pública* 8 (1916): 393.

⁹³ Pelayo Pérez, “El peligro amarillo y el peligro negro,” *Cuba contemporánea* 9 no. 3 (1915), pp. 255-257.

immigrants to carry diseases. He added that their isolationist and vice-ridden tendencies made them inassimilable to Cuban society.⁹⁴

Similar presumptions about the propensity of Jamaicans and Haitians to carry diseases justified Pérez' nativist rhetoric. He thought that the immigration of both groups was "inconvenient and dangerous." Both Haiti and Jamaica, he argued, had achieved a sizeable population through the "prodigious multiplication of the prolific African race." Yet for Pérez there was a clear distinction between the populations of the two countries. While the introduction of Jamaican immigrants depressed wages for Cuba, Haitians posed an even greater risk because they brought the "chronic rebellions of their native country."⁹⁵

The language of disease and criminality gave a scientific patina to nativist fears of societal disruption. Against growing demands for agricultural labor attempts to maintain immigration restrictions were largely unsuccessful. Large sugar mills built during these years in Camaguey and Oriente produced 53 percent of Cuba's total production, and required a continuing supply of imported labor until the 1930s.⁹⁶ Fueled by political unrest, foreign intervention, labor migration, and the creation of new inter-oceanic pathways, the crescendo of anti-immigration rhetoric was closely entwined with perceptions of threats within and outside of the island. In the following decade, strong calls for national regeneration and the rising tide of anti-American sentiment facilitated the infiltration of medical justifications in the attempts of the state to wield greater modernizing power. Again these calls turned to the enduring metaphor of the yellow fever campaign to champion penal and immigration reform.

⁹⁴ Pelayo Pérez, "El peligro amarillo y el peligro negro," 257.

⁹⁵ Pelayo Pérez, "El peligro amarillo y el peligro negro," *Cuba contemporánea* 9 no. 3 (1915), p. 258.

⁹⁶ Carr, "'Omnipotent and Omnipresent?'" pp. 264-269.

Scientific Modernization: Eugenic Defense and Criminal Rehabilitation

Throughout the 1920s, the notion of a race-transcendent nationality, invoked previously as the alliance of whites and blacks to advance a nationalist project, disappeared from the writings about public health. Instead policy makers insisted on hardening the racial boundaries through state projects defined in fairly discriminatory or xenophobic terms. And because earlier pressures from U.S. sugar interests had, among other things, threatened the island's "moral and national sanitation," foreign intervention increasingly came under fire.⁹⁷ Such a shift entailed a restructuring of the penal system and a dismantling of previous immigration policies. Cubans in the fields of medicine and ethnography turned immigration and criminality into debates about the physical body and the national body.

As a point of departure, the metaphor of yellow fever provided reformers with a convenient analogy to emphasize the need for systematic state intervention. One decade after the death of Carlos Finlay in 1915, the success of the yellow fever campaign was frequently invoked. The continued use of the metaphor highlighted its significance in rekindling national pride, generating confidence in science, and maintaining the boundaries of Cuban identity. Its enduring power was also indebted to the whitening ideology underpinning the efforts to eradicate yellow fever since the late nineteenth century. When the sugar crash of 1921 created growing political crises and economic depression, an increasing number of Cubans no longer felt the need to temper their discontent about political corruption inside Cuba and the increased influence of the United States. They often resorted to the racist rhetoric already endemic in medical and

⁹⁷ Carlos Trelles, "El progreso y el retroceso de la Republica de Cuba," *Revista de bimestre cubana* 18 no. 4 (1923): p. 364.

legal discourses to shore up their cries for national regeneration and opposition to the United States.

In 1924, Gerardo Machado won the presidential election by spearheading a platform that stressed government accountability and national affirmation. Months earlier, Fernando Ortiz, an initial supporter of Machado, paved the way for his reformist program. In a speech delivered at the *Sociedad Económica de Amigos del País*, he outlined a long list of problems affecting Cuba, including government mismanagement, poor education, rising delinquency, and growing foreign intervention. Ortiz believed that in order to fight “national decadence” the government first needed to recognize its role in the deterioration of Cuba’s racial vigor. “Rather than injecting into the population the blood of the more energetic and cultured people,” he denounced, “the State has fostered the public and clandestine immigration of the worst and most uncivil populations.”⁹⁸ Reminiscent of Spain’s negligence during the colonial period, over the last decade Cuba opened its doors to “clumsy Ethiopics and inassimilable Asians with their smallpox, malaria, fetishism, opium, and miseries.”⁹⁹

A similar reformist stance led the Association of Legal Medicine to make direct links between the medical and legal branches of the state. Established in 1921, the association was charged with guiding the “Judicial Power and all Physicians who perform forensic work” to effectively use medical evidence.¹⁰⁰ The association brought employees of the Forensic Department, the Laboratory of Legal Chemistry, and the Bureau of Identification together with professors of legal medicine, criminal anthropology, and

⁹⁸ Fernando Ortiz, “La decadencia cubana; conferencia de propaganda renovadora pronunciada en la Sociedad Económica de Amigos del País la noche del 23 de febrero de 1924,” *Revista bimestre cubana* 29 no. 1 (1924), p. 17.

⁹⁹ Fernando Ortiz, “La decadencia cubana,” p. 18.

¹⁰⁰ “Nuestro Saludo,” *Revista de medicina legal* 1 no. 1 (1922): 2.

psychiatry teaching at the University of Havana. These experts shared information about technologies dealing with social hygiene, criminal identification, and correctional facilities through the *Revista de Medicina Legal de Cuba*, the official journal of the association. In articles and editorials, they compiled the latest achievements in the fields of medical diagnosis, criminal law, developmental psychology, statistical analysis, and evolutionary biology to promote penal reform.¹⁰¹

In 1923, Jorge Le-Roy y Cassá, the Director of the Demographic Bureau of the Sanitation Department and member of the Association of Legal Medicine, singled out explanations of racial difference to target possible disease-carriers and criminals to shore up opposition to unrestricted immigration. He claimed that Chinese and black immigration brought to Cuba intractable problems, which taxed the island's public health and criminal system. Le-Roy y Cassá worried that this "anti-sanitary immigration" had introduced "diseases wiped out from our nosological scene" and "vices and crimes to our traditions that fall within our Penal Code."¹⁰² As a result, these groups would "put our Republic at a level of inferiority relative to civilized nations."¹⁰³ Analyzing the demographic breakdown of Cuba's population in the last decades, Le-Roy y Cassá reminded his audience about Finlay's 1878 article specifying the "suitability of the Tropics for white immigration."¹⁰⁴ After pointing to the "crimes and vices" introduced by

¹⁰¹ See, for example, "Profilaxia de la Criminalidad," *Revista de Medicina Legal de Cuba* 3 no. 3 (1924): 86-87; Manuel Barroso, "El Homicidio en Cuba," *Revista de Medicina Legal de Cuba* 4 no. 1 (1925): 3-5; Raimundo de Castro, "Necesidad de la creación entre nosotros de la Escuela de policilogía o Escuela de policía científica," *Revista de Medicina Legal de Cuba* 4 no. 1 (1925): 17-20.

¹⁰² Jorge Le-Roy y Cassá, "Inmigración Anti-Sanitaria," (Havana: Dorrbecker, 1929), p. 5.

¹⁰³ Le-Roy y Cassá, "Inmigración Anti-Sanitaria," p. 6.

¹⁰⁴ Le-Roy y Cassá, "Inmigración Anti-Sanitaria," p. 25.

immigrants, he urged Academy members to vigorously request the President to enact measures that would close Cuba's borders to these immigrants.¹⁰⁵

By 1926, the Machado administration had incorporated these measures into state initiatives. At the heart of reform proposals was the assumption that most of Cuba's problems—undesirable immigration, population management, urban delinquency, and criminal rehabilitation—had underlying causes that scientific experts could identify and resolve. As these concerns became part of broader public discussions, two initiatives provided propitious venues to mobilize an agenda of national regeneration. The proposal to reform the criminal code and the international conference of eugenics accepted science as the fundamental basis of Cuban politics. Sponsored by the Machado government, these two initiatives called for the social rehabilitation of delinquents and tougher immigration restrictions.

While Cuban criminology and eugenics rested on different assumptions about the role of heredity for solving contemporary problems like crime or achieving a racially pure nation in the future, their adherence to race betterment brought them, at least in terms of reform politics, close together. Alejandra Bronfman has pointed to the different temporal approaches of both fields during this period.¹⁰⁶ She demonstrates that Cuban criminologists stressed the racial past of individual delinquents to develop legal institutions and penal facilities. Conversely, eugenicists emphasized the racial future of the nation to discourage undesirable immigration, regulate marriages, and control reproduction. These differences determined their initiatives and the willingness of the Machado administration to embrace them. Extreme measures like marriage control and forced sterilization were rejected for their potential to alienate people of color—a

¹⁰⁵ Le-Roy y Cassá, "Inmigración Anti-Sanitaria," p. 33-34.

¹⁰⁶ Bronfman, *Measures of Equality*, p. 111.

political base Machado needed for his reelection. Proposals for reforming the criminal code and expanding correctional facilities seemed more expedient to an administration increasingly pressed to confront internal disorder and political opposition.¹⁰⁷

Nowhere did the desire for state policing and criminological knowledge intersect more directly than in the Cuban Criminal Code.¹⁰⁸ In 1926, President Machado entrusted Fernando Ortiz with chairing a legal commission charged with replacing the penal code that had been in place since the Spanish regime. Despite being modeled on Cesar Lombroso's criminological work, Ortiz's *Cuban Criminal Code Project* had a nationalistic mission. His project accepted the notion that the criminal, rather than acting freely to commit a crime, was both impelled and constrained by social and biological circumstances. For this reason, the administration of justice required a careful investigation of the personal history of the delinquent as well as the criminal scene. Ortiz believed that his "complete program of administrative and legislative reforms" would lead to a total overhaul of state institutions, turning Cuba into an "energetically reinvigorated" nation.¹⁰⁹ His "scientific crusade against crime" would require "procedural, judicial, penitentiary, police, and governmental reforms" that emphasized social rehabilitation rather than state retribution.¹¹⁰

Among the project's most important tasks was to establish a first line of "anti-delinquency defense." For this undertaking, Ortiz distinguished the "antisocial culture" of retrogrades from the "antisocial actions" of delinquents. Heredity determined the criminal potential of retrogrades, in contrast to delinquents whose deviant social acts resulted from

¹⁰⁷ Bronfman, *Measures of Equality*, p. 111-115.

¹⁰⁸ Fernando Ortiz, *Proyecto de código criminal cubano: Ponencia oficial* (Habana: Imprenta La Universal, 1926).

¹⁰⁹ Fernando Ortiz, "El Proyecto de 'Código Criminal Cubano'," *Revista bimestre cubana* 21 no. 5 (1926), p. 682.

¹¹⁰ Ortiz, "El Proyecto," pp. 683-84.

their social and economic environment. Yet Ortiz subscribed to the theory that even among retrogrades there were very few “unredeemable” cases, especially if the state provided them with appropriate disciplinary attention and educational resources.¹¹¹ Successful rehabilitation therefore necessitated the correct assessment of delinquent’s responsibility, considering the offender’s personal history, criminal intent, aggravating consequences, and qualitative conditions. Only after an individualized analysis of these factors could the state prescribe sanctions.¹¹²

In prefacing his criminal code, Ortiz employed an analogy to yellow fever eradication to demonstrate how a disregarded theory eventually led to national progress. During the Spanish regime, Ortiz argued, skeptics ignored Finlay’s theory. All this changed when the U.S. military government vigorously tackled the public health problem. Ortiz regarded those who discredited Finlay’s efforts as “colonial in soul and traitors against the renovating spirit of the national revolution.” Ultimately, however, Cuban “science had a new glory because a strong government believed in it.”¹¹³ Ortiz noted that new Machado government faced a similar challenge. Yet, in addition to a state bold enough to implement new scientific projects, the contest for criminal rehabilitation required a complete overhaul of the existing legal system.¹¹⁴

Israel Castellanos, the ongoing director of the National Bureau of Identification, wholeheartedly agreed. In an effort to complement Ortiz’s code, Castellanos proposed reforming the law enforcement and penal components of the justice system. He believed that law enforcement agencies were outdated, and that the police should reorient their

¹¹¹ Ortiz, “El Proyecto,” p. 690.

¹¹² Ortiz, “El Proyecto,” p. 692-94.

¹¹³ Ortiz, “El Proyecto,” p. 685.

¹¹⁴ Ortiz, “El Proyecto,” p. 686.

work to follow “scientific methods in police investigation and judicial examination.”¹¹⁵ His penal reform, however, required full institutional revamping. As a practical solution, he suggested adding a Laboratory of Penitentiary Anthropology to the recently inaugurated Model Prison at the Isle of Pines. Through a host of medical, anthropological, and psychological exams, the criminal-anthropologist would individualize a prescription for criminal rehabilitation. The penitentiary chief, in addition to managing the correction facility, would then diagnose and prescribe treatment to inmates.¹¹⁶ In other words, the criminal-anthropologist would work like “physician in a hospital.”¹¹⁷

By the end of the decade, however, the careers of Ortiz and Castellanos followed different paths. Over the next few years, Ortiz became publicly critical of Machado and of the field of criminology. Soon after a voluntary exile to the United States in 1930, he joined a group advocating Machado’s resignation. Castellanos found in law enforcement and criminology a steady career in the government, keeping alive the field initiated previously by Ortiz. In 1928, he was appointed as the director of the Laboratory of Penitentiary at the Isle of Pines.¹¹⁸

Besides criminology, the field of eugenics also benefited from President Machado’s aspiration to modernize the state. On December 1927, the Machado administration sponsored the “First Pan American Conference of Eugenics and Homiculture,” the largest and most important eugenic event held in Cuba.¹¹⁹ As a high

¹¹⁵ Israel Castellanos, “La Policia Cientifica,” *Revista bimestre cubana* 31 no. 1 (1926): 59.

¹¹⁶ Israel Castellanos, *Un plan para reformar el regimen penal cubano* (Havana: Imp. y Papelería la Universal, 1927): 14, 15.

¹¹⁷ Castellanos, *Un plan para reformar*, p. 16.

¹¹⁸ Bronfman, *Measures of Equality*, p. 127-128.

¹¹⁹ The previous activities promoted by Cuban eugenicist seemed to have been less more limited in scope. From 1915-1933, the Department of Homiculture held a better-baby contest, the members of the Homiculture League gave occasional papers, and a proposed Palace of

profile international event, the conference attracted eugenicists from sixteen Latin American countries as well as Charles B. Davenport, the most prominent Mendelian eugenicist in the United States. Since the early 1920s, eugenics in Cuba was informed primarily by hereditarianism, following Mendelian postulates of genetic transmission of recessive and dominant traits from one generation to the next.¹²⁰ Mendelian or negative eugenics envisioned race betterment through the eradication or sterilization of the genetically unfit. In 1921, Domingo F. Ramos, the chair of the conference's steering committee, attended the Second International Congress of Eugenics in New York, where he met and began his friendship with Davenport.¹²¹ Not surprisingly, Ramos worked hard to ensure that the race betterment was a prominent theme of the conference, with the hope of influencing existing immigration reform policies of Cuba.¹²² Davenport's presentations, for example, tied eugenics principally to concerns about immigration but also about inter-racial marriage.¹²³

Historians of Cuban eugenics have noted that the delegates from other Latin American countries—specifically from Mexico and Peru—opposed measures that

Homiculture never materialized. On the failed attempts to construct the Palace of Homiculture, see García González and Raquel Alvarez Peláez, *En busca de la raza perfecta*, pp. 121-132.

¹²⁰ See Nancy Stepan, *"The Hour of Eugenics": Race, Gender, and Nation in Latin America* (Cornell University Press, 1991), chap. 5; García González and Raquel Alvarez Peláez, *En busca de la raza perfecta*, chaps. 4-5; Bronfman, *Measures of Equality*, pp. 120-24

¹²¹ On July 1, 1926, President Machado nominated the Organizing Committee by presidential decree. See Cuba, *Transactions of the First Pan American Conference on Eugenics and Homiculture* (Cuba: Cuban Government, 1928), p. 215.

¹²² The agenda approved by the Organizing Committee—all Cuban physicians—was divided in three themes. The first theme linked eugenics to immigration and reproduction; the second discussed homiculture, bettering individuals, classifying the sick, and improving the military; and the third focused on the application of homiculture and eugenics to sanitation. See Cuba, *Transactions of the First Pan American Conference on Eugenics and Homiculture* (Cuba: Cuban Government, 1928), p. 185; García González and Raquel Alvarez Peláez, *En busca de la raza perfecta*, pp. 178-181, 193-200.

¹²³ Cuba, *Transactions of the First Pan American Conference*, pp. 229-233, 280-289.

defined racial betterment strictly in terms of preventing the reproduction of the “unfit”.¹²⁴ These scholars have also argued that the Machado administration, which depended on the support of Cubans of color to maintain power, was reluctant to carry out any of the most extreme measures such as the imposition of marriage certificates and eugenic sterilization.¹²⁵ Less known, however, is how public health and eugenics developed in Cuba in relation to each other. Even the most prominent Cuban eugenicists drew on the language of sanitation and whitening so prevalent since the turn of the century. In fact, these eugenicists believed that the field stemmed from the sanitation era initiated by the celebrated Carlos Finlay. A brief examination of the participation of some Cuban delegates will bring the connection between yellow fever and eugenics into greater relief.

The morning before the conference started, President Machado greeted all delegates in his office as a gesture of his administration’s commitment to scientific reform.¹²⁶ That night, in the main hall of the Academy of Science, Dr. Rafael Martínez Ortiz, Cuba’s Secretary of State, presided over the opening ceremony. In his welcoming remarks, Martínez Ortiz stressed how American countries should concentrate their efforts on the “betterment of man” by screening out “migratory currents”:

...we look with indifferent neglect, at the entry in our societies, of individuals or of races not capable of amalgamating or fusing with ours, or having hereditary pathological defects or propensities, or lacking in sociable qualities fundamental for the Country.¹²⁷

¹²⁴ Stepan, *The Hour of Eugenics*, chapter 5; García González and Raquel Alvarez Peláez, *En busca de la raza perfecta*.

¹²⁵ García González and Raquel Alvarez Peláez, *En busca de la raza perfecta*, chapter 6; Bronsfañ, *Measures of Equality*, p. 123. Two years after the conference, the Cuban legislature passed a bill requiring marriage certificates, but it lacked any implementation mechanisms. The sterilization provisions faded before they even reach the legislature.

¹²⁶ Cuba, *Transactions of the First Pan American Conference*, p. 215

¹²⁷ Cuba, *Transactions of the First Pan American Conference*, p. 206.

Grafting immigration anxieties onto hereditary degeneracy, Martínez Ortiz saturated his remarks with concerns about national disintegration. If these “migratory currents” were left unregulated, they could lead to national collapse. As a proponent of negative eugenics, Martínez Ortiz called for marriage restrictions. While he granted that an individual of an “inferior race” could be uplifted by contact with the “superior race,” the offspring of racial “crossing” would inevitably be physically, morally, and socially “inferior.” For these reasons, he continued, modern nations needed a new kind of statesmanship. “True patriotism” consisted of leaders willing to implement measures that assured the “survival and growth of the most capable elements.”¹²⁸

Just as Ortiz had prefaced his criminal code by invoking the figure of Carlos Finlay, so did Domingo Ramos to advocate for eugenic policies. He told his supportive audience that, soon after Cuba achieved its independence, a “national contest was started for the betterment of sanitation with the practice of the brilliant ideas of an American physician born in this Island, Dr. Carlos Finlay.”¹²⁹ He followed by dividing the history of the New World in three stages: conquest and colonization; freedom and independence; and the betterment of man. To clarify his point, Ramos stated that the third stage was further divided into the betterment of sanitation and the betterment of man. Advances in tropical medicine and microbiology introduced had helped achieved the sanitation of the environment, but the present “hour” required tackling the problem of the betterment of man.¹³⁰ Ramos turned his attention away from separation of sanitation and eugenics, and instead emphasized how the later branched out of the first. Ultimately, he insisted that both fields complemented each other. In an era of increased exchange of goods and

¹²⁸ Cuba, *Transactions of the First Pan American Conference*, p. 207

¹²⁹ Cuba, *Transactions of the First Pan American Conference*, p. 217

¹³⁰ Cuba, *Transactions of the First Pan American Conference*, p. 225.

people, “the national and international departments of sanitation” should be “completed with similar Eugenic and Homiculture organizations.”¹³¹

Perhaps less evident but more pervasive were the ways scientific imagery could be retrieved in moments of crisis. Subtle allusions to public health, criminology, and eugenics appeared in the writings of one of the most prominent folklorist and historian of Havana. A fervent critic of American intervention, Emilio Roig de Leuchsenring published an article in 1927 in which he asked to what extent was Cuba “Africanizing.” While he rejected explicit expressions of racism against black Cubans, he presented whites as the most vigorous, the most prosperous, and the most civilized. Facing the imminent depression, Roig de Leuchsenring wanted to extricate Cuba from both the exploitative and the exploited foreigner.¹³²

Roig de Leuchsenring highlighted the problem of the exploited foreigner in Cuba by making the Africanization of Cuba the primary form of political instability. His definition of “Africanization” included all “undesirable migration, not because it was African, but because it was less civilized, more feeble, and more easily exploitable by foreign capital.” For these reasons, he included “Chinese immigrants” as part of the Africanization of Cuba.¹³³ Blackness, as a marker of foreignness, inferiority, and exploitation, was transferred from one immigrant group to another. The blackening of Chinese immigrants also reflected that in the assessment of racial difference, blacks remained the group at the bottom the hierarchy against which all other “undesirables” were measured. For these same reasons, Roig de Leuchsenring denounced the United

¹³¹ Cuba, *Transactions of the First Pan American Conference*, p. 226.

¹³² Emilio Roig de Leuchsenring, “¿Se está Cuba africanizando?,” *Careteles* 10 no. 48 (1927): 18 and 27.

¹³³ Emilio Roig de Leuchsenring, “¿Se está Cuba africanizando?,” *Careteles* 10 no. 48 (1927), 18.

States as an exploitative power. He blasted the “economic dominance of yanqui capitalism” which imported Chinese, Haitians, and Jamaicans without considering that these immigrants prevented Cuba’s “sanitary and cultural betterment.”¹³⁴

In the context of the Depression, anxieties about the outward migration of Spanish immigrants helped shaped Roig de Leuchsenring’s objection against foreign immigrants and capital. Since black and Chinese immigrants were thought to increase economic strains on the national labor market, they pushed respectable whites to look for opportunities outside Cuba. Roig de Leuchsenring became deeply concern about this trend when he saw a group of “anxious immigrants” staging a disturbance in front of the Spanish consulate. He was bewildered by the scene of Spanish immigrants storming the consulate in their desire to escape Cuba. Echoing previous whitening advocates, Roig de Leuchsenring argued that any immigration restrictions needed to be complemented with the expulsion of foreign capitalists.¹³⁵

Roig de Leuchsenring’s racial logic stemmed from multiple available national discourses. There was no paradox in calling for restricting immigration on racial and economic grounds and valorizing the contributions of people of African-descent to Cuban culture. For a staunch nationalist, medicalized and racialized allusions served to warn about the risk of U.S. influence and folklore reconstructed a sense of an “authentic” national past. When Roig de Leuchsenring—who like Ortiz was a founding a member of the Society of Cuban Folklore—classified and described African objects and practices of a by-gone era, he did not question ideas of Cubaness in any way. On the contrary, in celebrating a shared past and identifying a foundational myth, he complemented the goal

¹³⁴ Roig de Leuchsenring, “¿Se está Cuba africanizando?” p. 27.

¹³⁵ Emilio Roig de Leuchsenring, “El problema, gravísimo para Cuba, de la inmigraciones indeseables,” *Careteles* 10 no. 48 (1927): 14 and 27.

of national cohesion at the expense of internal difference. In Roig de Leuchsenring's writings, the physical exclusion and representational inclusion of blackness complemented each other, anticipating the immigration restrictions and the nationalization of blackness of the 1930s.¹³⁶

As the economy worsened and political opposition rose, Machado remained in office for a second term through a constitutional reform that secured his reelection in 1928, but that many intellectuals rightfully deemed illegal.¹³⁷ The extended economic depression and Machado's own political machinations eventually led to his ousting. In 1933, a coalition of student organizations, labor unions, leftist intellectuals, and military officials, toppled the Machado regime. At the same time, the underlying ideology of public health, criminology, and eugenics took more virulent nationalist forms. As Marc McLeod has demonstrated, the fifty-percent law, which required that at least 50 percent of the workforce be native Cubans, targeted specifically Haitians and to a lesser degree Jamaicans. Between November 1933 and July 1934 alone, the Cuban government selectively deported over 8,000 Haitians, and in 1937 nearly 25,000.¹³⁸ From his offices at the National Bureau of Identification and the Laboratory of Penitentiary Anthropology, Castellanos continued to measure Cuban bodies, gathering evidence about the racial proclivities for crime. Once again, nativists and criminologists found in longstanding scientific discourses a powerful excuse to harden their racial attitudes.

¹³⁶ Robin Moore, *The Nationalization of Blackness: Afro-Cubanismo and the Artistic Revolution in Havana, 1920-1940* (Pittsburg: University of Pittsburg Press, 1999).

¹³⁷ Pérez, *Cuba: Between Reform and Revolution*, p. 252.

¹³⁸ Marc McLeod, "Undesirable Aliens: Race, Ethnicity, and Nationalism in the Comparison of Haitian and British West Indian Immigrant Workers in Cuba, 1912-1939," *Journal of Social History* 31 no. 3 (1998): pp. 599-623.

Conclusion

In the late nineteenth century, Cuban physicians used concerns about yellow fever to promote European immigration. Claiming the need to introduce “useful” immigration, physicians Carlos Finlay and Juan Guiteras established close collaboration with U.S. military physicians interested in protecting their southern ports from yellow fever. Although efforts to privilege whiteness implicitly contradicted a raceless conception of nationality forged during wars of independence, physicians nonetheless had to acknowledge it in framing their sanitary anxieties. These physicians emphasized black and white anticolonial resistance as examples of national unity, but argued that white immigration would help Cuba to take its rightful place among modern nations. When the last war of independence ended in U.S. occupation, Cuban and U.S. doctors—convinced that the eradication of yellow fever was essential for securing commerce and ensuring the racial progress of the island—embarked on an ambitious sanitation campaign that resulted in the confirmation of Finlay’s mosquito theory in 1900 and the eradication of yellow fever in 1901.

Perhaps most significant, these public health achievements became a source of pride in Cuban science and proof of Cuban capacity for self-government. At the same time, the United States conditioned Cuban sovereignty on the basis of the ability of public health institutions to keep epidemic outbreaks at bay. To U.S. officials, for example, an outbreak of yellow fever was both cause and justification for intervention. These restrictions inadvertently increased the symbolic significance of Finlay and the yellow fever campaign by highlighting its whitening, reformist, and nationalist component.

During the first decades of the twentieth century, medical professional and political activists invoked the success of the yellow fever campaign as a model for new criminal and immigration reforms. Since Finlay’s mosquito theory was hailed as a

symbol of Cuban science, the association of immigration, criminal, and eugenic policies with the yellow fever campaign provided grounds to establish their scientific legitimacy and national importance. At the same time, public health shared with the emerging fields of criminology and eugenics a concern with racial gatekeeping. As a result, physicians like Juan Guiteras and Jorge Le-Roy y Cassá, criminologist like Fernando Ortiz and Israel Castellanos, and eugenicists like Domingo Ramos and Rafael Martínez Ortiz used the yellow fever campaign to preface many of their speeches and proposals. Their work also suggests that there was considerable seepage and overlap between these disciplines and they shared the common goal of guarding racial boundaries.

The repeated deployment of the campaign against yellow fever in different scientific fields over a long period of time, however, does not mean that ideologies like whitening and a race-transcendent nationality were static or fixed. On the contrary, the growing status of public health and other sciences provided new tools with which to redefine shifting threats associated with groups that gained visibility at different times—specifically citizens of African and Chinese descent as well as Haitian, Jamaican, and Chinese immigrants. Since these scientific debates were intimately tied to political participation, economic development, and questions of sovereignty, they serve to underscore the multiple understandings of race, and not simply the reproduction of racism.

Cuban reformers used science to draw distinctions between a healthy, upstanding, unified citizenry and a diseased, criminal, divided one, but there was a great deal of fluidity in the use of racialized labels to promote exclusionary policies. This becomes especially clear in the ways that scientific discourses worked in tandem with or in opposition to demands of the labor market or the state. For example, during the 1900s public health knowledge complemented the underlying ideas of state-sponsored white immigration. By the 1910s and 1920s, the heavy handed pressures of large sugar

corporations to introduce non-white immigrants bolstered nativist arguments that conflated different scientific fields and anti-American sentiments. Although medical and criminal labels never became the specific reason for denying entry to particular immigrant groups, their use inspired more durable metaphors for describing the potential risks of open migration to the physical, economic, and social health of the nation. In the case of Cuba, the resilience of the Finlay as a national hero and of the yellow fever campaign as a model for national progress helped ensure the passage of exclusionary laws long after the disease was first eradicated.

In the early twentieth century, as many Cubans prided themselves on having completed the first successful campaign against yellow fever in the world, Puerto Ricans also witnessed the development of a pioneering public health campaign introduced by the United States. In the Puerto Rican case, however, the disease was not contained in port cities as it was the case in Cuba, but was spread throughout the highland towns of the island. In those remote towns, the campaign against hookworm provided perhaps the best opportunity for improving the health of agricultural laborers living in the region.

CHAPTER TWO APPENDIX:

Letter from the President of the Cuban Academy of Sciences to the President of the Republic

Habana, 17 de diciembre de 1923

Honorable Sr. Presidente de la República.

Esta Academia, atenta siempre al bienestar y prosperidad de la República, y velando por los sagrados intereses del país, ha estudiado en más de una ocasión los problemas relacionados con la salud del pueblo, y actualmente al ocuparse de los peligros que para la misma entraña la entrada de elementos peligrosos, por ser portadores de enfermedades infecciosas y transmisibles, y de difícil vigilancia por su género de vida dentro del territorio de nuestra patria, así como por ser de costumbres viciosas criminales que afectan directamente al orden social, discutió ampliamente en su sesión pública ordinaria del viernes 14 del actual el problema inmigratorio de elementos no deseables, y acordó: llamar de nuevo atentamente la atención de los Poderes Públicos acerca de los peligros que para la salud del pueblo cubano y tanto en el orden sanitario como en el social entraña la inmigración de elementos no deseables y formula otra vez sus advertencias hacia la responsabilidad que contraen ante la nación todos aquellos que con el pretexto de favorecer los trabajos agrícolas y la industria azucarera, autorizan y fomentan la entrada de extranjeros portadores de enfermedades transmisibles y vectores de costumbres viciosas y criminales.

Queda de usted con Hon. Sr. Presidente, con la más distinguida consideración,

José A. Presno
Presidente

Source: Jorge Le-Roy y Cassá, *Inmigración Anti-Sanitaria* (Havana: Dorbecker, 1929), pp. 33-34.

CHAPTER THREE

THE WHIRLWINDS OF HEALTH: HOOKWORM ERADICATION AND THE SCHOOL OF TROPICAL MEDICINE IN PUERTO RICO

El café se va a perder
no queriendo el extranjero;
entonces, ¿con qué dinero
nos vamos a sostener?
Después de esta invasión
vendrán los días peores;
tendremos que ir desfilando.
¿Adónde diablos los pobres
tendremos que dir rodando?

El americano dijo
que venía por salvarnos;
pero asina me parece
que lo que dijo fué en vano.
Aunque manda coloradas
y galletas pa el ciclón
se quedan con lo mejor
los que el mantengo reparten,
y asina para otra parte
tendremos que dir rodando.¹

The coffee will spoil
if the foreigners don't want it;
so with what money
will we support ourselves?
After this invasion
the worst days will come;
we'll have to run off.
Where the hell
will we poor folk have to go?

The American said
that he came to save us;
but it seems to me
that what he said was for nothing.
Although he sends red beans
and crackers for the cyclone,
relief workers
keep the best part,
and that's why
we have to go.

The opening verses of this peasant *canción* reveal the profound social, political, and economic transformations in Puerto Rico during the “imperial transition” of 1898.²

¹ Anonymous, “La invasión Yanqui,” in María Cadilla, *La poesía popular en Puerto Rico* (San Juan: Sociedad Histórica de Puerto Rico, 1999), p. 322.

² On the impact of metropolitan change in Puerto Rico, see Francisco Scarano, “Liberal Pacts and Hierarchies of Rule: Approaching the Imperial Transition in Cuba and Puerto Rico,” *Hispanic American Historical Review* 78 no. 4 (Nov 1998): 583-602; Astrid Cubano Iguina, “Political Culture and Male Mass-Party Formation in Late-Nineteenth-Century Puerto Rico,” *Hispanic American Historical Review* 78 no. 4 (Nov 1998): 631-662; *Los arcos de la memoria: el '98 de los pueblos puertorriqueños*, eds. Silvia Álvarez Curbelo, Mary Frances Gallart, Carmen Raffucci (San Juan: Postdata, 1998); Fernando Picó, 1898: *La guerra después de la guerra* (Río Piedras:

After the close of the Spanish-Cuban-American War, the living conditions of the most vulnerable sectors of Puerto Rican society worsened. In August 1899, while the U.S. military government was in control, a terrible hurricane devastated parts of the island.³ The narrator of the *canCIÓN* talks about the deep sense of despair left by hurricane San Ciriaco. Distraught by the destruction of the coffee highlands, the song conveys the generalized condition of scarcity, starvation, and destitution among the poorer population of the region.⁴ In protest, the angered speaker denounced the inability of the United States to provide food relief (*mantengo*) and basic shelter. At the end of the first stanza the narrator asks: “Where the hell will we poor folk go?” In asking this question, the poetic voice—or rather, the polyphony of voices registered in the communal authorship of this composition—perceived U.S. intervention and San Ciriaco as two equivalent and simultaneous catastrophes.

In the southern town of Ponce, however, a few lucky Puerto Ricans found food and shelter. Bailey K. Ashford, Assistant Surgeon of the United States Army, was in charge of a provisional field hospital to aid in caring for the “sick poor drifting down on

Ediciones Huracán, 1987). For a comparative perspective in Cuba and Puerto Rico, see the special issue of the *Hispanic American Historical Review* 78 no. 4 (Nov 1998); Lilian Guerra, *Popular Expression and National Identity in Puerto Rico: The Struggle for Self, Community, and Nation* (Florida: University Press of Florida, 1998).

³ On the impact of San Ciriaco, see Stuart Schwartz, “The Hurricane of San Ciriaco: Disaster, Politics, and Society in Puerto Rico, 1899-1901,” *Hispanic American Historical Review* 72 no. 3 (August 1992): 303-345.

⁴ Most of the scholarship on the coffee region in the last quarter century emphasizes economic and social history. My analysis builds upon this history to examine how rural dwellers, physicians, and colonial authorities took part and made sense of the transformations brought about by a new public health campaign. See Guillermo Baralt, *Buena Vista: Life and Work on a Puerto Rican hacienda, 1833-1904*, trans. Andrew Hurley (Chapel Hill: The University of North Carolina Press, 1999); Luis Díaz Hernández, *Castañer, una hacienda cafetalera en Puerto Rico, 1868-1930* (Río Piedras: Editorial Edil, 1983); Laird Bergad, *Coffee and the Growth of Agrarian Capitalism in Nineteenth-Century Puerto Rico* (Princeton: Princeton University Press, 1983); Carlos Buitrago Ortiz, *Haciendas cafetaleras y clases terratenientes en el Puerto Rico decimonónico* (Río Piedras: Editorial de la Universidad de Puerto Rico, 1982).

Ponce.”⁵ He fed the people said to be starving, but they did not improve as he expected. Abundant food failed to reduce the high incidence of anemia. The family histories and the symptoms of the patients did not match the claims made by local physicians that these patients were suffering from malaria, diarrhea or any obscure fever. After reviewing a copy of Patrick Manson’s *Tropical Diseases*, Ashford examined the feces of the patients, found eggs present, and established that an intestinal worm was the cause of the disease.⁶ He concluded that hookworm (at the moment identified as *Ankylostoma duodenale*) was the cause not only of the condition of these patients but also for the great number of anemics found throughout Puerto Rico and other countries of the tropical zones.⁷ Thirty five year later, Ashford described the moment when on a “stewing hot afternoon” he made the groundbreaking discovery:

He looked at the expressionless face of his *jíbaro* and fairly beamed. Here was the prototype of anemic millions all over the Caribbean, all over the tropical belt that girdles the portly belly of Mother Earth. That *jíbaro* was becoming positively beautiful to the young doctor. He would take him to town, and get the local photographer to immortalize him.⁸

This dramatic scene from *A Soldier in Science*, Ashford’s autobiographical account, described that moment of recognition as the beginning of a lifetime commitment to hookworm eradication and the institutionalization of tropical medicine in Puerto Rico.

⁵ Ashford, “Report to Surgeon General,” December 22, 1899, Otis Historical Archive, Armed Forces Medical Museum, Record Group 2.3, box. 10

⁶ When British physician Patrick Manson (1844-1922) published the first manual of tropical diseases in 1898, he recognized that the term tropical disease defined ailments associated but not exclusively confined to the tropical latitudes. Still, he inaugurated a new area of specialty that powerfully bounded the geographical imagination with specific medical ailments. See David Arnold, ed., *Warm Climates and Western Medicine: The Emergence of Tropical Medicine* (Atlanta: Rodopi, 1996).

⁷ For the dispute between Ashford and Dr. Charles Wardell Stiles over the nomenclature of the new species of hookworm, see John Ettling, *The Germ of Laziness: Rockefeller Philanthropy and Public Health in the New South* (Cambridge: Harvard University Press, 1981).

⁸ Ashford, *A Soldier*, pp. 3, 5.

The person referred to in the objective third person was, needless to say, Ashford himself, a “soldier in science” who against all disbelief initiated a campaign to eradicate the disease suffered by hundreds of thousands of Puerto Rican peasants.⁹

The anti-American sentiment of the *canCIÓN* and Ashford’s triumphalist remarks provide two different contexts in which the campaign against hookworm disease (also called urcinariasis) developed. The contrast, however, offers an entry point for examining how people in Puerto Rico lived and how they might have interpreted the campaign in the highlands. In the following years, peasants of the region found something valuable and meaningful in the new public technologies introduced in their towns. All observers—then and now—agree that the hookworm campaign served to fundamentally redefine the jíbaro from 1900s to the 1930s as an icon of Puerto Rican identity.¹⁰ Less known is the role coffee of workers and town physicians played in extending the public health initiative or how the campaign became the basis for the institutional organization of tropical medicine in Puerto Rico.

Like the preceding chapter, the pages that follow reconstruct the emergence and some of the consequences of a public health campaign built around the imperial presence of the United States. However, the hookworm and the yellow fever campaign differed in that hookworm disease was concentrated in the mountainous highlands and that its control efforts were directed at patients. After a hookworm eradication program was

⁹ I include under the broad term “peasant” the diverse inhabitants of Puerto Rico’s mountainous coffee region. This operational definition is necessarily an abstraction, and it is not meant to override distinctions, sometimes subtle yet often substantial, within the rural society of this period. For a critical assessment of distinctions among peasants from a comparative framework, see Frederick Cooper, Allen Isaacman, Florencia Mallon, William Roseberry, and Steve Stern *Confronting Historical Paradigms: Peasants, Labor, and the Capitalist World System in Africa and Latin America* (Madison: University of Wisconsin Press, 1993). See also Sidney Mintz, “A note on the definition of Peasantries,” *Journal of Peasant Studies* 1 (1973): 91-106.

¹⁰ Francisco Scarano, “Desear el jíbaro: metáforas de la identidad puertorriqueña en la transición imperial,” *Illes I Imperis* 2 (1999): 65-74; Lilian Guerra, *Popular Expression and National Identity in Puerto Rico*.

incorporated into the Department of Health in the 1910s, physicians in charge of the pioneering campaign mobilized to create a research center for the study of tropical medicine. The center that began as the Institute of Tropical Medicine in 1913 evolved into the School of Tropical Medicine of Puerto Rico under the auspices of Columbia University in 1926.

The connection between hookworm eradication and the School of Tropical Medicine illustrates the underlying tensions created by U.S. colonial politics in early twentieth-century Puerto Rico. Previous scholars who have examined the hookworm campaign have focused on the imperialist discourses that justified Ashford's campaign. Their studies have concentrated on three issues: the unidirectional imposition of an imperial public health project; the role of the campaign in regulating the behavior of the peasantry; and the medical construction the jíbaro as a trope of the national imaginary.¹¹ Yet it is also important to examine the ways peasants pursued treatment and the local circumstances that propelled the hookworm campaign.¹² Even for Ashford, these social and political arrangements were critical for extending the campaign throughout the central highlands.

¹¹ See José Quiroga, "Narrating the Tropical Pharmacy," in Frances Negrón-Muntaner and Ramón Grosfoguel eds., *Puerto Rican Jam: Essays on Culture and Politics* (Minneapolis: University of Minnesota Press, 1997), pp. 116-126; Fernando Feliú, "Rendering the Invisible Visible and the Visible Invisible: The Colonizing Function of Bailey K. Ashford's Antianemia Campaigns," in Benigno Trigo ed., *Foucault and Latin America: Appropriations and Deployment of Discursive Analysis* (New York: Routledge, 2002); Benigno Trigo, "Anemia and Vampires: Figures to Govern the Colony, Puerto Rico (1880-1903)," *Comparative Studies in Society and History*, 41 no. 1 (January 1999): pp. 104-123; Francisco Scarano, "Desear el jíbaro: metáforas de la identidad puertorriqueña en la transición imperial," *Illes I Imperis* 2 (1999): pp. 65-74; Leonard Reyes, "El impacto de la campaña contra la Uncinariasis y la política de salud pública norteamericana en Puerto Rico, 1898-1918," MA thesis, University of Puerto Rico, 1991; Pedro Caiba, "Caca Boricua," July 24-30 1998, *Claridad*, p. 24.

¹² For studies that look at the particular social context in other regions, see Peard, *Race, Place, and Medicine*; Steven Palmer, *From Popular Medicine to Medical Populism: Doctors, Healers, and Public Power in Costa Rica, 1800-1940* (Durham: Duke University Press, 2003), chapter 7.

The link between the hookworm campaign and the School of Tropical Medicine has remained virtually unnoticed by scholars.¹³ The opening of the School of Tropical Medicine of Puerto Rico would not have been possible without a preexisting center initiated thirteen years earlier by Puerto Rican and U.S. physicians associated with the hookworm eradication campaign. The politics of establishing a medical school in Puerto Rico involved the continual, acrimonious, and now forgotten attempts of Puerto Ricans to demonstrate public health expertise before Columbia University administrators.

This chapter explores the organization and impact of the first large-scale campaign against hookworm in Puerto Rico. After describing the spread of the disease in the highlands and intellectual debates about the peasantry in the late nineteenth century, the chapter turns to the specific establishment of the campaign in the early twentieth century. By analyzing the struggles over the formation of the School of Tropical Medicine, the chapter then examines the ways the politics of academic recognition undermined the political and administrative authority of Puerto Rican medical professionals.

Disease Environments in the Coffee Zone

The increased cultivation of coffee in the central mountain range—or *Cordillera Central*—during the second half of the nineteenth century generated favorable conditions for hookworm infestation. By the late 1870s, coffee grown in the highlands became the island’s principal agricultural export—surpassing for the first time the preeminence of sugar in coastal zones. During the period, the highlands changed from a zone of loosely organized settlements and subsistence agriculture into a region dominated by large coffee

¹³ Two notable exceptions are José Rigau, “Bailey K. Ashford, más allá de sus memorias” *Puerto Rico Health Sciences Journal* 19 no. 1 (2000): 51-55 ; Annette Martínez de Arellano, “A ‘Class A’ Institution: The Struggle for the University of Puerto Rico School of Tropical Medicine,” *Puerto Rico Health Science Journal*, 8 no. 2 (1989): 265-270.

plantations with a more rigid social hierarchy. Demographic changes also emerged at the heels of coffee prosperity. For the first time the coffee highlands became the most densely populated area of the island. By the 1890s, coffee exports nearly tripled and accounted for more than 75 percent of the value of Puerto Rico's gross export.¹⁴ When the U.S. invaded the island in 1898, 63 percent of Puerto Rico's 953,243 inhabitants were peasants living in the highlands.¹⁵

While coffee planters enjoyed a booming economy, the different laboring sectors of the region did not fare well. The growth of large coffee estates resulted in the progressive impoverishment of the small landholders and an increase in the number of landless families—renter and *agregados* (service tenants).¹⁶ Impoverished land-holders and the landless population were forced to join a growing wage labor force. While at the zenith of the coffee boom landless workers delayed signing their contracts to obtain better wages, their work was limited to seasonal labor. After the U.S. occupation of 1898, the looting of coffee estates and merchant property in the highlands was directly related to the growing economic disparity between the deprived peasantry and the planter and merchant class.¹⁷

Generalized misery and the cyclical nature of work profoundly affected the distribution of hookworm disease in the region. The intense work of coffee picking usually began and ended during the period of annual rains. Between the months of June and November, widespread seasonal migration to the highlands was a fundamental feature of the coffee region. Migrant families moved from town to town, picking coffee

¹⁴ Bergad, *Coffee*, chapter 4.

¹⁵ Irene Fernández Aponte, *El cambio de soberanía en Puerto Rico: Otro '98* (Madrid: Editorial Mapre, 1992).

¹⁶ Bergad, *Coffee*, chapter 4.

¹⁷ Picó, *1898*.

as it matured in different localities. Beginning after dawn and working to near dark, workers frequently harvested coffee under pouring rain.

The hookworm larvae, like the coffee variety grown in the region (*Coffea arabica*), thrived on a great deal of rain, humidity, and protection from direct sun. Transmission often occurred when barefoot persons were exposed to infected human feces that mixed with the soil since most plantations lacked facilities such as latrines. It was under the shade of trees such as *guamá*, *moca*, *capá prieto*, and the *búcare* that the laboring men, women, and children would pick the matured bean, and their bare feet would come in contact with the worm-infested soil. As the day passed, the worker might experience an itching sensation between the soft skin of his toes, where the larvae would burrow under the skin. By the next day, an unbearable dermatitis (commonly known as *mazamorra*) might develop. The simple harboring of the worms, however, did not immediately provoked the disease's symptom. Clinically, the symptoms were directly proportional to the intensity of the infection. In normal adults, while a moderate infection might cause pallor, nausea, and weakness due to anemia, a severe infection could entail a series of digestive and nervous disorders that could lead to death. In children, moderate to severe infections could cause impaired mental and physical development.

Two leading doctors of the eradication campaign did not miss the relationship between hookworm disease and coffee labor:

Urcinariasis has its great breeding place in the coffee plantations of Puerto Rico, and here barefooted people pollute the soil and are infected and reinfected by it until the life of every man, woman, and child is punctuated by vast numbers of reinfections, casual yet common in the nine months of ordinary work, certain and continuous during the coffee harvest when no worker escapes who is without shoes.¹⁸

¹⁸ Bailey K. Ashford and Pedro Gutiérrez Igaravidez, *Urcinariasis in Puerto Rico: A Medical and Economic Problem* (Washington: Government Printing Press, 1911).

The growth of labor demand in Puerto Rico's coffee producing highlands was accompanied by the rising infestation rates among local laborers as well as seasonal migrants who came from the coast during the harvest months.

Reforming the Peasant

In the late nineteenth century, the rise of the coffee economy coincided with an important transformation in Puerto Rico's political and cultural landscape. A small group of liberal thinkers emerged as an intellectual and political vanguard, writing adaptations of current medical theories. Their work contributed substantially to placing the figure of the highland peasant at the center of nationalist images. Their voices emerged more forcefully when the strong censorship imposed by the Spanish metropole was lifted during the second half of the century.¹⁹ During this period, Puerto Rican intellectuals undertook a fundamental evaluation of Puerto Rico's past and present to claim more autonomy from Spain in matters of local governance. While dependence on Spanish markets determined the limits of their nationalist sentiments, Puerto Rican liberals nonetheless used socio-medical discourses to construct a reformist political project that affirmed a distinctive sense of Puerto Rican identity.

Historian Francisco Scarano has noted that these nineteenth-century liberals "write about the *jíbaro* to define themselves, to draw the boundaries of their ethnicity, creating the base of their political project."²⁰ Responding to the opening of the democratic processes on the island, their reform project also envisioned incorporating this mass of people into a new citizenry that would form part of a broad political base.²¹ One of the most prominent of these writers was physician Manuel Zeno Gandía whose novel

¹⁹ Otto Olivera, *La literatura en periódicos y revistas de Puerto Rico, siglo XIX* (Río Piedras: Editorial de la Universidad de Puerto Rico, 1987).

²⁰ Francisco Scarano, "Desear el jíbaro," p. 69.

²¹ See Cubano Iguina, "Political Culture and Male Mass-Party Formation," pp. 243-250.

La charca was analyzed in Chapter One. Other liberal intellectuals like Manuel Fernández Juncos, Salvador Brau, and Luis Muñoz Rivera underlined these political goals by producing meditations on peasant life that attached disease and decline to the possibility of regeneration. Their efforts first denounced the vices of the jíbaros as the cause of their ruin.²² For example, Francisco Oller's painting of the wake of a child provided the quintessential and most widely circulated pictorial commentary about the Puerto Rican peasantry produced during the period (Figure 3.1). Within the canvas, various unsettling images demystify the sacred space of death. Spiraling around the feeble face of the deceased child, a group of slothful peasants eat, drink, play, and laugh relentlessly, as two dogs feast on scavenged food. For Oller, the painting was a "criticism of a custom that still exists in Puerto Rico among the peasants... an orgy of brutish appetites under the guise of gross superstition."²³ The painting was a way to denounce societal problems of peasant ignorance, licentiousness, and lack of civilization.

²² In the mid-nineteenth century, physician Manuel Alonso inaugurated models of historical interpretation based on the liberal ideologies that began to take a hold in Puerto Rican society. Alonso's *El jíbaro* was a collection of vignettes about peasant traditions intended to "correct customs while entertaining." Manuel Alonso, *El jíbaro: cuadro de costumbres de la isla de Puerto Rico*, facsimile ed. (San Juan: Instituto de Cultura Puertorriqueña, 1996).

²³ Quoted in Marimar Benítez, ed., *Francisco Oller: un realista del impresionismo. Exposición organizada por el Museo de Arte de Ponce en conmemoración del sesquicentenario del natal del nacimiento del pintor puertorriqueño Francisco Oller* (Ponce: Museo de Arte de Ponce, 1983), p. 193.

Figure 3.1: Francisco Oller, *El Velorio* (The Wake) c. 1893.



Source: Francisco Oller, *El Velorio* (The Wake) c. 1893. Oil in canvas. 96 x 156 1/2" / 224 x 397.5 cm. From the Collection of the Museo de Historia, Antropología y Arte de la Universidad de Puerto Rico.

At the same time, liberal intellectuals sought to incorporate the jíbaro into the national project by linking peasant redemption with education reform. In general, these writers believed that education would bring moral, physical, and intellectual regeneration, even if at times the negative influence of race mixture and climate seemed insurmountable. Within this prescriptive literature, some writers like physician Francisco del Valle Atilés emphasized transforming nutritional habits, hygienic behavior, and health practices. In *El campesino puertorriqueño* (1887), he complained that the overabundance of “incapable arms” impeded the “endeavor of progress” in Puerto Rico.²⁴ Del Valle Atilés pathologized the moral, physical, and conjugal arrangements of the

²⁴ Francisco del Valle Atilés, *El campesino puertorriqueño: sus condiciones físicas, intelectuales y morales, causas que determinan y medios para mejorarlas* (San Juan: Tipografía de Gozalez Font, 1887), p. 8.

peasantry. He argued that peasants of all colors shared a “lack of vitality” proportional to their “reluctance to work.”²⁵ Because the peasantry was considered advantageous only to the extent that it performed a significant role in the labor market, public health and hygiene were central to promoting a reform project.

Writers like Del Valle Atilas struggled with the idea that a hard-line determinism would foreclose all possibilities of peasant regeneration, rendering futile any enterprise of transforming the rural classes into modern laborers or citizens. For this reason, he privileged sociological rather than biological theories of the relationship between people and their environment. Although he noted that diseases such as fevers, anemia, sclerosis, and yellow fever generally attacked people living in tropical climates, he also attributed their cause to poor diet, hygiene, and working conditions.²⁶ Corporeal characteristics and diseases ascribed to the peasantry became central to the construction of the medicalized category of the jíbaro. Without undoing the most significant tenets of geographic determinism, Del Valle Atilas, like many of his contemporaries, idealized schooling as the proper way to incorporate the peasantry into the national imaginary. The author established a parallel between the redemptive purpose of his study and the abiding responsibility of a “caregiver telling the doctor the symptoms suffered by a family member.”²⁷ Social diagnosis and familiar symbolism came together as the pillars for bringing civilization to the highland and consequently for uplifting of Puerto Rico and Puerto Ricans.

In the quest for a modern identity, the generation of Puerto Rican intellectuals that came of age before 1898 resorted to the language of sociology and science to make the

²⁵ del Valle, *El campesino*, p. 15.

²⁶ del Valle, *El campesino*, pp. 17-18, 28-34, 50-55.

²⁷ del Valle, *El campesino*, p. 163.

peasant their favorite redemptive subject. In this sense, the written fascination with the peasant consolidated the presence of these writers in debates about political culture and national redemption. When in 1899 Ashford discovered the disease that had ravaged the coffee highlands, Puerto Ricans renewed their interest in the jíbaro. Yet there was an existing discursive context to draw on. Referring to their knowledge of the jíbaro, physicians in charge of the eradication campaign—North Americans and Puerto Ricans—publicly acknowledged their “indebtedness to the exquisitely written book of Dr. Francisco del Valle Atilas” as well as to the other cohort of writers who helped them understand the “social and economic conditions in the island.”²⁸ What began as a patriotic effort to modernize the coffee economy in the late nineteenth century turned into an important instrument for promoting the anti-hookworm campaign to come later. To a great extent, the rehabilitation of the jíbaro became part of the same ideological arsenal of both patriotic Puerto Ricans and the U.S. colonial regime.

The Hurricane and the Disease

Hurricane San Ciriaco brought a tremendous amount of suffering and devastation to thousands of Puerto Ricans. In a few hours the coffee crop was swept out of existence and the farms that produced it were reduced to half their value. In Jayuya, a coffee producing town in the highlands, whole coffee plantations slipped down the mountains into the river. Over 2,700 deaths were registered and 500 more people disappeared.²⁹ Ashford was in Ponce at the time in a provisional hospital caring for the “thousands of sick jíbaros” severely suffering from both the storm and hunger.³⁰ It was also there that

²⁸ Ashford and Gutiérrez Igaravidez, *Urciniasis in Puerto Rico*, p. 3.

²⁹ On the impact of San Ciriaco, see Stuart Schwartz, “The Hurricane of San Ciriaco: Disaster, Politics, and Society in Puerto Rico, 1899-1901,” *Hispanic American Historical Review* 72 no. 3 (August 1992): pp. 303-345.

³⁰ Ashford and Gutiérrez Igaravidez, *Urciniasis in Puerto Rico*, p. 24.

Ashford, determined to discover the cause of their weakness, examined their feces to discover that their symptoms were caused by hookworm.

In December 1899, Ashford reported to the U.S. Surgeon General his findings based on the most “typical” cases treated in Ponce (Figure 3.2). This first report illustrates the ways Ashford carried out the examinations and the validity of his initial conclusions. In studying the disease, he examined each patient’s family history, noting that the worst cases came from the “highly insalubrious mountain districts.” He investigated patients’ diet, housing, and work routine to develop a multilayered understanding about the interactive role of the pathogen, environment, and behavior. Ashford believed that it was “not probable that those degraded to the level of people whose life is bounded by the tropical plantation, enjoying little beyond cutting cane and picking coffee, [could] have a high standard of personal cleanliness.” He correctly noted that the principal mode of infestation was direct contact with soil polluted with human feces “while at work,” although drinking “muddy water” could “probably be a source of contamination.” Ashford highlighted the connection between disease and working condition and environment—not climate—to suggest the “extensive prevalence” of hookworm in the island. Following the protocol proposed by Patrick Manson in 1898, he used thymol to expel the worms.³¹

³¹ Ashford, “Report to Surgeon General,” December 22, 1899, Otis Historical Archive, Armed Forces Medical Museum, record group 2, ser. 3, box. 10.

Figure 3.2: “Photograph of a number of natives of Puerto Rico, showing pernicious anemia due to *Ankylostoma duodenale*.”



Source: Bailey K. Ashford, “Report to Surgeon General,” December 22, 1899, Otis Historical Archive, Armed Forces Medical Museum, Record Group 2,3, Box. 10.

Ashford’s careful treatment of patients in Ponce was quite rare in early twentieth-century Puerto Rico. In fact, Dr. Fawcett Smith, the director of the Superior Board of Health of Puerto Rico (La Junta Superior de Sanidad de Puerto Rico), complained about the dismal public health infrastructure he encountered throughout the island. In a 1900 letter to Charles Allen, the first U.S. civilian governor of Puerto Rico, he wrote that the “sanitary condition” of the island was “primitive, disgraceful, and dangerous to the public.” He noted that municipal physicians were “scandalously maltreated” and “absurdly” remunerated. To compound matters, local physicians were political appointees, always at risk of losing the favor of the town mayor. However, for Smith the

root of the managerial public health crisis was the limited authority of the Superior Board of Health which occupied a “subordinate position as a Bureau of the Department of Interior,” leading to a “radically defective” administration.³²

Smith’s conclusions were certainly alarming. Despite the determination of U.S. authorities to impose sanitary measures since the first year of their arrival, diseases continued to decimate the Puerto Rican population. After five year of U.S. rule, the average death rate per thousand increased from 28.9 percent in 1898 to 33.48 percent in 1903.³³ In the face of generalized deprivation, the rising death rate made the alleged benevolence of colonial rule not only questionable but a source of embarrassment. For those who portrayed U.S. overseas imperialism as a humanitarian effort, the possibility of initiating a public health campaign benefiting the majority of the population provided an opportunity to turn these health figures around. It also presented major challenges to new colonial administrators.

The Initial Campaigns and the Pursuit of Health

The responses to the broad health and administrative problems that preoccupied Ashford and Smith were uneven and took place over several years. During the first decade of the twentieth century, however, the campaign against hookworm extended for the first time to a coordinated treatment program across the island. The treatment provided relief for masses of rural poor and allowed them to consider the benefits of new biomedical interventions. In broad terms, the Puerto Rican campaign took place in three distinct stages: a extensive survey in 1903; two subsequent campaigns carried out by the Porto Rico Anemia Commission in 1904 and 1905; and the campaigns directed by

³² Fawcett Smith to Charles Allen, November 26, 1900. Archivo General de Puerto Rico, Fondo Fortaleza, box 74.

³³ Ashford and Gutiérrez Igaravidez, *Summary of Ten Years’ Campaign*, p. 3.

Anemia Dispensary Service of the Department of Health, Charities, and Corrections from 1906-1909.

Not all Puerto Ricans initially welcomed the U.S.-led hookworm eradication campaign. The prevalence of the hookworm-induced anemia was chiefly explained by the widespread and growing poverty of the Puerto Rican population.³⁴ Politicians and union leaders, lamenting the decline of their political clout, worried that the new concern with the disease eradication would distract attention from the terrible malnutrition of the population and devastated economy of the island occasioned by the United States. “We believe that to deal with this malady neither medicines nor physicians are of value,” attacked the editorial of a conservative newspaper, “anemia in our country does not mean anything other thing than *hunger*.”³⁵ Others, aligning their criticism with the increased activism of organized labor, decried that the anemia suffered in Puerto Rico “was occasioned by the lack of sufficient and nourishing food.” The necessity of Puerto Rican workers was so great that they could not “protect themselves” by buying enough food supplies. ³⁶ Critics from both positions agreed that the crisis among the destitute masses arose from the unpreparedness of U.S. authorities to rule the island.

These positions were recognized yet repudiated by Ashford and a small group of Puerto Rican physicians. These professionals were not satisfied with the prevalent

³⁴ On the pauperization of the Puerto Rican population, see Lilian Guerra, *Popular Expression and National Identity in Puerto Rico*, chapter 1.

³⁵ *El Heraldillo Español*, 15 de junio, 1904, 1, box 6, Ashford Collection (hereafter AC), Medical Sciences Campus, Rio Piedras, Puerto Rico. Emphasis in the original. See also Ashford, King, and Gutiérrez Igaravidez to Governor Beeekham Wintrop, September 23, 1904, box 6, AC. This letter recognized that “at the beginning there was openly expressed skepticism and ridicule of the idea that “Anemia” could be cured by anything but hearty feeding.” The Ashford Collection holds a rich array of material—i.e. published and unpublished manuscripts, personal letters, and photographs—that, read against the grain, allows tracing the exchanges among rural dwellers, municipal officials, the Porto Rico Anemia Commission, and the Legislative Assembly.

³⁶ See “Portorican Labor Conidtions, doc. 175a , box 6, AC; “Samuel Gompers Aclamado en Ponce,” doc. 223 a-e, box 6, AC.

poverty on the island, but they believed that a campaign against hookworm would be the first step for rehabilitating the peasantry. Convinced that more information was needed to garner the support of the colonial government and skeptical medical profession, Ashford and Walter W. King of the Marine Hospital Service studied one hundred cases in Ponce. The publication of their results in *American Medicine* in 1903 initiated a shift in the perception of hookworm disease among the medical community. The article demonstrated that 30 percent of the deaths charged to “anemia” were indeed caused by hookworm disease and estimated that hookworm was a scourge that affected approximately 90 percent of the rural population. Bolstered by these findings, an appeal was made to the colonial government to appropriate money to the study and treatment of the hookworm in Puerto Rico.³⁷

Shortly after the appearance of the article, *American Medicine* published an editorial favoring an island-wide campaign. After attaining overseas validation, Ashford initiated more energetic efforts to rally the support of Puerto Rican physicians. In December 1903, he made public a letter from Colonel Willian C. Gorgas, then the U.S. Chief Surgeon of the Department of the East, warning of the “vital necessity of combating [hookworm] disease.”³⁸ Aware of Gorgas’ previous success in eradicating yellow fever in Cuba, many Puerto Rican physicians were swayed by his letter.³⁹ Later that month, Ashford delivered a speech at the Puerto Rico Medical Association to discuss his findings. He framed the eradication campaign as a patriotic duty that would salvage

³⁷ Ashford, “Hookworm in Porto Rico,” *American Medicine*, Sept. 5, 12, 1903.

³⁸ Gorgas to Ashford, December 3, 1903, box 6, AC. Later on, Colonel Gorgas asked Ashford if he could distribute his findings to “some journals in the U.S. South that would be read extensively by physicians who practice among such people [afflicted by hookworm disease].” See Gorgas to Ashford, January 22, 1904, box 6, AC. Ashford replied affirmatively to Gorgas’ suggestion. See Ashford to Gorgas, January 28, 1908, box 6, AC. This one example in which medical knowledge produced in a colonial setting influenced the work of physicians back in the United States.

³⁹ See chapter two, pp. 74-78.

not only the health of the most vulnerable sectors of society but of the “whole population.” Ashford called on the “well-to-do, refined, educated class” to “lead gently in our sanitary reform.”⁴⁰ Manuel Quevedo Baez, the Association’s first president, endorsed his proposal and emphasized the need to uplift the “enervated and atrophied spirit of our race.”⁴¹

In 1904, Governor William Hunt, an early advocate of the campaign, took special actions to eradicate the endemic disease. In his annual speech, he asked the legislature of Puerto Rico to allocate \$5,000 to “begin an effective campaign” against hookworm disease.⁴² The following month, this work was assigned to a commission consisting of Drs. Ashford, Walter W. King, and Pedro Gutiérrez Igaravidez—the only Puerto Rican physician member of the Commission.⁴³ Because Gutiérrez Igaravidez had worked in Bayamón, the first town where the Porto Rico Anemia Commission set up a provisional field hospital, he secured the support of political bosses and local elites. For example, Agustín Stahl, one of the island’s most prominent physicians, offered his services at no cost and allowed the Commission to set up the provisional hospital on the grounds of the municipal hospital of Bayamón.

⁴⁰ Bailey K. Ashford, “Tropical America as Studied in Puerto Rico,” doc.1122, box 1, CA.

⁴¹ Manuel Quevedo Baez to Ashford, December 16, 1903, box 5, CA. See also, Ashford, “First announcement of the causes of Anemia in Porto Rico to the Medical Profession of the Island,” 1, box 1, CA.

⁴² Message of the Honorable William H. Hunt to the Second Legislative Assembly (San Juan: Bureau of Printing and Supplies, 1904), pp. 20-21.

⁴³ On May 1, 1904, a public ceremony held at the Bayamón hospital commemorated Ashford’s “valuable services and efforts on behalf of the poor sick from anemia. [...] Dr. Stahl, acting as a spokesman, presented the doctor with a distinction, and in a few well-chosen words told him that the 150 signatures attached thereon, represented the whole community.” See “Dr. Ashford is Honored,” *The News*, May 3, 1904, p. 1. After two campaigns, the official journal of the medical association in Puerto Rico paid tribute to Ashford stressing “his noble and humanitarian mission” and the honorary place he occupied in “Puerto Rico’s medical history.” See, “Dr. Bailey K. Ashford,” *Boletín de la Asociación Médica de Puerto Rico* 4 no. 49 (1906): p. 221.

Two weeks after opening the Bayamón hospital, the members of the Commission reported that 1,254 patients had been examined and treated. They observed that the expulsion of the parasites was “followed by an immediate betterment in the patients,” and regarded their return for treatment as “very satisfactory proof” that the medication had been of “real value.” As further validation of the project, they observed that “many physicians visit the scene of our work and express their conviction that uncinariasis is an extensive epidemic in Puerto Rico.”⁴⁴ Agustin Stahl continued treating returning patients, even after the Commission closed operations in Bayamón. Now, with a parasitological framework set in place, the eradication of the disease would require taking the campaign to the coffee-growing areas and promoting behavioral change.

By July of 1904, the Commission had completely resettled to Utuado, a small town hard hit by the hurricane, and where destitution was still rampant. With a population of 40,000 inhabitants, the remote town provided a controlled environment to definitively demonstrate that anemia was caused by hookworms and not by food shortage. The most dramatic consequences of these efforts were felt by the laboring classes who sought treatment. Nearly everyone who ventured into the Utuado dispensary had to overcome the fear of their first medical examination. Without any secure grasp of what to expect, the experience must have produced a mixture of apprehension and appreciation. As the combination of a thymol-derived vermifuge purged the minute worms from the patients’ bodies, they felt relief from anemic exhaustion—the most common symptom of the disease—in about 24 to 48 hours.

Immediately after the first cases of anemia were cured, a ripple effect drew thousands of men, women, and children to the Utuado dispensaries (Figure 3.3). As word

⁴⁴ Bailey K. Ashford, Walther W. King, and Pedro Gutiérrez Igaravidez to Governor Beeekham Wintrop, [n.d.] , box 6, AC.

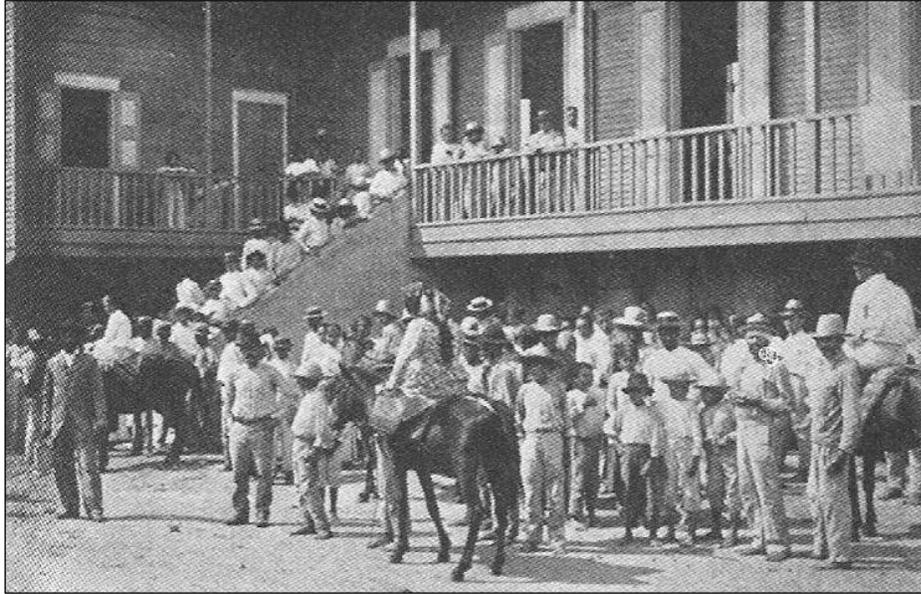
about the free medical treatment spread, those harboring the parasite traveled—many by foot, others who were severely ill carried in hammocks—from remote areas to the dispensary (Figure 3.4).⁴⁵ Those too ill to return to their houses were admitted to a provisional hospital consisting of ten folding tents (Figure 3.5). Usually, patients arrived early in the morning, some of them after days on the road, to be examined before noon. For most patients, these new facilities offered the hope that everyone would be examined. After filling out a medical form, they submitted fecal samples for microscopic examination. Once their clinical history was submitted, each patient received a brief lecture on hookworm accompanied by a card explaining its cause, treatment, and prevention.⁴⁶ Commission members then vigorously promoted the use and construction of latrines. In five months, the Utuado dispensary treated 4,482 patients and its laboratory staff examined a deluge of over 17,564 fecal specimens.⁴⁷

⁴⁵ Bailey K. Ashford, Walter W. King, and Pedro Gutiérrez Igaravidez, *Report of the Commission for the Study and Treatment of "Anemia" in Porto Rico* (San Juan: Bureau of Printing and Supplies, 1904), pp. 14-15. The support for the campaign increased dramatically, from examining 10-20 new patients a day during the first days to 125-150 by the campaign's end in 1909.

⁴⁶ "Comision de la Anemia de Puerto Rico: Manera de tomar las medicinas" box 5, CA; *Preliminary Report of the Anemia Commission* (San Juan: Bureau of Printing and Supplies, 1904), p. 8.

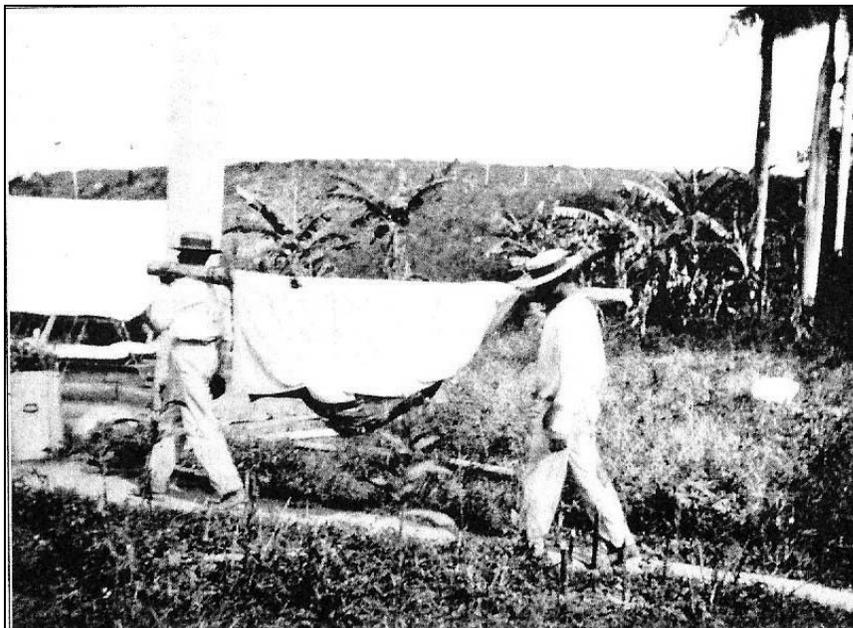
⁴⁷ Ashford, King, and Gutiérrez Igaravidez, *Report of the Commission*, p. 93.

Figure 3.3: “The patients awaiting the doctor. Utuado Amemia Camp, 1904.”



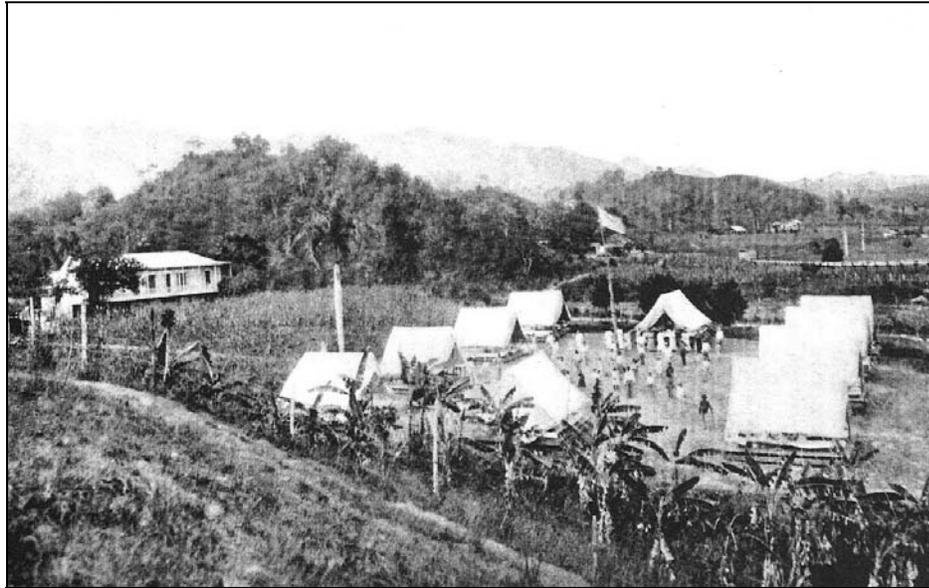
Source: Bailey K. Ashford, *A Soldier in Science: The Autobiography of Bailey K. Ashford* (San Juan: Editorial de la Universidad de Puerto Rico, 1998 [1934]).

Figure 3.4: “Method of bringing in very ill patients, 1904.”



Source: Bailey K. Ashford and Pedro Gutiérrez Igaravidez, *Urcinarias in Puerto Rico: A Medical and Economic Problem* (Washington: Government Printing Press, 1911).

Figure 3.5: “Field Hospital at Utuado. 1904.”



Source: Bailey K. Ashford and Pedro Gutiérrez Igaravidez, *Urcinarias in Puerto Rico: A Medical and Economic Problem* (Washington: Government Printing Press, 1911).

But who were those initial patients who overcame the fear of their first medical examination? An answer to this question, tentative as it may be, poses methodological challenges regarding the use of institutional documents to register popular experiences. The campaign produced extensive written records, but it did not spark any serious social conflict that generated judicial case files or trial transcripts of people’s clashes with state institutions. It is possible, however, to recover some of the meanings assigned to the campaign by overlapping institutional sources, medical records, and photographs, and asking how these are connected. The records of sixty one patients treated in 1904 were preserved in the appendix of the first Anemia Commission report. They provide a sketchy but invaluable portrait of who these patients were, where they came from, and how they responded to the campaign. A summary of six different cases gives us a glimpse of their complex world:

- M.G., an emaciated sixteen-year old mulatto who could no longer work in the coffee fields, reported that three of his family members died from hookworm disease. Like many other patients, he had suffered from *mazamorra* and took iron pills to fight against his anemic state. After three months of treatment, he brought five other family members as patients.⁴⁸
- F.M., a forty-year old woman who, like many others, helped support her husband and seven children by working as a laundress and a coffee-picker. After being hospitalized for a week, she regained enough strength to walk, improving steadily until she returned to her family responsibilities.⁴⁹
- J.C.S., a twelve-year-old coastal migrant, was treated previously by Ashford in the coastal town of Ponce, where he sold candies as a street vendor. He was re-infested with the parasite when seasonal harvesting brought him to a coffee plantation in the neighborhood of Arenas. After regaining his health, J.C.S. ran away to seek work elsewhere.⁵⁰
- L.R., a twelve year-old girl from the neighboring town of Jayuya, was brought to the dispensary almost moribund after traveling on a hammock for five days. She died of hookworm disease twelve days after being admitted to the field hospital.⁵¹
- M.T., a single woman in her twenties who, like her three brothers, came to the clinic weakened by the disease. After her recovery, she found steady work as a laundress in the field hospital.⁵²

⁴⁸Ashford, King, and Gutiérrez Igaravidez, *Report of the Commission*, p. LII.

⁴⁹ Ashford, King, and Gutiérrez Igaravidez, *Report of the Commission*, p. XVII.

⁵⁰ Ashford, King, and Gutiérrez Igaravidez, *Report of the Commission*, p. XXIII.

⁵¹ Ashford, King, and Gutiérrez Igaravidez, *Report of the Commission*, p. XXXVIII.

⁵² Ashford, King, and Gutiérrez Igaravidez, *Report of the Commission*, p. XLV.

- J.M.B., a thirty-year-old white field laborer and the father of five, arrived to the dispensary “deeply suspicious and prepared for the worst.” After a month of treatment, he was sent home where he resumed his field work.⁵³

Whether by word of mouth or from direct testimony, these stories, like those of many other patients, must have traveled up and down rivers and trails to family, friends, and neighbors. Peasants in the highlands heard stories that connected the hookworm campaign to family health, household economies, seasonal labor, missing children, sudden deaths, secured employment, and treatment measures. Their acts and responses illustrate the multiple ways in which the campaign influenced crucial aspects of daily life. Given that most coffee pickers harbored the parasite for years, the new found vitality must have transformed their relationship with their bodies and surroundings. These patients incorporated notions of etiology and pathology in their vocabulary at the same time that they enjoyed more energy to move and work freely. For many, this experience might have altered their perception of public health and U.S. intervention.

One of those peasants who benefited from the campaign noted how the treatment changed his perception of the disease. With the help of a transcriber, Juan Román, an illiterate patient from a neighboring town, thanked Ashford for the “success with my illness.” He recounted how he had heard about the treatment from a cured family member and decided to visit the dispensary. Although he traveled for days, his efforts were rewarded because he regained his health. Deferential yet proud, Juan Román concluded the letter stating that “although he was poor, his knew well what gratitude meant.”⁵⁴

Without enough funding to continue, the first campaign directed by the Porto Rico Anemia Commission did not extend beyond Utuado, where it ended in August

⁵³ Ashford, King, and Gutiérrez Igaravidez, *Report of the Commission*, p. LII

⁵⁴ Juan Román to Ashford, September 23, 1904, box 5, AC.

1904. Before leaving, the Commission supplied a stockpile of medicines to the town doctor. Their efforts, however, did not go unnoticed by local residents, the press, or high ranking officials of the colonial government. Over the course of its work, the Utuado dispensary was visited by the Director of Health, Charities, and Correction; the Supervisor of Health; Puerto Rican congressional delegates; and Governor Hunt. The pages of *La Democracia* noted the “general current of affection and gratitude” left by the campaign in Utuado. Upon the Commission’s departure, “a crowd assembled around the kind guests to give them their last goodbye.” Within hours, the “spontaneous” expression of gratitude turned into an exuberant caravan of striking proportions. A procession of cars led by various town notables “accompanied [the Anemia Commission] some kilometers outside the town.”⁵⁵ Ashford, King, and Gutiérrez Igaravidez later reported that the “former skepticism as to the curability of the disease by medicine, had given way to belief.”⁵⁶

Extending the Campaign: Dispensary Frenzy

After overcoming indifference and doubt in Bayamón and Utuado, Ashford claimed that the “most potent weapon” for combating disbelievers of the campaign had been the “cured jíbaro.”⁵⁷ For 1905, the Commission requested continued support for its “methodic and scientific organization.” It also asked for the cooperation of “municipalities and their charitable institutions” to transform the initiative into a centrally-coordinated eradication campaign.⁵⁸ In March 1905, the legislature appropriated \$15,000 to continue the work of the three-member commission. Relative to

⁵⁵ “Los verdaderos americanos en Puerto Rico,” *La Democracia*, August 31, 1904, p. 1.

⁵⁶ Ashford, King, and Gutiérrez Igaravidez, *Report of the Commission*, pp. 14-15.

⁵⁷ Ashford to Agustin Stahl, April 18, 1905, box 5, AC.

⁵⁸ Ashford, King, and Gutiérrez Igaravidez, *Report of the Commission*, pp. 100-101.

the magnitude of the enterprise the sum was quite modest, but the funding assured the opening of more substations and field clinics.⁵⁹

Increased financial resources, however, did not ensure that the Anemia Commission would follow a precise plan for extending the campaign. Because the Commission responded to requests by municipal governments, the establishment of additional dispensaries was generally spontaneous and uncoordinated. The process frequently began with a letter directed to Ashford or to the governor of the island. After close scrutiny of the petitions, the Commission would provide a trained physician, medical supplies, and a field technician. The municipality, in turn, would provide the service facilities. As demands by the local population for treatment intensified, so did requests from municipal authorities. Municipalities deeply afflicted by the disease were forced to negotiate with Commission members or U.S. authorities in order to establish a clinic in their town. One negotiating point was how much of the medical, fiscal, and administrative responsibilities the local government would assume in exchange for the training, medicines, and accompanying literature provided by the Commission.⁶⁰

In June 1905, after several months of repairs and renovations, the Commission's main headquarters opened its doors on the crest of a hill nearby Aibonito's central plaza. This coffee-growing town faced a major throughfare that facilitated communication with the "substations" from municipalities in close proximity. These substations were opened as soon as the petitions to establish dispensaries were evaluated and an agreement was reached between the Anemia Commission and municipal authorities. Boastful descriptions notwithstanding, the substations were rudimentary treatment centers usually

⁵⁹ Bailey K. Ashford, Walter W. King, and Pedro Gutiérrez Igaravidez, *Preliminary Report of the Commission for the Suppression of Anemia in Porto Rico* (San Juan: Bureau of Printing and Supplies, 1906) p. 6.

⁶⁰ Ashford, King, and Gutiérrez Igaravidez, *Preliminary Report*, p. 8-9.

located in existing municipal offices staffed administered by volunteer physicians. Specifically, Dr. Stahl and Rodríguez González of Bayamón, González Martínez and Malaret of Mayagüez, Sein y Sein of Lares, López Gaztambide and Roses Artau of Arecibo all worked without compensation.⁶¹

Before many of these agreements were established, municipal doctors and sick inhabitants did what they could to demand the new treatment facilities. From January to March of 1905, the doctor of San Sebastián improvised a modest treatment program in the municipality. During these months, over 600 patients overwhelmed municipals officials with their “requests for medicine.” In May, the town mayor asked Governor Hunt to provide the “necessary medicines to cure our anemics.”⁶² The colonial government awarded San Sebastian medical supplies on the condition that the municipal physician receive training at the Aibonito headquarters. This training aimed to standardize the procedures for providing treatment and recording statistical data.⁶³

A similar scene took place in the nearby town of Lares. Francisco Sein, the town physician, had previously organized a rudimentary treatment program after facing increased pressure from residents. Sein even published at his own expense a pamphlet urging coffee planters, school teachers, and neighborhood commissioners to help “banish the pernicious habit” of soil defecation by asking people to construct outhouses. He stressed that his efforts were a first attempt for the implementation of a “more extensive anti-anemic campaign.”⁶⁴ Two months after Sein submitted the petition, the Commission rewarded his hard work by opening a dispensary in Lares.⁶⁵

⁶¹ Ashford, King, and Gutiérrez Igaravidez, *Preliminary Report*, p. 8-9.

⁶² Agustín Font to Governor Post, May 26, 1905, box 4, AC.

⁶³ Frazur to Alcalde de San Sebastian, June 9, 1905, box 4, AC.

⁶⁴ Francisco Sein, *La anemia: medidas que deben observarse para evitar su propagación* (Lares, Puerto Rico: Tipografía de Bergas, 1905), pp. 3, 7-8. In anticipation of the establishment of a

Petitions by municipal governments and local residents brought the campaign against hookworm into remote regions of the coffee highlands. One rural physician even placed his request in global context, insisting that “the Government of the Island, in keeping with the practices of other nations, is obligated to finance” the disease eradication program.⁶⁶ By the end of the 1905-1906 campaign, ten municipalities established stations using this method. Four of these stations offered to bear all expenses and physicians volunteered their services if the Commission furnished the medicines. Through their efforts, 18,865 patients had their fecal samples examined, a prescription dispensed, and their medical condition recorded. Including patients returning for their second and third treatment, a total of 76,410 visits were registered (Fig. 5).⁶⁷

In the midst of increasing public health activity in the highlands, urban professionals found other ways participate in the campaign. In August 1905, the Defense League Against Anemia, an outgrowth of the Puerto Rico Medical Association, called on “patriots” of “all classes and social conditions” to convene at the Ateneo Puertorriqueño, the premier meeting place of the island’s intellectual elite. Hoping to rally support for the campaign, one speaker referred to hookworm as a “cruel illness that mercilessly depopulates our fertile landscape.”⁶⁸ The contrast between rural depopulation and the

dispensary in Lares, Sein published this pamphlet urging everyone to cooperate with this “benevolent, worthy, and necessary undertaking.”

⁶⁵ Frazur to Alcalde de Lares, June 15, 1905, box 4, AC.

⁶⁶ “Informe del Dr. Martín O. de la Rosa a los Doctores Ashford, King y Gutiérrez, miembros del la ‘Porto Rico Anemia Commission.’,” box. 4, AC.

⁶⁷ The other six towns that provided physicians and facilities are Barros, Coamo, Comerio, Guayama, Moca, and Utuado. List of towns, box 4, AC. Among the doctors who contributed voluntarily to the work of the Commission, Drs. Stalh and Rodríguez González of Bayamón, Gozález Martínez and Malaret of Mayagüez, Sein and Sein of Lares, and López Gastambide and Roses Artau of Arecibo. See also *Preliminary Report*, p. 18.

⁶⁸ Mariano Ramirez, José Carbonell, Pedro del Valle, González Martínez to Ashford, July 19, 1905, box 5, AC.

fertility of the soil was part of larger discourse of national deterioration. The solution to this problem, however, was not simply to eradicate the disease. Individuals would be required to construct latrines in residences and agricultural fields, and anyone defecating on the ground would face a fine.⁶⁹ League members identified the problem of disposal of human feces as the most significant obstacle for the success of the campaign. A month after League members ratified a series of measures to regulate the disposal of excrement, the colonial government approved their proposed sanitary ordinances.⁷⁰

In the town of Aibonito, a similar concern with fecal disposal encouraged Joaquín Sánchez to perform his civic duty but for very different reasons. Sánchez, who had been cured the previous year at the Utuado dispensary, became a town policeman after regaining his health. Eager to contribute to the campaign, he volunteered his services as a sanitary inspector. Apart from fulfilling his daily police obligations, Sánchez “made reports on the construction of latrines, the conditions in the barrios, and assisted very ill patients to reach the hospital.”⁷¹ He even inspected many of Aibonito’s more distant neighborhoods and some nearby municipalities. That Sánchez went beyond the line of duty points to one of the most overlooked consequences of the campaign. Like others who benefited from the treatment, Sánchez took interest in the campaign not out of a blind disciplinary effort, but as a person moved by the campaign’s core promise of health. Sanchez’s experience instilled in him a heightened sense of civic responsibility that, in

⁶⁹ “Liga de Defensa contra la Anemia,” *Boletín de la Asociación Médica de Puerto Rico* 3 no. 32 (1905): 116-118. In August 6, 1906 league members ratified eight other articles that recommended provisions for the “most complete extirpation” of hookworm disease. Among the most relevant was the compulsory construction of outhouses in every house and provisional latrines for those working in the agricultural fields and the imposition of fines on anyone who defecated on the soil.

⁷⁰ Circular No. 2398, September 25, 1905, box. 1, AC.

⁷¹ *Preliminary Report*, p. 8.

the face of widespread illness, prompted him to reach out to members of his own community.

Sánchez's efforts in promoting the campaign and latrine construction and use did not change the defecating habits of Puerto Ricans living in the coffee highlands. The Commission, the Defense League, and town physicians continued to support the construction of latrines and coercive measures against soil defecation. Without enough income to sustain them, however, peasants continued to ignore these preventive measures. As a result, the disease was not completely eradicated, and for years to come the Commission and its staff kept the treatment against hookworm disease as a high priority.

After two years of work, the Puerto Rican legislative assembly of 1906 passed a law organizing for the first time a permanent commission for the elimination of hookworm disease. At that point, Ashford and King returned to their military service, and Gutiérrez Igaravidez, Isaac González Martínez of Mayagüez and Francisco Sein of Lares led the new commission. Later a new law changed the name of the commission to the "Anemia Dispensary Service" of the Department of Health, Charities, and Corrections. By 1907, thirty-five municipalities had dispensaries, in 1908 the number increased to forty, and by 1909 the total number reached fifty-nine out of the sixty eight existing municipalities. The campaign had become the first public health service to provide treatment to the majority of the population of the island. By June 30, 1909, over 249,688 patients had been treated at a total expense of \$154,191. There were 426 deaths (Table 3.1). In a summary of the ten-year campaign, Ashford and Gutiérrez Igaravidez noted that by November 1910 the number of persons who had received treatment reached

272,256 and estimated that 30,000 had been privately treated. In other words, in ten years nearly 30 percent of the population of over 1 million was treated for hookworm.⁷²

Table 3.1: Summary of Anemia Work, 1904-1909.

Years	Patients Treated	Number of Visits	Deaths	Amount Spent
1904-1905	5,490	22,000	27	\$ 4,954.84
1905-1906	18,865	76,896	67	10,808.77
1906-1907	89,233	425,131	193	49,116.30
1907-1908	81,375	472,407	93	56,950.57
1908-1909	54,725	305,598	46	32,360.91
Total	249,688	1,302,032	426	\$ 154,191.40

Source: Summary of a Ten Year's Campaign Against Hookworm Disease in Porto Rico. Chicago: American Medical Association, 1910.

While the hookworm eradication program was part of an imperial project, the mobilization of laborers demonstrates that the U.S. colonial state did not break down any doors to alter the behavior of any of the town residents; highland residences were too remote and too disperse for such action to be a possibility. Instead hundreds of thousands of coffee workers walked to the dispensaries in the pursuit of health. In some cases, when hookworm facilities were not available, they marched to the offices of their local physician or town mayor to ask for treatment. The mass experience of receiving a free medical diagnosis, a medicine specific to the disease, and a rapid and effective cure shaped a novel understanding of the role of medicine and the state. All this was done amid a great sense of civic duty and accompanied by new relations with work and the land.

⁷² Bailey K Ashford and Gutiérrez Igaravidez, *Summary of a Ten Year's Campaign Against Hookworm Disease in Porto Rico* (Chicago: American Medical Association, 1910), pp. 14-15. According to these estimates 300,000 persons were treated in a population of 1,118,012

Although the campaign enjoyed success in terms of numbers of immediate cures, many patients were reinfected because they could not afford shoes or outhouses. There was a misplaced confidence in disease control through the systematic purge of the hookworms in patients. In the 1920s, the difficulty of dealing with hookworm by means of a single method became apparent to Ashford who lamented that public health efforts have “totally lost sight of our enemies’ allies, poverty and malnutrition.”⁷³ He recognized that what was lacking were the resources to prevent reinfestation by decreasing the levels of social isolation and economic poverty.

The Institute of Tropical Medicine

Almost from the outset another objective of campaign directors was to establish an institute for the study and research of tropical maladies, and they thought that the success of the campaign would lead to an interest in creating such an institute. Just two years after the Anemia Commission was established, Ashford suggested to Governor Beekman Winthrop that the colonial government should “create a teaching unit, a school of tropical medicine, under the auspices of some great university from the United States.”⁷⁴ In 1910, Ashford and Gutiérrez Igaravidez lamented that the “practical problem” of fighting hookworm disease outweighed their efforts to advance “scientific work.”⁷⁵ Both physicians were disappointed that their hopes for scientific education in Puerto Rico had not yet been realized.

Throughout the periods of Spanish and U.S. colonialism, there were no medical schools in Puerto Rico. As a result, all Puerto Ricans desiring a medical education were forced to study abroad. Under the U.S. colonial regime, the construction of a medical

⁷³ Bailey K. Ashford, *The War on the Hookworm* (New York: The Chemical Foundation, 1926), p. 29

⁷⁴ Ashford, *A Soldier*, p. 11.

⁷⁵ Ashford and Gutiérrez Igaravidez, *Summary of a Ten Year’s Campaign*, p. 11.

school was not on the immediate agenda. For aspiring physicians this meant undertaking expensive training abroad, which guaranteed that those pursuing a medical career would come from the upper classes. The absence of a medical school, however, did not prevent the development of a close-knit professional association. The Puerto Rico Medical Association provided since 1902 a vehicle to develop a professional identity and share findings.⁷⁶

Yet, in the new colonial context, a school of tropical medicine could become a site for fostering scientific and political collaboration in the island. In 1906, this goal motivated Ashford to reach out to Miss Alice Bache, a well-endowed Bostonian and a personal friend of Governor Winthrop's wife. As a progressive reformer, Bache had previously founded the Porto Rico Teacher Fund, an organization that raised money for a nursing school. Ashford asked Bache for funds to organize a laboratory that would pave the way for a School of Hygiene. This school would be a "place where primarily Porto Ricans and American physicians can meet and study some of the questions which affect the health of not only Porto Rico but of the whole tropical belt, even in our own country."⁷⁷ Bache could not assure Ashford support from Governor Winthrop, but she urged him to turn to philanthropic agencies such as the Carnegie, Rockefeller, and Bache Gould Foundations. She stated that economic and social strains would make it difficult to justify the "spending of taxpayers' money on any but direct methods of relief."⁷⁸

The project thus remained on hold until a major restructuring of the Department of Health, Charities, and Corrections took place. Early in the 1910s, the Anemia

⁷⁶ Oscar Costra Mandry, *Apuntes para la historia de la medicina en Puerto Rico, 1493-1971* (San Juan: Departamento de Salud, 1971), 118-120.

⁷⁷ Ashford to Alice Bache, December 24, 1906, CA.

⁷⁸ Alice Bache to Ashford, January 5, 1907, CA. There was no evidence to corroborate if Ashford followed Bache's advice.

Dispensary Service gradually widened its focus to include treatment of other diseases common in Puerto Rico in addition to hookworm disease. Through a series of institutional transmutations, this agency began training a small group of specialists in the investigation of tropical diseases. Seven district laboratories were established for diagnosing cases of transmissible diseases and a bacteriological headquarters was charged with matters of experimental medicine. In 1911, the legislative assembly organized the Insular Sanitation Service. Efforts to organize the Institute of Tropical Medicine of Puerto Rico began in 1912 with a provisional board composed by William Lippit, the Director of Health, Ashford, Gutiérrez Igaravidez, and José Janer Soler.⁷⁹

To bring the most recent advances of medical education to Puerto Rico, the board commissioned Gutiérrez Igaravidez to study the curriculum and the administration of the schools of tropical medicine in London, Liverpool, and Paris. In 1912, Gutiérrez Igaravidez registered at the London School of Tropical Medicine, attending as a graduate researcher its 40th winter session. After completing his investigations, Gutiérrez Igaravidez visited the School of Tropical Medicine in Liverpool and the Colonial School of Paris to study their organization. Gutiérrez Igaravidez used a medical education associated with European imperial projects abroad to serve the interest of Puerto Rico, a colonial society thoroughly integrated to the imperial network of the United States. Yet through his previous participation in the campaigns and recent training, Gutiérrez Igaravidez established his authority as a physician and as an administrator of government institutions. Upon his return, Gutiérrez Igaravidez provided a series of recommendations that were incorporated in the plans for the Institute of Tropical Medicine.⁸⁰

⁷⁹ Pedro Gutiérrez Igaravidez, *Report and Collected Studies from the Institute of Tropical Medicine and Hygiene of Porto Rico, 1913-1917* (San Juan, Bureau of Supplies, Printing, and Transportation, 1917), pp. 3-5.

⁸⁰ Gutiérrez Igaravidez, *Report and Collected Studies*, pp. 8-9.

The colonial government opened the Institute in 1913 as an agency under the jurisdiction of the Director of the Department of Health, an appointive position controlled by the North American governor of Puerto Rico. Its mission was to cooperate in the eradication of hookworm, investigate tropical diseases, and train sanitary officials.⁸¹ Except for William Lippitt, the Director of the Department of Health, all the personnel of the institute had previously taken part in the efforts to eradicate hookworm disease. As the director of the Institute, Gutiérrez Igaravidez set out to shape public health policy through research and to train public health officials of the Sanitation Service.⁸²

Although the goals of the Institute of Tropical Medicine and the Department of Health and Sanitation were aligned, the relationship between the two agencies quickly became tense. Lippitt assigned to Gutiérrez Igaravidez the task of designing a curriculum for training the sanitary inspectors.⁸³ His curriculum consisted of twenty lecture series and a final qualifying exam. Thirty-five of the fifty-five inspectors recently hired by Lippitt failed to pass the exam or even complete the course. To the tremendous frustration of Gutiérrez Igaravidez, the “hurry to implant the new system” wrecked havoc on a program that relied heavily on scientific and efficiency standards. Hesitations about Lippitt’s qualifications as an administrator quickly emerged. Gutierrez and Ashford in particular believed that his leadership was arbitrary, politicized, and ineffective.⁸⁴

The source of greatest tension was the Department of Health and Sanitation’s failure to follow up the hookworm campaign. Ashford complained that Lippitt allowed a

⁸¹ Gutiérrez Igaravidez, *Report and Collected Studies*, pp. 10.

⁸² The personnel of the Institute was composed as follows: Drs. Gutiérrez Igaravidez, Victor Gutierrez Ortiz, González Martínez, King, and Ashford.

⁸³ William Lippitt, like Ashford, was an army physician who made Puerto Rico his permanent residence. He served in the Philippines until 1903 when he was transferred, with the rank of Colonel, to Puerto Rico as Chief Surgeon of the United States Army. On April 1, 1912, Lippitt was appointed the first Commissioner of Health of Puerto Rico.

⁸⁴ Ashford to Luis Muñoz Rivera, August 21, 1913, box 1, AC.

“whole year” to slip by without “opening the doors of our anemic clinics.” After Lippitt opened a new clinic in Utuado in 1913, Ashford asserted that “a worthless medical officer was put in charge.”⁸⁵ Given the small number of visits to the dispensary, the Director of the Department of Health and Sanitation alleged that the people of Utuado were no longer interested in seeking treatment. Frustrated with Lippitt’s neglect, Gutiérrez Igaravidez and Ashford led a field expedition to Utuado in 1913. They trained “four bright young anemia physicians and four field assistants” from the Department of Health. For six weeks, employees of the Institute of Tropical Medicine and the Department of Health and Sanitation worked together to treat ten thousand patients, increasing the tension between Lippitt and Institute members.⁸⁶

After the Utuado incident, Lippitt asked Ashford whether the Institute of Tropical Medicine was a “scientific institution” or if it was “an institution which proposes to take upon itself the direction of the Sanitation Service of Puerto Rico?”⁸⁷ Ashford responded by reminding Lippitt that he had agreed to send the eight members of his department in the first place. He continued, “I do wish to have you understand, once and for all that I have no desire save to work in purely scientific investigation with the Institute.” According to Ashford, this was true for the Institute as whole because, following the model of the Department of Agriculture at the University of Wisconsin, it attempted to “arouse public interest by the actual and practical application of science.”⁸⁸

⁸⁵ Ashford, “The Lippittian Episodes,” box 1, AC.

⁸⁶ *Report and Collected Studies*, pp. 21-25. Patients were given three doses of anti-parasitic medicine during three weeks. While providing ambulatory services was also part of the expedition’s proposal, the automobile and four horses furnished for this purpose of ambulatory services were never used.

⁸⁷ Lippitt to Ashford, November 12, 1913, box 1, AC.

⁸⁸ Ashford to Lippitt (copy of reply to previous letter), n.d., box 1, AC. Emphasis in original.

With such incendiary remarks coming from both sides, the rifts between the agencies became insurmountable. In 1914, the Legislative Assembly promulgated an act that placed the Institute under the direct jurisdiction of Governor Arthur Yager. After the ties between the two agencies were cut off, the Department of Health and Sanitation retained control of disease eradication programs and the Institute focused most of its attention to medical research.⁸⁹ The new goals of the Institute were to study “the etiology, prophylaxis, and treatment of diseases common to this country” and to “offer physicians courses of theoretical and practical instruction.”⁹⁰ During the following three years, the Institute struggled to make its functions distinct from those of other health agencies. It supervised a small hookworm clinic in the town of Barceloneta; published articles about the major diseases affecting the island (tropical sprue, trachoma, and schistosomiasis); and began to assemble a histological collection. The Institute also continued providing policy counseling, personnel training, and, to a lesser degree, epidemiological assistance to the government.

This nucleus of scientifically driven physicians grew out of and defined itself both through its hookworm eradication work and through shared experiences in medical research. While Ashford was its central promoter, its director and other members were prominent Puerto Rican professionals whose salaries as Institute administrators were paid by the colonial government. Though modest in resources, the Institute became a center of international exchange of publications and research findings, serving as a source of information for the medical profession in Puerto Rico. During its early years, it received visits of prominent figures in the field of medicine, such as William Thomas Councilman,

⁸⁹ The composition of the Institute was as follows: Dr. Gutiérrez Igaravidez, Director, Dr. Gutiérrez Ortiz, Secretary, Dr. González Martínez, Permanent Member, Dr. Lippit, member ex-officio, Dr. King, member ex-officio, Dr. Ashford, in collaboration with the Institute.

⁹⁰ *Report and Collected Studies*, p. 13.

a pathology professor from the Harvard Medical School, Frederick George Novy, a bacteriology professor at the University of Michigan, William C. Gorgas, the Surgeon General of the United States Army, and Juan Guiteras, the Director of Public Health of Cuba.⁹¹

During World War I, the Institute for Tropical Medicine was briefly shut down for lack of funding. When it reopened in 1917, it was subordinated once again to the Department of Health and Sanitation, under which--according to Gutierrez Igaravidez--it did not received sufficient funding for serious medical research.⁹² By the early 1920s, its role in the government varied greatly and it had lost a clear research focus. Sometimes the Institute duplicated laboratory examinations performed by other health agencies. Other times it licensed its services to private companies. Ultimately, its significance in shaping public health research and policies declined.⁹³

The School of Tropical Medicine

During the early 1920s, the need for medical education stood at the center of debates about the future of the Institute of Tropical Medicine. New considerations of the hemispheric role of Puerto Rico made defining the function of the Institute even more complex. This was especially true as Pan-Americanism became a goal for those

⁹¹ *Report and Collected Studies*, p. 18.

⁹² *Report and Collected Studies*, pp. 11-12. This act limited the Institute duties to “cooperating in the continuance of the campaign against urciniariasis and other transmissible diseases” and for “the instruction of Sanitary Officials.” The Act further routed power away form from the Institute because it kept it dependent on the Health Department for basic investigative needs such as “facilities for any expedition” and permission to “utilize the Laboratory of the Sanitation Service.”

⁹³ Aturo Torregrosa, *Informe del Secretario del Instituto de Medicina Tropical e Higiene a la Asamblea Legislativa de Puerto Rico, 1921-1923* (San Juan: Negociado de Materiales, Imprenta y Transporte, 1923); Alwin Pappenheimer, “Memorandum Relating to the Proposed School of Tropical Medicine,” n.d., 2. Central Files, Office of the Secretary, Low Memorial Library, Columbia University, New York (hereafter CFCU).

preoccupied with promoting inter-American cooperation. In the context of the post-World War I period, proponents of Pan-Americanism thought that Puerto Rico was uniquely situated to become a bridge between the United States and Latin America. In 1922, for instance, Ashford sought to establish in Puerto Rico the “seat of the future Pan-American University.”⁹⁴ He was convinced that “Porto Rico’s geographic position for the meeting-place of two races is as ideal as is their [sic] language link to the Americas.”⁹⁵ Ashford’s exaltation of Puerto Rico was not motivated solely by the general desire to create a university that would bring together students from all over the hemisphere. More than just providing an excellent site, he believed that the Pan-American University should lay its foundations by establishing a School of Tropical Medicine. To that end, Puerto Rico could offer “her Institute of Tropical Medicine.”⁹⁶

These ideas resonated with a several legislators in Puerto Rico and university officials in the United States. In December of 1922, a legislative commission met informally at Columbia University to discuss colonial politics and administration. In their conversation with doctors José López and Andrew Goodman, an alumnus and a faculty member of Columbia’s College of Physicians and Surgeons, the legislators expressed regret that there was no medical school on the island. López and Goodman soon took this matter to President Nicholas Butler, hoping that Columbia University would help with the efforts to build a school of medicine in Puerto Rico. Butler pledged his support “contingent on the interest in Puerto Rico being sufficient to warrant the University

⁹⁴ Ashford, *Porto Rico: The Seat of the future Pan-American University* (San Juan, P.R., Larroca & Hijos, n.d.).

⁹⁵ Ashford, *Porto Rico*, p. 8.

⁹⁶ Ashford, *Porto Rico*, p. 10.

embarking on such a project.”⁹⁷ Yet he warned that Columbia University would merely set the academic policy for the institution and that the government of Puerto Rico would be responsible for the university facilities and faculty salaries.⁹⁸

Antonio Barceló, the president of the Puerto Rican senate, lost no time in presenting the project to the governor of Puerto Rico. Governor Horace Towner, a former Iowa congressman who had sponsored a bill to create centers of prenatal and infant care in his home state, agreed to collaborate with Columbia University. Barceló and others originally envisioned that Columbia University would establish a “branch” university in Puerto Rico that would provide aspiring medical students with two years of training. These students would then complete their medical training at the College of Physicians and Surgeons. In turn, students from Columbia University would come to the island to receive training in specific diseases common to tropical climates at the new School of Tropical Medicine.⁹⁹ The School would be “under the rules and methods of the University of Columbia,” but the colonial government would fund the construction of the building and provide salaries for the faculty. Barceló, like Ashford, was optimistic that the school would bring “into contact Anglo-Saxon and the Latin young people.”¹⁰⁰

The legislative assembly moved quickly and in May 1923 ratified a bill authorizing “any of the large universities of the United States to establish a branch of its college of medicine in the University of Puerto Rico.” Support for the bill was

⁹⁷*Report of the Joint Commission for the Establishment of the School of Tropical Medicine of the University of Puerto Rico under the Auspices of Columbia University* (New York: German Diaz Printer, 1924), p. 9

⁹⁸*Report of the Joint Commission*, p. 10

⁹⁹ Barceló to López Antongiorgi, April 18, 1923. Translated letter quoted in *Report of the Joint Commission*, pp. 17-18.

¹⁰⁰ Barceló to López Antongiorgi, April 18, 1923. Translated letter quoted in *Report of the Joint Commission*, pp. 17-18.

unanimous. It did not simply cross partisan lines, but also was favored by numerous political, religious, and civil organizations. These groups recognized that the University of Puerto Rico, the only institution of higher learning in the island, did not have the fiscal resources or the infrastructure to establish a school of medicine. In addition, the members of the board of trustees of the University of Puerto Rico were appointed by the legislature and a change of administration could jeopardize completing the project.

Back in New York, Butler remained attentive to events in Puerto Rico, lending “a sympathetic ear” to “our Porto Rican friends” but realizing that the proposed collaboration “may not come to anything.”¹⁰¹ He also received news that other Ivy League universities might be interested in the project. “It seems that both Hopkins and Pennsylvania are trying to get the inside track on this matter,” wrote the secretary of Columbia University. “Maybe we ought to let them have it, but not without making sure first that we are not interested.”¹⁰² To evaluate the project, Butler sent a delegation to Puerto Rico with the purpose of evaluating the project’s viability. Apart from visiting the facilities of the Institute of Tropical Medicine, these emissaries toured the principal hospitals of the island, the leper colony, sanatoria, tuberculosis camps, and the campus of the University of Puerto Rico.¹⁰³ One delegate noted that the proposed University “would convert Puerto Rico into one of the important scientific centers where the great societies of America could meet.”¹⁰⁴ On June 1923, after the delegation reported its findings, the members of the board of trustees unanimously approved the project.

¹⁰¹ Butler to Coykendall, April 25, 1923, Central Files, Office of the Secretary, Low Library, Columbia University, New York (hereafter CFCU).

¹⁰² Frank Fackenthal to Frederick Coykendall, May 11, 1923, CFCU.

¹⁰³ *Report of the Joint Commission*, p. 11.

¹⁰⁴ “Interview with Dr. López Antongiorgi,” *La Democracia*, May 24, 1923. Translated article quoted in *Report of the Joint Commission*, pp. 23-24.

The vision for the School assumed by Puerto Rican leaders was not shared by Columbia administrators. Whereas Puerto Ricans wanted a School dedicated to public service, Columbia administrators wanted a research outpost. At this critical juncture, Butler deemed it necessary to clarify the terms of the collaboration. Butler told Senator Barceló that Columbia University had “no funds available for the present establishment of medical instruction away from New York.” He proposed that William Darach, the dean of the College of Physicians and Surgeons, and James Egbert, the director of the Department of Extension Teaching, study the possibility of offering graduate courses to physicians in Puerto Rico through the program of Extension Teaching.¹⁰⁵ Columbia only guaranteed a school for training already licensed physician, not for creating new doctors to satisfy the most pressing needs of the island. For the moment, however, the principal challenge was to make the necessary legal arrangements to turn the Institute of Tropical Medicine into the School of Tropical Medicine.

As the principal advocate of the proposed school, Ashford found himself wrestling “between warm personal friendships and the success of the idea.”¹⁰⁶ He had labored for more than a decade with Gutiérrez Igaravidez and Isaac González Martínez, and the proposed School that might strip his colleagues from their posts. Without consulting with them, Ashford met with Darach and Egbert in New York to propose a tentative curriculum and a faculty roster for the new institution.¹⁰⁷ On December 3, 1923, the Committee on Education of Columbia University unanimously adopted a modified

¹⁰⁵ Butler to Darach, October 1, 1923, CFCU.

¹⁰⁶ Ashford, *A Soldier*, p. 360.

¹⁰⁷ William Darrach and James Egbert to Butler, November 14, 1923, CFCU. Attached to the letter was a copy of the proposed curriculum, submitted without knowledge of Ashford’s colleagues. Ashford’s academic schedule provided 1000 hours of intensive courses beginning on November 1, 1924 and ending April 30 of the following year. It also included a medical expedition to the countryside, with eight to ten hours of clinical work.

version of the proposal. The approved plan effectively curtailed the administrative powers of Institute members and the Puerto Rican government, while strictly defining Columbia University's role in shaping academic policy and their limited financial responsibility:

The selection and arrangement of courses and the preliminary requirements for entrance... are to be under the direction of the Administrative Board of Graduate Studies in Medicine, and the financial and other arrangements, including registration of students, are to be made in the usual way by the Department of Extension. The only financial obligation assumed by the University will be that of the salary and expenses of the resident Director who may be sent from time to time to New York.¹⁰⁸

Puerto Rican officials immediately accepted Columbia's plan. In January 1924, a commission sailed to New York. Members of the Puerto Rican government met at a dinner reception where Butler emphasized that although Columbia had serious "financial limitations" it would offer its "fullest measure of cooperation."¹⁰⁹ Two days later, the Administrative Board of the Graduate Studies in Medicine approved the collaboration and the curriculum proposed by Ashford.¹¹⁰ To fund the project, Egbert recommended that the courses offered in Puerto Rico be on a "fee basis" because this system had the advantage of "extending the influence of the University" without having to "appropriate funds directly." For his part, Darrach suggested approaching corporate executives "industrially interested in the Tropics." With the bureaucratic and financial details figured out, the doors of the school were going to open in November 1924.

¹⁰⁸ Report of the Committee on Education, December 3, 1923, CFCU.

¹⁰⁹ Governor Towner headed the Puerto Rican commission. Other members included: Antonio Barceló, President of the Senate; Miguel Guerra, speaker of the House of Representatives; Pedro Ortiz, Commissioner of Health; Senator Antonio Jordan and Representative Arjona Siaca, and Felix Cordova Davila, resident commissioner. Butler, "Remarks to the Puerto Rico Delegation at Columbia University," January 14, 1924, CFCU.

¹¹⁰ Darrach to Butler, January 16, 1924, CFCU.

Early in 1924, however, doubts about opening the School emerged. Alwin Pappenheimer, a Columbia pathology professor, arrived to Puerto Rico for an investigatory trip to evaluate the Institute of Tropical Medicine's management and infrastructure. In a scathing review, he made evident that continuing the collaboration would not be "practicable" unless "certain fundamental changes" took place in the Institute.¹¹¹ The investigative activities, for example, were of the "routine laboratory type," duplicating for the most part the examinations performed in the laboratories of the Department of Health. More importantly, Pappenheimer stressed that the research that actually took place was "devoid of scientific value." He remarked that Gutiérrez Igaravidez, González Martínez, and Arturo Torregrossa used the Institute's facilities to benefit their private practices. From his perspective, the lack of proper hospital equipment, pathological material, and a committed full-time staff provided no alternatives "either for teaching or investigation."¹¹²

Pappenheimer's report sent shockwaves through the hierarchy of the Institute, as Puerto Rican officials scrambled to reestablish solid standing with Columbia University. Although Pappenheimer still thought that Columbia "should make every effort to carry [this enterprise] to success," he recommended that the School's inauguration delayed for a year or that the courses be divided between New York and Puerto Rico.¹¹³ Bacteriology, protozoology, entomology, helminthology, chemistry and pathology would be taught in New York and public health, sanitation, and preventive medicine course would be taught in Puerto Rico. He reported that the most pressing need – and a prerequisite to proceeding with the arrangement – was a complete administrative

¹¹¹ Alwin Pappenheimer, "Memorandum Relating to the Proposed School of Tropical Medicine," n.d., 2. CFCU.

¹¹² Pappenheimer, "Memorandum," 3, CFCU.

¹¹³ Pappenheimer, "Memorandum," 12, CFCU.

reorganization of the Institute. Before returning to New York, Pappenheimer urged Governor Towner, Ashford, and Pedro Ortiz, the Commissioner of Health, to incorporate some of his suggestions.¹¹⁴

The colonial government's reaction was swift and comprehensive. Within a month of Pappenheimer's visit, the legislative assembly of Puerto Rico passed a bill to transfer full control over the Institute to a provisional board composed of the Commissioner of Health, Commissioner of the Interior, and the Chancellor of the University of Puerto Rico, Thomas E. Benner.¹¹⁵ With the stroke of a pen, the existing Institute was completely dismantled: its members discharged from their posts, the equipment inventoried, and the building closed down. All the pertinent laboratory equipment and materials were stored for use in when the school opened. In addition, a new ocean-view location was selected as the site to create the future "School of Tropical Medicine of Puerto Rico, under the auspices of Columbia University."¹¹⁶

These pressures from Columbia pushed previous members of the Institute away from the new School. After being removed from their posts, Gutiérrez Igaravidez, González, and Torregrossa understandably viewed Columbia's offer to hire them as clinical professors as a demotion and declined. They realized that the patronizing gesture excluded them not only from administrative positions, but also from any line of credible research.¹¹⁷ Ten years later, Ashford recognized the collaboration did not balance local

¹¹⁴ Pappenheimer, "Memorandum," 14, CFCU.

¹¹⁵ The Provisional Board consisted of the Commissioner of Health, Pedro Ortiz, the Commissioner of the Interior, Guillermo Estevez, and the Chancellor of the University of Puerto Rico, Thomas Benner.

¹¹⁶ *Joint Resolution: Creating the School of Tropical Medicine of the University of Puerto Rico under the Auspices of Columbia University*, June 19, 1924. CFCU.

¹¹⁷ Advised by Ashford, Pappenheimer recommended that rather than requesting the resignation or an investigation of Gutiérrez Igaravidez, González Matínez, and Toregrosa, the Governor should sign a bill to reorganize the Institute under the Department of Sanitation.

desires in the way he had originally hoped, especially after he too was only appointed as a clinical professor. “My co-members of the Institute wanted a helpful cooperation with the great northern University,” he wrote in his autobiography, “they could not accept a master.” Columbia University failed to understand that those Puerto Ricans who had developed the Institute “wanted full power to control the destinies of their own school,” even if they “were broad enough to accept the policies that Columbia University advocated.”¹¹⁸ Clear signs of academic authority were drawn as Ashford saw his colleagues and himself sidelined.

The new administration not only purged previous Institute members from high office, but presumed all Puerto Ricans were incapable of research and administration. While the new building was under construction, Columbia University appointed Robert Lambert, a former recruit of the Rockefeller Foundation working at the University of São Paulo, as the School’s director. Commenting about the recent shake up, Lambert observed that the disgruntled Institute members did not accept positions at the School for fear of being “measured in a group of young scientists” like the ones Columbia University was assembling.¹¹⁹ Under his tenure, all professors and associate professors with primary research tracks were faculty from Columbia University, leaving for Puerto Ricans over a dozen annually appointed clinical professorships or basic science instructorships.¹²⁰ With Lambert’s appointment as the School director the permanent board of trustees was completed: Columbia University appointed two members—the Director and Dean Darrach—and the University of Puerto Rico three. Board members

¹¹⁸ Ashford, *A soldier*, 359. Darrach recognized “too well” how disappointing it must have been for members of the Institute, Ashford included, to wait for appointment to clinical positions. See also, Darrach to Ashford, September 30, 1925 CFCU.

¹¹⁹ Lambert to Darrach, October 14, 1926, CFCU.

¹²⁰ The faculty was composed of thirty-seven members, less than half of them Puerto Rican.

from the University of Puerto Rico, however, performed a limited role in the internal decision-making process of the School. For the most part, their efforts were limited to asking Columbia University for more financial support.¹²¹

Public Expectations and Spectacles

For three years the School of Tropical Medicine was built up as a colossal enterprise of collaboration. In September 16, 1926 when the School was finally inaugurated the event was commemorated by a series of very visible activities. At the moment, the School was the first and only institution exclusively devoted to medical training on the island, albeit being limited only to graduates in medicine. But more importantly, it embodied the ideal of inter-American cooperation. Local as well as metropolitan observers shared Butler's confidence that Puerto Rico would "command the Pan-American situation," bringing the "two Americas more closely together not only in respect to commerce and trade, but as to all that concerns the intellectual life as well as social and political progress."¹²²

These grand expectations were translated into public spectacles. Despite the fact that Columbia's financial contribution to the enterprise was minimal, an impressive party gathered to receive the University's delegates when they arrived at the pier in San Juan. Banners waving Columbia's colors and a lively band provided the festive backdrop for what must have been considered by everyone as an early morning extravaganza (7:00 a.m.). The nighttime inauguration ceremony at the Municipal Theater was equally spirited. A procession of faculty members in academic attire paraded from the San Juan Casino across the square to the theater where the opening exercises were to be held. Even

¹²¹ The Board was composed by William Darrach and Robert Lambert from Columbia, and Pedro Ortiz, Thomas Benner and Narciso Rabell Cabrero, Members of the Board of Trustees of the University of Puerto Rico.

¹²² Butler to Egbert, February 4, 1925, CFCU.

the most banal assemblage of cultural cross-references drew comments about the fruitful possibilities of the partnership. A startled Columbia observer, for example, celebrated the quiet mingling of the “Blue and White” adorning the stage with “gay Spanish shawls” in the seating boxes.¹²³

The collaborative character of the School emerged in a range of speeches, news accounts, and opinions as the logical outcome of the hookworm campaign. At the opening ceremony, Governor Towner reviewed the progress of public health in Puerto Rico from the moment the first campaign hookworm campaign began to the current collaboration between Columbia University and the University of Puerto Rico. “From these beginnings has come the present organization,” he said to support the joint venture, “enlarged, strengthened, and in a new and beautiful home.”¹²⁴ Dean Darrach's speech moved in a similar direction, stressing how “two institutions devoted to the service of God in the field of education and research have become affiliated in a common endeavor.”¹²⁵ The *New York Times* commented that the culmination of the School “must have also been a great day for Bailey K. Ashford, the American Army doctor, who has done so much to relieve the peasants of the hookworm sickness.”¹²⁶

The architectural design and the modern functions of the School further reinforced the coming together of two institutions and cultural traditions (Figure. 3.6). The building, modeled on the Monterrey Palace of Salamanca, evoked the island's colonial past by incorporating castle-like contours, rounded arcades, spacious courtyards, and colorful murals typical of the Spanish Revival style. In contrast, the research

¹²³ “The School of Tropical Medicine” *Columbia Alumni News*, December 10, 1926.

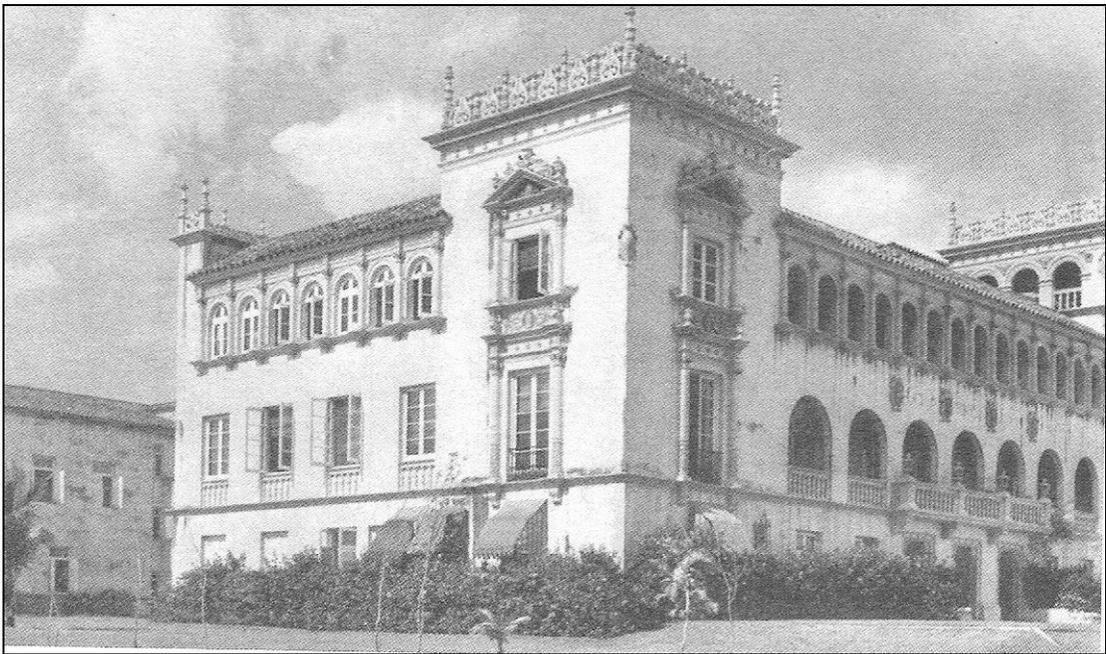
¹²⁴ “Tropical Medicine in Porto Rico,” *The New York Times*, October 11, 1926, p. 10.

¹²⁵ Dean Darrach, “Inauguration Address, School of Tropical Medicine, San Juan, Porto Rico,” September, 26, 1926, CFCU.

¹²⁶ “Tropical Medicine in Porto Rico,” *The New York Times*, p. 10.

technology within the School stood for the modernizing project initiated by the United States government and continued by Columbia University, an institution whose Ivy League standing legitimated this narrative of progress. Even though the School would not train new Puerto Rican physicians, local politicians and the colonial state drew on the strength of these associations to erect the building at a cost of \$125,000 in addition to \$50,000 for equipment and \$30,000 for its operation. Scientific investigation perfectly encapsulated their vision of social change: it allowed participation of Puerto Rican physicians, even if as lesser partners, in the process of intellectual advancement while at the same time it positioned the island as a cultural bridge between the Americas.¹²⁷

Figure 3.6: The School of Tropical Medicine of Puerto Rico.



Source: Bailey K. Ashford, *A Soldier in Science: The Autobiography of Bailey K. Ashford* (San Juan: Editorial de la Universidad de Puerto Rico, 1998 [1934])

¹²⁷ An act issuing \$6,000,000 in bonds to the people of Puerto Rico provided \$100,000 for the building.

In establishing School of Tropical Medicine at any cost, however, Puerto Rican authorities failed to apprehend the consequences of institutional asymmetries of the arrangement, leaving unexamined not only the contentious disparities of each institution's obligation, but also questions about the role of the members of the Institute. One of the most remarkable aspects of the new School was the extent to which it reinvented the precepts guiding the hookworm campaign of the early twentieth century. The initiative, building on locally-established institutions, intended to create a place where people from across the Americas would come together in partnership and mutual recognition in the pursuit of medical knowledge. That in so doing it displaced members of the hookworm campaign, while exalting their previous work, illustrates the way in which an informal form of colonialism drove the establishment of the first medical school in Puerto Rico.

Conclusion

What does a redeemed jíbaro look like? One year after the first campaign against hookworm campaign ended in Utuado, Ramón Frade suggested an answer with a painting thematically opposite to the adverse image Francisco Oller presented in *The Wake*. This is not to say that Frade did not conceal a reform project beneath the figure of the jíbaro, but he endowed his image with a hopeful, dignified future. *El pan nuestro (Our Bread, c. 1905)* (Figure 3.7) inaugurated a visual vocabulary that elevated the importance of the agricultural worker in defining the Puerto Rican character. Frade's painting, while stylistically derivative of traditional European aesthetic currents, introduced the sublime beauty of the Puerto Rican peasant, emphasizing his forward movement. The majesty of the mountain and the luminous sky pull back as the peasant walks toward the viewer

carrying in his hand the fruits of his labor.¹²⁸ *Our Bread* sought to elicit a positive response to the jíbaro at a moment when the first massive public health campaign furnished scientific evidence that gave validity to his mystified portrayal.

Figure 3.7: Ramón Frade, *El Pan Nuestro (Our Bread)*, 1905.



Source: Ramón Frade, *El Pan Nuestro (Our Bread)*, 1905, oil on canvas, 153.1 x 97.2 cm, Instituto de Cultura Puertorriqueña, San Juan, Puerto Rico. From the Collection of the Institute of Puerto Rican Culture, San Juan, Puerto Rico.

¹²⁸ For a comprehensive biography see Osiris Delgado, *Francisco Oller y Cestero (1833-1917): pintor de Puerto Rico* (Puerto Rico: Centro de Estudios Superiores de Puerto Rico y El Caribe, 1983). For a critical assessment of his work, see Jose Torres Martinó, “Puerto Rican Art in the Early Twentieth Century,” in Hermandad de Artistas Gráficos, *Puerto Rico--arte e identidad* (San Juan, PR: Editorial de la Universidad de Puerto Rico, 1998), 83-88; Efrain Barradas, “Ramón Frade o de por qué es necesario, a veces, brindar con vino de plátano,” *Liga de Estudiantes de San Juan* (April-May 1985).

This conjuncture points to the ways ideas emanating from public health officials progressively seeped into early twentieth-century debates about Puerto Rican national identity. But this was a relationship unfolding, on multiple scales and spaces as personal, institutional, and local interests reworked the programmatic qualities of public health discourse and practices. In the coffee highlands, peasants saw an opportunity to regain strength and freedom of movement. Ashford sought that his campaign led to public health efforts of monumental significance, reversing the humiliating image of incompetence in matters of sanitary tutelage. In addition, the campaign was a vehicle to promote medical research and teaching in the island.

After the campaign ended, local demands for medical education led to a joint venture between Columbia University and the government of Puerto Rico, adding another level to the ways U.S. imperialism developed. Envisioned as the emblem of Pan-American collaboration, from the outset the School of Tropical Medicine surrendered this lofty ideal. The mobilization of Ashford and Puerto Rican legislators allowed Columbia University to align itself with the venture. Once the School was completed, however, control over academic policies, curriculum, and faculty came under the direction of Columbia officials, while the government of Puerto Rico assumed all the financial cost of operating the School. From this point on, Ashford's standing as an advocate of scientific research and medical education was also diminished. To make up for their loss of authority, both Ashford and other Puerto Ricans created an institutional history in which this School was an outgrowth of the hookworm campaign, which had regenerated the jíbaro.

At this point it might be worth looking back at *Our Bread*. While Frade's idealization of the jíbaro marks a shift in discourses of national identity, his image of a moving peasant was not far-fetched. After the hookworm campaign started, tens of thousands of coffee workers walked freely to the provisional dispensaries in the pursuit

of health. When hookworm facilities were not available, they marched again to the offices of the local physicians and municipal authorities to ask for the treatment they now expected the state to provide. The right to health espoused in this forthright and everyday manner cut across various levels of governmental authority. Similarly, when employment opportunities were not available in the highlands, thousands of mountain dwellers moved to the coastal plains and urban centers in search of jobs. These movements produced new anxieties about the social hierarchies that worked in tandem with the nostalgic reemergence of the jíbaro as a national icon.

In the years following the Puerto Rico campaign, hookworm eradication became a prominent public health issue in other countries. Like the yellow fever campaign in Cuba, the hookworm campaign was later taken up by enthusiastic health officials attempting to adapt the health infrastructure of their countries to modern times. Their investment in the campaign brought new debates about state intervention, national definition, and imperial public health. As the campaign against hookworm reached other corners of the globe, the terms of these debates would shift and transform.

CHAPTER FOUR

FROM BACKLANDS TO HEARTLAND: PUBLIC HEALTH BANDEIRAS, MEDICAL FRONTIERS, AND ROCKEFELLER PHILANTHROPY IN BRAZIL, 1910S-1920S

On January 17, 1916, a special medical committee of the International Health Commission (later the International Health Board or IHB) of the Rockefeller Foundation sailed from New York to Rio de Janeiro at the invitation of Brazil's federal government.¹ A few weeks after the steamer S.S. Voltaire reached Rio's scenic Guanabara harbor, one commission member moved deep into the interior of the state of Minas Gerais to initiate a disease survey. Just as he had done in his pioneering campaign in Puerto Rico, Bailey K. Ashford identified hookworm eradication as the best vehicle for promoting the first large-scale sanitation campaign in the Brazilian hinterland. Full of optimism about spreading promise of public health the interior, Ashford spent the next weeks painstakingly investigating the possibility of treating hookworm patients in a portable field clinic.² Later that year another U.S. medical officer followed in Ashford's footsteps. Colonel William C. Gorgas, who had led the yellow fever eradication campaign in

¹ During the 1910s, the United States and Brazil shared good diplomatic relations, attracting the attention of the Rockefeller Foundation. After a series of exchanges with the U.S. Department of State, the Brazilian government, following procedure, agreed to extend an invitation to the Rockefeller Foundation. For a general history of the Rockefeller Foundation in Latin America, see Marcos Cueto, "Visions of Science and Development: The Rockefeller Foundations's Latin American Surveys of the 1910s to 1950s," in Marcos Cueto ed., *Missionaries in Science: The Rockefeller Foundation and Latin America* (Bloomington: Indiana University Press, 1994), pp. 1-22.

² Bailey K. Ashford, *A Soldier in Science: The Autobiography of Bailey K. Ashford* (San Juan: Editorial de la Universidad de Puerto Rico, 1998), Ch. 5.

Havana and the Panama Canal Zone, was also recruited by the Rockefeller Foundation as part of a special mission to investigate the possibilities of a national eradication campaign in Brazil.³ Ashford and Gorgas were two of the many doctors pleased to transfer the lessons of U.S. public health achievements to other tropical localities.⁴

Ashford's role in kicking off the IHB campaign in Brazil raises interesting questions about how foreign and national public health officials participated in state formation, and how their interactions converged with, and transformed, culturally constructed notions of race and region. Certainly, the international health services of the Rockefeller Foundation drew on the reputation of Ashford, and of other heroes of tropical medicine, to increase the appeal of their philanthropic mission among Brazilian physicians. By the time of Ashford's arrival, however, Brazilians had already identified the interior as a region that demanded intensive public health assistance. In fact, when the IHB decided to send the first exploratory survey to the interior, Carlos Chagas and Adolfo Lutz, two of the most prominent physicians of the Oswaldo Cruz Institute in Brazil, enthusiastically supported the venture. Both physicians joined Ashford in his expedition to Capella Nova, a small town on the outskirts of Capella Nova. From late May to early April of 1916, Ashford treated 1,435 hookworm patients, but more importantly the preliminary survey inaugurated a period of unprecedented collaboration between Brazilian and Rockefeller officials.⁵ This implication did not escape Ashford.

³ See, Wickliffe Rose, "Observations on Public Health Situations and Work of the International Health Board in Brazil," RF, RG 5, ser. 2, subseries 2, box 25, folder 152, Rockefeller Archive Center (hereafter RAC), p. 10

⁴ On the Rockefeller anti-yellow fever campaign in Brazil, see Steven William, "Nationalism and Public Health: The Convergence of Rockefeller Foundation Technique and Brazilian Public Health," *Missionaries in Science*, pp. 23-51; Lima Faria, "A Fase Pionera da Reforma Sanitária no Brasil: A Atuação da Fundação Rockefeller, 1915-1930," Tese de Mestrado, Instituto de Medicina Social/UERJ, 1994; John Farley, *To Cast Out Disease: A History of the International Health Division of the Rockefeller Foundation, 1913-1951* (Oxford: Oxford University Press, 2003).

⁵ Ashford to Ferrell, 2 April 1916, RF, RG 5, ser. 1, subseries 2, box 28, folder 436, RAC.

“The Minas Gerais expedition,” he wrote to the director of the Rockefeller Foundation, “signaled the beginning of still greater activities.”⁶

From the beginning of the IHB campaign, Brazilian reformers insisted that public health efforts should concentrate on the vast *sertão*. For Brazilian sanitarians, the *sertão*—which was, in strict geographical terms, the semi-arid hinterland of the northeastern states—provided a broad spatial construct that did not correspond to this distinct geographical region. Instead the generic use of the *sertão* conflated all the diseased areas in the backlands of states across the country.⁷ Whether the *sertão* was located outside the urban centers of the states of Bahia, Rio de Janeiro or São Paulo, physicians throughout the country found compelling reasons to sanitize their hinterland, especially after Brazil’s entry into World War I.⁸ In a 1916 address to the National Academy of Medicine, for example, Miguel Pereira noted that the dramatic morbidity rate in Rio de Janeiro’s *sertão* made the capital city nothing more than “immense hospital.”⁹ Spearheaded by anxieties about national defense, Pereira’s assessment disheartened those who sought to expand military troops with vigorous bodies.

Even as military concerns heightened interest in the *sertão*, many Brazilians placed rural sanitation at the top of their priorities for several other reasons. First, during the years preceding the war, the Brazilian government had sponsored expeditions to

⁶ Ashford to Rose, 11 Oct. 1916, RF, RG 5, ser. 1, subseries 2, box 28, folder 436, RAC.

⁷ On the importance of redefining the *sertão* in the late 1910s, see Nísia Trindade Lima, *Um sertão chamado Brasil: intelectuais e representação geográfica da identidade nacional* (Rio Janeiro: Editora Revan, 1999); Regina Abreu, *O enigma de Os Sertões* (Rio de Janeiro: Ministério da Cultura, 1998).

⁸ For an overview on public health ideology shifts during the Republic, see Luis Castro Santos, “Estado e Saúde Pública no Brasil,” (1889-1930), *Dados: Revista de Ciências Sociais* 28 no. 2 (1980), pp. 237-250.

⁹ Miguel Pereira, “O Brasil é ainda um Imenso Hospital: Discurso Pronunciado pelo Professor Miguel Pereira por Ocasião do Regresso do Professor Aloysio de Castro, da Republica de Argentina, en outubro de 1916” *Revista de Medicina: Orgão do Centro Acadêmico “Oswaldo Cruz,”* 7 no. 21 (1922), p. 3.

survey the backlands. Between 1908 and 1912, scientists trained under the watchful eye of Oswaldo Cruz, the physician responsible for the eradication of yellow fever in Rio de Janeiro, conducted seven medical missions to the interior (Table 4.1).¹⁰ Their reports included information on regional diseases as well as ethnographic evidence about demographic variations and cultural patterns. Second, the knowledge of regions and peoples allowed physicians and politicians to conjure a more acceptable image of the interior population, altering structures of perception dramatically. In their writings and speeches, proponents of rural sanitation deliberately resurrected the myth of the paulista *bandeirantes*, the legendary frontiersmen who penetrated the backlands in search of Indian slaves and gold.¹¹ On the literal end, they drew historical parallels between these legendary excursions and their medical expeditions in the treacherous backlands. More figuratively, some sanitarians portrayed the population of the interior as the neglected descendant of São Paulo's foremost inland explorers. This double appeal of their "bandeirismo" allowed Brazilian sanitarians to delineate new racial hierarchies that would associate the redemption of this population to the modernizing spirit of São Paulo.¹² A final reason for the appeal of rural sanitation was the incursion of IHB efforts

¹⁰ Lima, *Um sertão*, p. 86.

¹¹ For new perspectives on early bandeirante expeditions during the colonial period, see the special issue of *The Americas* 61 no. 3 (2005), especially the introductory article by John Russell-Wood, "New Directions in Bandeirismo Studies in Colonial Brazil," pp. 353-371; Richard Morse, ed., *The Bandeirantes: The Historical Role of the Brazilian Pathfinder* (New York: Alfred A. Knopf, 1965); and the seminal study of John Monteiro, *Negros da Terra: Índios e bandeirantes no origen do São Paulo* (São Paulo: Companhia da Letras, 1984).

¹² On the industrialization and the rise of regional-exceptionalist imagination of São Paulo, see Warren Dean, *The Industrialization of São Paulo, 1880-1945* (Austin: University of Texas Press, 1969); George Reid Andrews, *Blacks and Whites in São Paulo, Brazil 188-1988* (Madison: University of Wisconsin Press, 1991); Antonio Celso Ferreira, *A epopeia bandeirante: letrados, instituições, invenção histórica, 1870-1940* (São Paulo: Editora Unesp, 2001); Barbara Weinstein, "Racializing Regional Difference: São Paulo versus Brazil, 1932" in Nancy Appelbaum, Ann Macpherson, and Karin Rossembalt, eds., *Race and Nation in Modern Latin America* (Chapel Hill: University of North Carolina Press, 2003), pp. 237-262.

in municipal, state, and federal public health assistance programs. Rockefeller initiatives provided new resources for rural sanitation, helping construct the sertão as a medical frontier.

This chapter examines the impact of rural sanitation debates on public understandings about race, region, and nation. During the late 1910s and early 1920s, Brazilian health officials claimed that the struggle against disease would produce a new kind of citizen and a new kind of collectivity. They imagined a nation in which the racially ambiguous population of the interior would increasingly become integrated to the state and to the emerging export economy. In addition, they recognized that their mission was closely aligned to the hookworm program introduced by the IHB. Implicit in their ambitions was the promise that a centralized policy could promote public health transformations similar to those that had occurred previously in the city of São Paulo. These sanitarians hoped that federal oversight of the Rockefeller Foundation's work in different states would bring the public health infrastructure of country to the standards close to those of São Paulo. While São Paulo was used as an example to garner civic enthusiasm for greater federal interference, such portrayals openly challenged claims about paulista exceptionalism.

Historian Gilberto Hochman has observed that the goals of health, hygiene, and modernization promoted during the “era of sanitation” (1910s-1920s) required that individual states relinquish their autonomy to the federal government. The process of public health centralization, however, was not unidirectional. Hochman demonstrates that a cost benefit calculus based on a “consciousness of social interdependence” determined the participation of individual states in public health programs.¹³ States with scarce public

¹³ Gilberto Hochman, *A era do saneamento: as bases da política da Saúde Pública no Brasil* (São Paulo: Editora Hucitec, 1998), p. 39. On the role of São Paulo in public health centralization, see chapter 5.

health infrastructure welcomed the intervention of the federal government and the IHB. Conversely, São Paulo, with its highly effective public health system, subsidized centralization to minimize the introduction of disease to its territory and to receive Rockefeller assistance without federal intervention. Hochman's functionalist approach explains the consolidation of state power, but leaves open the question of why the bandeirante tradition emerged as a compelling argument for conceiving a racially and territorially unified country. At a discursive level, Brazil's pioneering sanitarianism conflated regionalism, nationalism, and internationalism in ways that deserve close examination.

Since rural sanitation was inextricably linked to the appeal of bandeirismo, health authorities of most states pursued this civilizing mission as an extension of the whitening ideal (*branqueamento*). Vanquishing all diseases of the interior, of course, was not an achievable goal. Confining the beginning campaign to hookworm disease seemed both practical and feasible because, as the efforts in Puerto Rico had proven, this disease was easily treated. In the interior of Brazil where the population was sparse and traveling was difficult, the staff of these provisional dispensaries could move to treat and educate patients free of charge, bringing quick relief from hookworm disease. The essential belief of IHB officials was that the demonstration that took place in these dispensaries would make substantial headway in establishing a permanent treatment program. However, after 1918, the work of the the IHB in Brazil increasingly left the domain of mere demonstrations against hookworm infection, and took on the attributes of a state public health service.¹⁴

¹⁴ Lima Faria, "A Fase Pionera da Reforma Sanitária no Brasil: A Atuação da Fundação Rockefeller, 1915-1930," Tese de Mestrado, Instituto de Medicina Social/UERJ, 1994.

Yet there was more to improving the sanitary condition of the sertão than eradicating diseases. Nationalist writers developed a coherent narrative of progress associated with São Paulo, which moved the sertanejo to a modern time frame, facilitating his acceptance as an essential component of Brazil's national identity.¹⁵ Even as a literary archetype, the sertanejo defined an idealized vision of the rural citizen.¹⁶ Tracing the history of how strangers became kin is relevant not only to understand the cultural dimension of the rural sanitation campaign, but also to explore historical roots that helped popularize and sustain regional differences and national identity. As Barbara Weinstein has noted, the nationalist ideal of racial democracy that emerged in the 1930s was mediated through hierarchical notions of region “even as discourses of civilization, modernity, and progress replaced earlier preoccupations with race mixture and degeneration.”¹⁷ The following sections explore the process of how and why the sertanejo came to occupy a higher position in the racial hierarchy and the national imagination.

Early Attempts at Disease Eradication

At the end of the nineteenth century, public health officials and political leaders looked for ways to protect Brazil's externally oriented economy by ridding their port cities of diseases that discouraged European immigration and tarnished these cities'

¹⁵ For works seeking to understand the representational politics race and national identity in Brazil, see Doris Sommer, *Foundational Fictions: The National Romance of Latin America* (Berkeley: University of California Press, 1991), chapter 5; Lima, *Um sertão*, chapter 5. Public health officials compared their efforts to the legendary exploits of the paulista bandeirantes at the same time they portrayed the sertanejos as the lost children of these frontiersmen. For a general overview of Brazilian racial thought, see Thomas Skidmore, *Black into White: Race and Nationality in Brazilian Thought* (New York: Oxford University Press, 1974).

¹⁶ On the regional literature and nationalism, see Vasda Bonafini Landers, *De Jeca a Macunaima: Monteiro Lobato e o modernismo* (Rio de Janeiro: Civilização Brasileira, 1988); Moema Selma D'Andrea, *A tradição re(des)coberta: o pensamento do Gilberto Freyre no contexto das manifestações culturais e/ou literárias nordestinas* (São Paulo: Editora da Unicamp, 1992).

¹⁷ Weinstein, “Racializing Regional Difference,” p. 240.

reputations as modern commercial hubs. In the 1860s, for example, physicians of the *Escola Tropicalista Bahiana*—a group of nineteenth-century physicians who proposed a distinctive medicine of the tropics—eagerly tried to dispel the alleged degeneration that marked their country as a separate, racially dubious territory.¹⁸ While their attempts did not succeed until decades later, their ideal of progress resonated among urban and educated groups that despised slavery in Brazil. Although discussions about health and race continued to interest physicians in the following decades, it was only in the years prior to the complete abolition of slavery in 1888 that coffee planters, urban planners, jurists, and politicians renewed and sustained efforts to promote European migration by eradicating yellow fever in major port cities. Meanwhile, other more widespread and devastating diseases such as tuberculosis and smallpox—both exacerbated by the precarious conditions of blacks and poor living in “beehive” tenement housing—remained completely unattended.¹⁹ As in Cuba, yellow fever had become a public health priority as concerns over replacing slave labor focused on attracting workers from European countries.

In the late 1890s, as knowledge about etiologic agents and intermediate vectors became widely diffused, physicians were accorded increased influence as state planners. What imperial nations had achieved in their territories, these medical reformers argued, Brazil could achieve on its own. Under the presidency of Francisco de Paula Rodrigues Alves (1902-1906), for example, Rio de Janeiro’s urban landscape underwent dramatic transformations. Municipal and federal funds poured into the capital to build a new port, widen city streets, and alter facades along Parisian lines, turning the nation’s capital into

¹⁸ Julyan Peard, *Race, Place, and Medicine: The Idea of the Tropics in Nineteenth-Century Brazilian Medicine* (Durham: Duke University Press, 1999)

¹⁹ Sidney Chalhoub, *Cidade febril: cortiços e epidemias na Corte Imperial* (São Paulo: Companhia das letras, 1996), chapter 2.

a tropical version of one of Europe's foremost modernized cities. Yet the Alves administration was well aware that any beautification efforts would have little significance if they failed to demonstrate that Rio was salubrious and disease free. Following Colonel Gorgas's yellow fever eradication program in Havana, Oswaldo Cruz, the director of the federal public health department from 1903 to 1909, adopted harsh tactics to inspect and destroy urban slums.²⁰ To clear Rio of mosquito breeding grounds, Cruz created a special sanitary police that inspected every building in designated districts and decided whether it they needed to be torn down. During his tenure, Cruz also directed the anti-plague campaign which rested on analogous premises about the unhealthy conditions of urban slums. Not without protest, public health officials forcefully removed almost twenty thousand urban dwellers from the city center.²¹

If the anti-yellow fever and plague efforts inaugurated the intrusion of the state in the homes of Rio's poor and working-class residents, the introduction of compulsory smallpox vaccination in 1904 encompassed a direct invasion of their bodies. Forced vaccination led to urban riots, especially in black neighborhoods, where many black Cariocas had been victims of arm-to-arm immunization procedures that resulted in disease contagion.²² In November 1904, the modernizing logic that propelled Cruz's

²⁰ On the link between science and urban renewal, see Nancy Stepan, *Beginnings of Brazilian Science: Oswaldo Cruz, Medical Research and Policy, 1890-1920* (New York: Science History Publications, 1976); Jaime Benchimol, *Manguinhos do sonho à vida: a ciência na Belle Époque* (Rio de Janeiro: Casa de Oswaldo Cruz, 1990); Jaime Larry Benchimol, *Pereira Passos, um Haussmann tropical: a renovação urbana da cidade do Rio de Janeiro no início do século XX* (Rio de Janeiro: Coleção Biblioteca Carioca, 1990).

²¹ On turn of the century urban renewal in Rio de Janeiro, see Jeffrey Needell, *A Tropical Belle Époque: Elite Culture and Society in Turn-of-the-Century Rio de Janeiro* (New York: Cambridge University Press, 1987); Teresa Meade, "Civilizing" *Rio: Reform and Resistance in a Brazilian City, 1889-1930* (University Park: Penn State University Press, 1997); José Murilo de Carvalho, *Os bestializados: o Rio de Janeiro e a República que não foi* (São Paulo: Companhia das Letras, 1987).

²² For the smallpox vaccine revolt, see Nicolau Sevcenko, *A revolta da vacina: mentes insanas em corpos rebeldes* (São Paulo: Companhia das Letras, 1993); Jeffrey Needell, "The Revolta contra Vacina of 1904: the Revolt Against Modernization in *Belle Époque* Rio de Janeiro,"

draconian actions unleashed a full-fledged revolt, resulting in a week of street fighting, at least twenty-three deaths, hundreds of arrests, and a complete halt of the campaign. The deep-seated antagonism sparked by smallpox vaccination must have been especially ironic to those health officials fighting the last rebel stronghold, a predominantly black district called *Saúde* or health.²³

While the participation of multiple urban constituencies in the riot reveals that they were never the passive targets of discriminatory policies, physicians held tightly to their modernizing beliefs, successfully securing governmental support for scientific institutions. Their early accomplishments in the public health arena led to the establishment of the Oswaldo Cruz Institute, a federally-funded organization in Rio de Janeiro that supported microbiological and parasitological research.²⁴ Headed by Cruz himself, the Institute provided a launching ground from which physicians and technicians fanned out to survey the disease conditions of the interior regions. The findings of these explorations—which extended from the Amazonia to Paraná—blurred the differences between the regions, presenting the backlands as a medical frontier in need of public health assistance. Through the reports of these medical expeditions, Brazilian physicians came to believe that poor health was the principal obstacle to economic development and national integration.²⁵

Meanwhile, the state of São Paulo also witnessed the steady development of public health policies and institutions. The growth of the coffee economy and

Hispanic American Research Review 67 no. 2 (1987), pp. 233-269; Sidney Chalhoub, *Cidade febril: cortiços e epidemias na Corte Imperial* (São Paulo: Companhia das letras, 1996), chapter 3.

²³ Needle, “The *Revolta*,” p. 250.

²⁴ See Stepan, *The Begining of Brazilian Science*, chapters 3 and 4.

²⁵ Gilberto Hochman, *A era do saneamento*, chapter 2; Nísia Trindade Lima, *Um sertão chamado Brasil*, chapter 4.

industrialization efforts convinced planters and industrialists that investing in public health benefited their interests. Diseases in port cities prevented the importation of immigrant labor and interrupted international commerce. At the turn of the twentieth century, health officials in São Paulo succeeded in eradicating yellow fever and the plague, especially in its capital and the port city of Santos. By 1910, their efforts had turned to campaigns against smallpox, typhoid fever, and leprosy. Many of these campaigns preceded even the major sanitary efforts established of Oswaldo Cruz in Rio de Janeiro and the arrival of the the Rockefeller Foundation. Another factor that positioned São Paulo at the forefront of public health developments was the creation of scientific institutes charged with medical investigation and the production of medicines, including the Bacteriological Institute (1892), the Bucanã Institute (1901), and the Pasteur Institute of São Paulo (1903). These institutes formed research-based institutions independent of the federal government. In 1917, an important sanitary reform led by Arthur Neiva, director of the Sanitary Service of São Paulo, included provisions for the sanitation of rural areas. Once again, these efforts of modernizing public health foreshadowed national trends.²⁶

Beyond providing the foundations for medical research, these campaigns provided the basis for the federal state to extend its authority over commercial ports in the cities of Rio de Janeiro and São Paulo. Since 1907, the Defensive Hygiene Service in Rio had controlled the flux of ships, people, and goods in various ports. Between 1902 and 1909, regulations mandating compulsory notification of designated diseases, establishment of a sanitary court, and, as we have seen, obligatory smallpox vaccination, vested public officials of the federal district with more clout than their municipal counterparts.²⁷ In the

²⁶ Luis Castro Santos, “A Reforma Sanitária ‘Pelo Alto’: O Pionerismo Paulista no Início do Século XX,” *Dados-Revista de Ciências Sociais* 36 no. 3 (1993): 361-392.

²⁷ Hochman, *A era do saneamento*, p. 95 -110.

following decade, however, the orientation of the federal government significantly shifted. The expeditions to the vast hinterlands allowed Cruz and his disciples to take their public health efforts away from the urban centers and into the sparsely populated interior. But these efforts were also an attempt to construct the backlands as repository of Brazilian development and nationality. As one political commentator observed years later:

The vision of our political leaders has been wrongly directed toward the cities, theaters, and ports. The sertão has been abandoned to its own fate. Physicians and propagandists have fulfilled their patriotic duty... a duty of human responsibility, calling for saving the land and the race.²⁸

The political debate about extending public health services to the interior became a debate about the place of the neglected sertão in Brazilian society and history.

Dante's Inferno and Scientific Exploration

The unprecedented and extensive character of medical explorations of the interior has not escaped the scrutiny, nor the debate, of scholars focused on public health efforts in the first decade of the twentieth century. State-sponsored public health missions offered a vehicle to survey diseases and to incorporate the peoples and the economies of faraway lands. Oswaldo Cruz, for example, ventured twice into the interior of the Amazon basin: in 1905 to assess the sanitary conditions of the river's principal ports; and in 1910 to perform medical surveys about workers building railway lines along the upper Madeira River in the state of Porto Velho. The alarming rates of hookworm and malaria that Cruz found resulted in pressures to develop a disease control program in the Amazon region. On a subsequent expedition two year later, he organized a small team of medical researchers to explore the main sites of rubber extraction westward of Belen and Manaus.

²⁸ Jose Maria Bello, "Um problema nacional," *Correio da Manhã*, June 3, 1918.

During their five months voyage to the interior, this group of doctors was astounded by the unusual intensity of malaria, and they speculated about the possibility of a new plasmodium with its own mosquito vector in the region. With the collapse of the Amazonian rubber boom after the outbreak of World War I, however, federal interest in controlling malaria quickly faded.²⁹

Other medical expeditions also went hand-in-hand with infrastructure development and regional integration. In the northwest, as part of the Commission for Strategic Telegraph Lines from Mato Grosso to Amazonas (Comissão de Linhas Telegráficas Estratégicas de Mato Grosso ao Amazonas) that constructed telegraph lines across the Amazon basin, the then relatively unknown physician Edgar Roquette-Pinto collected valuable medical and ethnographic data on the Nambiguara Indians.³⁰ In the northeast, a seven-month expedition led by Arthur Neiva and Belisário Penna brought the problems of the drought-prone lands of Pernambuco, Piauí and Goiás to national light.³¹ Neiva and Penna found that hookworm, malaria, and Chagas disease condemned the “race of the region” to a miserable existence or a drawn-out death, and they blamed the dire health condition of these northeastern states on the apathy of the federal government.³² The federal district of Rio de Janeiro was not exempt from having its own

²⁹ See Nancy Stepan, “‘The Only Serious Terror in This Region’: Malaria Control in the Brazilian Amazon,” in Diego Armus, *Disease in the History of Modern Latin America* (Durham: Duke University Press, 2003), pp. 25-50.

³⁰ On the links of engineering projects and national integration, see Todd Diacon, *Stringing Together a Nation: Cândido Mariano da Silva Rondon and the Construction of a Modern Brazil, 1906-1930* (Durham: Duke University Press, 2004). On Edgar Roquette-Pinto’s expedition with the Strategic Telegraph Commission, see Lima, *Um Sertão*, pp. 77-78; Seth Garfield, “A Nationalist Environment: Indians, Nature, and the Construction of the Xingu Park in Brazil,” *Luso-Brazilian Review* 41 no. 1 (2004): 139-167.

³¹ Arthur Neiva and Belisário Penna, “Viagem científica pelo norte da Bahia, sudoeste de Pernambuco, and sul do Piauí e de norte a sul de Goiás,” *Memórias do Instituto Oswaldo Cruz* 8 no. 3 (1916); Stanley Blake, “The Medicalization of *Nordestinos*: Public Health and Regional Identity in Northeastern Brazil, 1890-1930,” *The Americas* 60 no. 2 (2003): 217-248.

³² Neiva and Penna, “Viagem científica,” p. 221.

derelict sertão. In a 1916 speech in Rio de Janeiro, Neiva reminded his audience that in the previous decade a record malaria epidemic opened onto “the doors of the Republic’s capital, and not the interior,” devastating the workforce damming the Xerém river.³³ Two years later, physician Afranio Peixoto pointed to the similar disease rate in the federal district and the interior to claim that the “Brazilian sertão begins at the end of the *Avenida*,” the new main thoroughfare of downtown Rio.³⁴

These and other reports portrayed a geography of neglect that simultaneously differentiated and conflated Brazil’s distinctive regions. On the one hand, each region had its unique diseases and populations, but on the other, the widespread distribution of diseases rendered the different regions indistinguishable. Emboldened by their new knowledge about diseases and human ecology, sanitarians elaborated a plan of national cohesion that looked for the solution to these problems in a strong welfare state. Far from using bandeirismo and paulista exceptionalism to boost expressions of regional chauvinism or to emphasize the merits of a federal political system, nationalist physicians relied on these culturally-charged constructs to press their claims for a centralized public health system. With regards to public health, contemporaries took up the idea of São Paulo’s alleged demographic, economic, and political “progress” as the backbone of their formulations.³⁵ Indeed, proponents of rural sanitation regularly emphasized the

³³ Arthur Neiva, “O Saneamento do sertão,” *Athur Neiva: discursos pronunciados no banquete que lhe foi oferecido a 18 de Novembro de 1916 no Rio de Janeiro* (Rio de Janeiro: Tipografia Besnard Frères, 1917), p. 24.

³⁴ Afranio Peixoto, “Discurso Pronunciado no Banquete Oferecido ao Prof. Miguel Pereira, em 19 de maio de 1918,” in P. Leão et al., *Afranio versus Afranio* (Niterói: Tipografia “Jerônimo Silva,” 1922), p. 32. Peixoto was referring to the Avenida Rio Branco, commonly known as *Avenida Central*.

³⁵ In the first of a series of articles appearing from November 1916 to January 1917 in the *Correio da Manhã*, Belisário Penna, the principal architect of the campaign for rural sanitation, states: “With the exception of the states of São Paulo, that care about education and public health, and as a result constitute a separate group of people in the Brazilian community, and to some extent Rio Grande do Sul, all the other states limit themselves to worry about these “fastidious” concerns in

predominant place of São Paulo to garner the support of the elite and reform-minded middle class. The adoption of “bandeirismo” as the hallmark of the sanitation campaign symbolically linked the preservation of Brazil’s mythical past to the promise of its future development, conflating paulista regionalism with an emergent sanitary nationalism.³⁶

Bandeirismo reached the height of its proselytizing power in the years immediately after 1916, when a series of national and international events helped generate a sanitary movement that called for a rural public health campaigns throughout the country. Foremost in fostering these efforts was the publication in 1916 of Arthur Neiva’s and Penna’s “Viagem científica pelo norte da Bahia, sudoeste de Pernambuco, e sul do Piauí e de norte a sul de Goiás,” a report that hailed the southern states, and in particular São Paulo, as exemplary in their scientific initiatives, educational institutions, productive lands, and healthy workforce.³⁷ Moreover, the death of Oswaldo Cruz on February 11, 1917 gave his sanitarians a platform from which to make themselves the bearers of his legacy.³⁸ From their influential positions in Rio de Janeiro and São Paulo, this cohort of physicians advocated tirelessly for medical research and public health centralization. Two external factors also defined what became known as medical bandeirismo. At the outbreak of World War I, Brazil remained neutral until German submarines in the Atlantic restricted trade. When Brazil finally entered the war in 1917, the increased need for military conscription among rural dwellers gave impetus to the

their capitals and some cities.” Belisário Penna, *O Saneamento do Brasil* (Rio de Janeiro: Editora Tribunales, 1923 [1918]), p. 30.

³⁶ On regionalism in São Paulo, Celso Ferreira, *A epopéia bandeirante*; Tania Regina de Luca, *A Revista do Brasil: Diagnóstico para N(ação)* (São Paulo: Editora Unesp, 1999).

³⁷ Neiva and Penna, “Viagem,” p.221.

³⁸ Regina Abreu, *O enigma*, chapter 2.

sanitary movement. Meanwhile, the arrival of the IHB in 1916 also helped standardize public health initiatives in rural areas of different states.³⁹

In this climate, advocates of rural sanitation felt that the entire nation had to be rehabilitated. Through a highly visible propaganda campaign, they attempted to develop a sense of public health nationalism that redefined racial, regional, and national boundaries. Following the lead of paulista elites, Brazilian physicians sought to transform the nation through public health innovations that promoted economic diversification. Scientific advancement, like bandeirante history, also unfolded westward across time and space. Sanitary physicians often defined regions outside the modernizing thrust of science as sites of multiple ills and miseries, and believed that prescriptive sanitation could liberate these regions from ignorance and savagery. Rather than portraying the bountiful nature of the hinterland, Neiva and Penna catalogued the social and physical maladies of the central, northeastern and southwestern states. In sum, their health problems revealed an “infernal picture that could only be masterly described by the immortal DANTE.”⁴⁰ In contrast to these infernal scenes, Penna and Neiva explained, the wealth of the southern states derived from:

the intelligent exploration of land, its intelligent settlement by apt and conscious men, the fast and economical means of communication with commercial centers, the instruction in the practical and exact prophylaxis of regional diseases, all of them preventable through a rational and constant assistance and through the wise laws of race betterment and vigilance.⁴¹

In the following years, the virtues attributed to paulistas would be expressed with great enthusiasm in newspaper articles, ethnographic studies, and even modernist manifestoes,

³⁹ Peter Beattie, *The Tribute of Blood: Army, Honor, Race, and Nation in Brazil, 1864-1945* (Durham: Duke University Press, 2001), chapter 9; Faria, “A Fase Pionera.”

⁴⁰ Neiva and Penna, “Viagem,” p. 222.

⁴¹ Neiva and Penna, p. 221.

as well as within the walls of university classrooms and legislative bodies.⁴² Yet it was principally through public health debates that this brand of regionalism diffused through the political boundaries of different Brazilian states. A few years later, for example, Neiva contended that the “sanitation of the sertão” relied on spreading the influence of São Paulo “from the state of Minas, and Goyaz, to the remote Matto Grosso,” echoing “prodigious enterprises carried out by Yankee initiatives in the Far West.”⁴³ This was only one expression of the ways the discourse of U.S. western expansion merged with ideas of paulista exceptionalism, and how the architects of the rural sanitation movement drew on frontier models for policy making.

Even if references to U.S. imperialism took colonial and racial overtones, they lent weight to civilizing Brazil’s westward frontier. Sanitarians may have been exposed to this frontier rhetoric in October 1913, when former U.S. President Theodore Roosevelt arrived in Brazil as part of his South American tour. As Brazilian officials greeted the author of *The Winning of the West* (1900), public health reformers noticed his fierce pioneering spirit and special fascination with Brazil’s hinterland.⁴⁴ In contrast to his visits to Chile, Argentina and Uruguay, where Roosevelt focused exclusively on defending the Monroe Doctrine, the grand finale Roosevelt orchestrated drew the greatest attention. Rather than ending his South American tour visiting Rio’s beautiful plazas, scenic gardens, and fashionable leisure spaces, safari-loving Roosevelt spent five of his more

⁴² On paulista literary modernism, Jorge Schwartz, *Vanguarda e cosmopolitismo na década de 20: Oliverio Girondo e Oswald de Andrade* (São Paulo: Editora Perspectiva, 1983); Sergio Miceli, *Nacional estrangeiro: historia social e cultural do modernismo artistico em São Paulo* (São Paulo: Companhia das Letras, 2003); Luis Madureira, “A Cannibal Recipe to Turn a Dessert Country into a Main Course,” *Brazilian Anthropophagia and the Dilemma of Development*,” *Luso-Brazilian Review* 41 no. 2 (2005): 96-125.

⁴³ Neiva, “Saneamento dos Sertoos,” p. 22. For a useful comparison between Brazilian and U.S. frontier cultures, see Clodomeer Vianna Moog, *Bandeirantes and Pioneers*, trans. L.L. Barret (New York: Y. Braziler, 1964).

⁴⁴ Theodore Roosevelt, *The Winning of the West* (New York: GP Putnam’s sons, 1900).

that seven-month stay exploring the vast regions of the Amazon Basin with Field Marshal Cândido Rondon, the director of the Commission for Strategic Telegraph Lines, a government agency charged with building lines to communicate the nation's interior with its coast.⁴⁵

While Roosevelt's presence disrupted the work of the Brazilian members of the expedition, delaying the construction of the telegraph line, his lengthy involvement guaranteed steady media exposure. One year after his departure, Roosevelt's trip still made newspaper headlines. The publication of his travel account *Through the Brazilian Wilderness* in 1914 infuriated many Brazilians because they were portrayed as lagging behind in their path toward modernity.⁴⁶ Roosevelt began the book trumpeting how his "fondness" for Dante and of history and of science" sparked his interest to delve deep "into the interior of South America."⁴⁷ He noted that Brazil was unique among "her Spanish American sisters because she won her way to republicanism by evolution rather than revolution."⁴⁸ Overcoming tropical diseases and mapping uncharted territories was one of the "innumerable examples" of the evolutionary progress "made under the republic." Yet the work of the telegraphic commission stood apart because it united "utterly unknown" territories separated by vast amounts of land.⁴⁹ From Roosevelt's perspective, Brazil, like other countries of South America, was entering a new dawn in

⁴⁵ For the details of the Brazil expedition, see Theodore Roosevelt, *Through the Brazilian Wilderness* (New York: Charles Scribner's Sons, 1914). George Cherrie and Leo Miller, specialists in ornithology and a mammalogy respectively, joined the Roosevelt's Brazil expedition as collectors for the American Museum of Natural History. Accounts in some of the city's major journals critiqued the expedition as a symbol of the narrow U.S. fascination with Brazilian wilderness and nature, rather than with the country's civilization and progress. See Diacon, *Stringing Together a Nation*, p. 34.

⁴⁶ Diacon, *Stringing Together a Nation*, p. 47.

⁴⁷ Roosevelt, *Through the Brazilian*, p. 2-3.

⁴⁸ Roosevelt, p. 348.

⁴⁹ Roosevelt, p. 349.

history, “a career of great social and industrial development.” The development of “great stretches of virgin wilderness” would be undoubtedly accomplished “in the way of pioneer exploring and of scientific work.”⁵⁰ On this point, rural sanitarians in Brazil could not agree more.

The Last Bandeirantes and Medical Frontiers

Roosevelt’s vision of pioneer development held important lessons for proponents of rural sanitation. Former participants of medical expeditions, in particular, lobbied intensely for extending the geographic reach of public health to the hinterland. Their campaign called for a return to the soil, in which agricultural settlements in the interior would benefit from public health services that facilitated greater economic growth and territorial integration.⁵¹ One of the fiercest crusaders of this telluric nationalism was Belisário Penna, who founded the Pro-Sanitation League of Brazil on the first anniversary of Oswaldo Cruz’s death (Figure 4.1).⁵² Its prominent members included Carlos Chagas, the new director of the Oswaldo Cruz Institute, Afranio Peixoto, a professor at Rio de Janeiro’s School of Medicine, Olympio Barreto, a renowned lawyer in Rio, Edgar Roquette-Pinto, a professor at the National Museum, José Bento Monteiro

⁵⁰ Roosevelt, p. 353.

⁵¹ Proponents of rural sanitation relied on public health to favor an efficient rural workforce, agricultural colonization, and reduce state autonomy. They were clearly aligned with the developmentalist nationalism of Alberto Torres, a justice of the Supreme Court and a bitter critique of the Republican regime. See Alberto Torres, *O problema nacional brasileiro: introdução a um programa de organização nacional* (São Paulo: Companhia editora nacional, 1938 [1914]). On his influence on Belisário Penna, see also Nísia Lima and Nara Britto, “Salud y nación: propuesta para el sanemaento rural: un estudio de la revista *Saúde*,” in Marcos Cueto, ed., *Salud, cultura, y sociedad en América Latina: nuevas perspectivas históricas* (Lima: Instituto de Estudios Peruanos, 1996).

⁵² Members of the medical class officially paid tribute to the memory of Oswaldo Cruz by founding the Pro-Sanitation League. They gathered on February 11, 1917 at 2:00 p.m. at the headquarters of the National Society of Agriculture.

Lobato, a writer from São Paulo, and Wenceslao Brás, the President of the Republic.⁵³ The members of this association, who often cooperated in scientific enterprises and met at social gatherings, openly recognized that the “health of our people” was the basis for the “peaceful conquest of treasures and the defense of their rights.”⁵⁴ The associations’ membership also suggests the appeal of rural sanitation in fostering dense social networks among physicians, politicians, educators, writers, and jurists.

Figure 4.1: Belisário Penna leading a meeting of the Sanitation League.



Source: Fundo Pessoal Belsário Penna, COC.

The broad and complex ways that the Pro-Sanitation League defined the “vital problem,” as Monteiro Lobato would put it, frequently contrasted with the problems of urban decay and rural neglect.⁵⁵ In the pages of their official journal *Saúde*, members not

⁵³ “Liga Pro-Saneamento do Brasil,” *Saúde* 1 no. 1. 1918.

⁵⁴ “Editorial,” *Saúde* 1 no. 1. 1918.

⁵⁵ José Monteiro Lobato, *Problema Vital* [1918] in *Literatura geral* vol. 6 (São Paulo: Editora Braziliense, 1962),

only reinterpreted the causes of disease, depopulation, and uneven development in rural settings, but also critiqued the effects of urban migration, changing social hierarchies, and the country's dependence on the export economy. Some employed strict microbiology and parasitology to argue against climatic and racial determinism. For them, it was neither climate nor race that caused the miseries of Brazilians of the interior, but instead the lack of "imagination" on the part of the political elites.⁵⁶ Others—including Rio de Janeiro's future public school reformer Antonio Carneiro Leão—called for public health education to cultivate hygienic values and civic responsibility in elementary schools.⁵⁷ Still another group turned to the history, customs, and traditions of the sertanejo in search of an authentic national identity.⁵⁸ Regardless of their emphasis, their calls for state agencies to regulate the relationship between man and land laid the foundation of a movement attempting to transform a decentralized political system that favored large states like São Paulo.

In the late 1910s, however, the rural sanitation campaign pointed to the success of São Paulo to extend the program to the interior. The fact that São Paulo had succeeded in establishing a public health apparatus exacerbated the discontent of sanitarians against the failure of the federal state to do the same across the country. Belisário Penna reserved his harshest criticism for the political elite, who, unlike physicians and engineers, were alienated from their national reality: "It is urgent that lawyers who generally constitute

⁵⁶ Afranio Peixoto, "Moinhos de Vento," *Saúde*, 1 no. 1. s/p

⁵⁷ Antonio Carneiro Leão, "Educação higienica e saneamento," *Saúde*, 1 no. 1, s/p. See also, A. Moraes Coutinho, "A inspecção medica nas escolas," *Saúde*, 1 no. 1, s/p. For discussions of how physicians and eugenics influenced public education in Rio de Janeiro, see Gerry Davila, *Diploma of Whiteness: Race and Social Policy in Brazil, 1917-1945* (Durham: Duke University Press, 2003), chapter 1.

⁵⁸ José Monteiro Lobato, "Saneamento e hygiene: as novas possibilidades das zonas calidas," *Saúde*, 1 no. 1 (1917), n.p.; Edgar Roquette-Pinto, "O caminho de um paraíso," *Saúde*, 1 no. 2 (1918), n.p.

the government and congresses understand that above all the health of a country is the basis for its material, intellectual, and moral prosperity.”⁵⁹ Specifically, he argued that sanitarians should create a new “national consciousness” that stressed protecting the health of the population of the interior as a means for constructing a better future.

The press enthusiastically embraced public health campaigns, recognizing that rural sanitation was one of the most urgent problems of Brazil. *O Jornal*, *La noite*, and *Correio da Manhã* welcomed with headlines the establishment of the Pro-Sanitation League with expressions of gratitude and relief, and pressed vigorously for the expansion of the program and quick governmental action. “Since public powers are not fulfilling on their own what should be their primary responsibility,” one newspaper commented, “they should assist the Pro-Sanitation League, which will become the last group of bandeirantes completing the discovery of our county.”⁶⁰ Through the work of its members, it seemed, the problems of the Brazilian hinterland would cast into relief for the rest of country.

The arguments for the centralization of public health operated on two principal levels. The first level was historical and it intended to counter the charge that the extension of state power was contrary to the political tradition of the Republic. The so-called regional “oligarchies” of great states such as São Paulo believed that pursuing a strong central government would violate and undermine the federative autonomy guaranteed by the Republican constitution of 1889. Sanitarians answered this constitutional challenge with a regionalist vision of state expansion, arguing instead that the extension of public health was at the very core of São Paulo’s prominence. “It was you the Brazilians of São Paulo,” explained Penna to an audience of paulista industrialists, “who delimited the frontiers of Brazil who began, with the epic penetration

⁵⁹ Belisário Penna, *Saneamento do Brasil*, p. 54.

⁶⁰ Medeiros e Albuquerque, “Os últimos bandeirantes,” *A noite*, August 13, 1918.

of the intrepid bandeirantes, populating its territory.” He concluded with an appeal to their sense of paulista exceptionalism. “All of this indicates that you are predestined to guide, direct, and implement a sanitary policy in the whole country.”⁶¹

Connecting a nation-wide sanitary policy to the “intrepid bandeirantes” meant, in turn, the furthest extension of a regional process. Earlier in his address, Penna mentioned that São Paulo, being the birthplace of Oswaldo Cruz, gave the country its “scientific bandeiras.” Given the historical role of this state, he argued, the movement would inevitably grow. In the very near future, “health bandeirantes will not solely be physicians, but also teachers of all levels and mothers of every household.”⁶² He specifically addressed possible critics by alleging that sanitation was not only the ultimate, and most inclusive, stage of bandeirismo, but also the most benevolent expression of paulista power.

The second part of the centralization argument was political, relating São Paulo’s peculiar political and moral talents to greater state power. Evidence of São Paulo’s effective government was often found in its turn-of-the-century sanitary campaigns intended to promote the immigration of European agricultural workers.⁶³ If paulistas had previously won the battle against tropical diseases and unproductive lands, had they not demonstrated the qualities that should characterize all Brazilians? Their decisiveness in caring for their own inhabitants and in exploiting their resources demonstrated that a well-organized governmental effort might be successfully extended elsewhere, especially when it had been established that the endemic diseases consuming other regions were

⁶¹ Belisário Penna, *Saúde y Trabalho* (São Paulo: Off. Graph. Monteiro Lobato, 1924), p. 28, 29.

⁶² Penna, *Saúde y Trabalho*, p. 5.

⁶³ For a discussion of public health initiatives in São Paulo, see Maria Alice Ribeiro, *Historica sim fim... Inventário da saúde pública, São Paulo, 1880-1930* (São Paulo: Unesp, 1993); Castro, “Estado e Saúde.”

treatable. Even the “degenerate” northeastern regions of Brazil against which so much of paulista exceptionalism had been forged could be redeemed with rational and efficient intervention of a more centralized public health system.⁶⁴

The political claims of sanitarians were often aimed toward integrating all the states under a more efficient and accountable federal government. Sanitarians explained the ways an extensive public health infrastructure might effectively lead to a centralized union, obliterating the weak, inefficient, and corruptible system of regional parties and oligarchies.⁶⁵ Here again Penna rhetorically invoked regionalism, but this time to conjure up modernizing images of connections and interrelations:

All the problems related to the wellbeing of the regions and the health of their inhabitants stem from their political and social organization. None of them can be solved without the involvement of the other; [regions] are synchronized wheels of a machine that only work when their bearings are adjusted and their axes are not dislocated.⁶⁶

Under the flag of sanitation a uniform policy of health, education, and justice could be established, bringing coherence to general interest of the nation. “A region or a land is the country,” concluded Penna.⁶⁷

The establishment of the Pro-Sanitation League and the arrival of the International Health Board fanned the flames of the debate over public health

⁶⁴ On the regional identity of the northeast and public health, see Stanley Blake, “The Medicalization of *Nordestinos*: Public Health and Regional Identity in Northeastern Brazil, 1889-1930,” *The Americas* 60 no. 2 (2003): 217-248.

⁶⁵ In December 1916, Penna wrote: “What we have is a series of minor satraps and oligarchies,” wrote Penna in 1916, “subordinated to the will of a dominant will of a central, overriding, and merciless oligarchy, constituted by three or four states... This is the political game of presumption, ineptitude, velhacaria, and of subaltern interest.” See Penna, *Saneamento do Brazil*, p. 122.

⁶⁶ Penna, *Saneamento*, p. 68. On the transformation of a weak national public health system into a more centralized administrative system, see Gilberto Hochman *A era do saneamento*.

⁶⁷ Penna, *Saneamento*, p. 69.

centralization. The limitations of Brazil's federalist political system, which placed the burden of responsibility for public health in the hands of individual state governments, heightened the anticipation of Brazilian sanitarians for the arrival of the Rockefeller Foundation. When the special committee of the IHB arrived in 1916, these physicians contributed much to the relatively smooth entry of the Rockefeller Foundation into the country. Although in the early years IHB became involved in the public health affairs of wealthy southern states such Rio, São Paulo, Minas Gerais, after 1918 the Foundation's interest extended to the poorer states of the northeast. The IHB began to address the public health needs in this region in the early 1920s. Specifically, dozens of hookworm demonstrations post like the one at Capella Nova were completed in this period. At the same time, Brazilian public health officials gave impetus to the IHB to work in different states, arguing that the federal government needed more oversight over the contracts between the states and the Rockefeller Foundation. They aligned their efforts to promote health centralization to the vast resources and newer methods brought by the Rockefeller Foundation.⁶⁸

Converging Missions: Rural Sanitation and International Philanthropy

Although the IHB campaign in Brazil followed, in broad outlines, earlier models of collaboration in the Caribbean and Central America, significant distinctions soon became evident. Rockefeller officials in Brazil had to deal for the first time with a large decentralized system of governance.⁶⁹ This administrative problem was rare in the Caribbean and Central America, where the IHB directors coordinated solely with the

⁶⁸ The Rockefeller Foundation, *Annual Report, 1921* (New York: Rockefeller Foundation, 1921), pp. 123-124.

⁶⁹ "To whom it may concern," 21 Jan. 1916, RF, RG 5, ser. 1, subseries 2, box 28, folder 434, RAC. Before arriving to Brazil, the IHB had inaugurated public health cooperation with British Guiana, Trinidad, Grenada, St. Vincent, St. Lucia, Antigua, British Honduras, Ceylon, Federated Malay States, Dutch Guyana, Costa Rica, Guatemala, Nicaragua, Panama, and Salvador.

authorities of a small country or a single colony. Unlike in these places, in Brazil there was a great deal of historical and institutional memory of the Oswaldo Cruz's triumphs over various diseases in rural and urban regions.

The stakes for the Brazil campaign were also higher. The country, Rockefeller officials considered, would "open the way to other South American republics," enabling the cultivation of "friendly international relations."⁷⁰ Lewis Hackett, the IHB regional director in Brazil, initially decided to concentrate his efforts on eradicating hookworm disease in the southern states. Since these states enjoyed "greater wealth and political advancement," he could pursue the goals of the Foundation more easily there than in states lacking public health infrastructure or political power.⁷¹ He would not have to wait for federal approval before organizing the Foundation's activities, as he would in weaker states, which depended significantly on the federal government for resources.

The decision to provide technical and financial assistance to the "great" southern states would also make it easier the support of ruling oligarchies and high-ranking politicians.⁷² On April 24, 1917, Arthur Neiva, now the director of the Sanitary Service of São Paulo, explicitly defended the actions of the Rockefeller Foundation in Brazil. Beyond the inauguration of an infection survey in that state, he expected the collaboration to culminate in a research center from which the Rockefeller Foundation "could irradiate its benevolent action, elucidating various scientific problems, not only for Brazilians but also for South Americans."⁷³ That year Neiva also began a reform of the sanitary services

⁷⁰ "Committee to study and report on medical conditions and progress in Brazil," Oct. 1915, RF, RG 5, ser. 1, subseries 2, box 6, folder 92, RAC, p. 5, 4.

⁷¹ Hackett, "Report on the Work for the Relief and Control of Hookworm Disease in Brazil from November 22, 1916, to December 31, 1919," RF, RG 5, ser. 1, Doc-019, RAC.

⁷² Hackett, "IV Report of hookworm 1916-1919," RF, RG 5, ser. 1, Doc-019, RAC.

⁷³ Arthur Neiva, 24 April 1917, Coperação São Paulo. Quoted in Lina Rodriguez de Faria, "A Fase Pionera da Reforma Sanitária no Brasil: A Atuação da Fundação Rockefeller, 1915-19130,"

in São Paulo introducing a code that extended the state's public health services to rural areas. Although planters initially opposed the presence of the state near their estates, their reticence waned as they became convinced that curing their workers benefited their economic interests. Speaking to a paulista audience a few years later, Antonio Carneiro Leão, a prominent educator in Rio, interpreted the sanitary code of 1917 as a crucial episode in developing partnerships between IHB and state governments. "With the Sanitary Code of 1917 approved," he stated, "São Paulo took a step that still today is an aspiration in many parts of the civilized world."⁷⁴ These and other celebrations of the IHB work in São Paulo were broadly and favorably received by the most prominent sanitarians in the rest of Brazil.

But even as sanitarians were extoling Brazil's cooperation with the IHB, others viewed the Rockefeller presence as an embarrassing "sanitary tutelage." A commentator of *O Imparcial* argued that this tutelage made Brazilians appear "weak, negligent, or, even worse, incapable of taking care of their own affairs."⁷⁵ Yet the most powerful ideological weapon in the arsenal of Brazilian critics was the charge that the Rockefeller Foundation was "imperialist." These concerns were tinged with nationalist fears that Brazil would be forced to kowtow to the expanding economic influence of U.S. institutions.⁷⁶

Quelling fears by establishing effective collaborations became the strategy of the Rockefeller Foundation. Early collaborations quickly dispelled concerns about an "imperialist" Rockefeller Foundation. This is not to say that senior IHB officials did not

⁷⁴ "Conferencia de A. Carneiro Leão no Centro Paulista do Rio, 1920," transcribed in *Correio Paulistano*, 4 May 1920.

⁷⁵ Plácido Barbosa, "Verghohna," *O Imparcial*, October 23, 1916.

⁷⁶ On anti-imperialism in Brazil, see Robert Stam and Ella Shohat, "Variation on the Anti-American Theme," *New Centennial Review* 5 no. 1 (2005), pp. 141-178.

believe in the superiority of Anglo-Saxon culture and institutions as a racial imperative for extending public health to other countries. In fact, Wickliffe Rose, the IHB General Director, after visiting Brazil to assess five years of work, noted that “to the Anglo-Saxon mind the Brazilian seems to be lacking in dependability.” Rose observed that the “Latin temperament shows itself here, as in most Latin countries, in the form of unenlightened individualism.” He claimed that the Brazilian shortcomings were not so much a result of a lesser intellect, but of a “want of discipline.”⁷⁷ “Even in as good institution as the Oswaldo Cruz Institute,” he continued, “there is no group attack on scientific problems, and institutional loyalty is entirely lacking.” There were “promising tendencies,” however. Like Roosevelt, Rose adhered firmly to westward theories of expansion, and this gave him hope. “After all,” he concluded, “Brazil is still in its pioneer stage.”⁷⁸

Yet senior IHB officials were very careful to keep these remarks among themselves. Few of these views were shared with Brazilians, for the officials were well aware of their incendiary potential. In their dealings with Brazilian politicians and physicians, IHB officials took special care not to offend their nationalist sensibilities.⁷⁹ More importantly, wherever the IHB set a sanitation post, no matter the size of the municipality or region, Hackett appointed medical officials and field directors who had already earned the respect of the local medical establishment and state authorities.⁸⁰ From

⁷⁷ Wickliffe Rose, “Observations on Public Health Situations and Work of the International Health Board in Brazil,” RF, RG 5, ser. 2, subseries 2, box 25, folder 152, RAC, p. 10.

⁷⁸ Wickliffe Rose, “Observations on Public Health Situations and Work of the International Health Board in Brazil,” RF, RG 5, ser. 2, subseries 2, box 25, folder 152, RAC, p. 13.

⁷⁹ Just before the arrival of the Yellow Fever Commission, Hackett wrote to Rose: “During the three weeks I have been here I have received considerable publicity of the right sort which has tended to place the aims of the Board before the Medical men in proper light. The Brazilians are apt to be hypersensitive.” He stated later that “Brazilians naturally regard with hostility any American who avows his intention to teach them anything.” L.W. Hackett to Rose, 23 Oct. 1916, RF, RG 5, ser. 1, subseries 2., box 28, folder 438, RAC.

⁸⁰ Hackett to Rose, 11 June 1916, RF, RG 1.1, ser. 305, box 15, folder 133, RAC.

the very beginning, collaboration between Brazilian physicians and IHB officials facilitated emphasizing the “common” goal between the two, dispelling the strongest arguments of Brazilian opponents.

The establishment of the first two hookworm posts and the responses they elicited demonstrates how these initial collaborations consolidated the positions of both the IHB and nationalist sanitarians. As noted earlier, Ashford’s Cappella Nova expedition counted on the active collaboration of Carlos Chagas and Adolpho Lutz, without a doubt the most prominent research physicians of Brazil. At the time, Chagas directed the Oswaldo Cruz Institute, but his 1909 discovery of *Trypanosomiasis Americana* (Chagas’ disease) had propelled him into international prominence. Similarly, Adolfo Lutz gained fame from his previous work as director of the Bacteriological Institute in São Paulo and his 1911 discovery of the South American blastomycosis (Lutz-Splendore-de-Almeida disease). The seven other Brazilians occupying lesser positions—which ranged from a microscopist to a man exclusively charged with the centrifugation of feces—worked tirelessly under two portable gable tents. Although twenty two days of torrential rains substantially reduced the numbers of patients arriving at the the provisional clinic, by the end of the campaign Ashford and his team treated 1,435 hookworm patients.⁸¹

For state authorities, collaborating with a new, resourceful public health campaign directed by the IHB gave politicians the possibility to increase their political capital. Take, for example, the extraordinary activity that took place at Capella Nova on April 1, 1916. At the end of the campaign, an entourage of politicians and physicians headed by the President and Director of Sanitation of Minas Gerais toured the sparsely furnished dispensary as the staff treated the one hundred and fifty patients who showed up that day

⁸¹ Bailey Ashford, “The Expedition of the Medical Commission at Capella Nova, Mina Gerais,” 11 Oct. 1916, RF, RG 5, ser. 2, box 23, folder 136, RAC., p. 3.

for treatment (Figure 4.2). Ashford recalled the words of the President of Minas Gerais before he returned to the state capital:

Tell Mr. Rockefeller that... we don't want his money, but this little portable dispensary [will] be found all over Minas Gerais as soon as I can get Congress together. I promise you that. We may accept with deepest thanks any help Mr. Rockefeller can give us apart from this, but this—this is a duty which we owe our people, and we will pay for it, too.⁸²

Figure 4.2: “Capella Nova. The President of Minas Geraes and Dr. Ashford to the right of the military aide, Professor Lutz to the left.”



Source: Bailey K. Ashford, *A Soldier in Science: The Autobiography of Bailey K. Ashford* (San Juan: Editorial de la Universidad de Puerto Rico, 1998 [1934]).

A few hours after the President's departure, a blast interrupted what had been in every respect an exceptional day. A nearby dynamite accident resulted in severe injuries for seven miners, all whom Ashford treated at the dispensary. This incident alone, Ashford argued, provided evidence that a dispensary equipped to treat all kinds of emergencies and other diseases was the best way to popularize the campaign of rural sanitation.⁸³ When the dispensary closed seven days later, an engraved gold plaque with

⁸² Ashford, *A Soldier in Science*, p. 175.

⁸³ Ashford to Ferrell, 2 April 1916, RF, RG 5, ser. 1, subseries 2, box 28, folder 436, RAC.

an encrusted diamond was presented to Ashford as a token of gratitude of the people of Capella Nova. Ultimately, the success of the joint venture relied upon getting federal public health officials, as well as state authorities and patients, to publicly sanction the work of the Rockefeller Foundation.⁸⁴

Ashford's ambitions of establishing a broad network of mobile rural dispensaries like those set up in Puerto Rico, however, collapsed before the next round of campaigns.⁸⁵ By the following year, Lewis Hackett decided to institute the intensive method rather than the dispensary method used in Capella Nova.⁸⁶ Adapting the model previously used in Costa Rica, he divided each state into units that usually corresponded to the municipality or county, each with a population varying from 10,000 to 30,000 people.⁸⁷ In each unit, they establish a dispensary equipped with microscopes, drugs, charts, and other exhibit material. Once the dispensaries were in place, the IHB physicians would administer one or two doses of medicine against hookworm. In May 1917, the inauguration of the first intensive campaign at Rio Bonito, a municipality of the state of Rio de Janeiro, took the character of a grand town celebration. To signal the launch, "the town was decorated with flags and palms, a parade of all the school children took place, accompanied by a band of music."⁸⁸ Speeches by the Secretary General of the State, the State Director of Public Health, a representative of the Municipal council, and the field director of the IHB welcomed and congratulated the crowd. After lunch,

⁸⁴ Ashford to Rose, 11 Oct. 1916, RF, RG 5, ser. 1, subseries 2, box 28, folder 436, RAC.

⁸⁵ Ashford to Rose, 11 Oct. 1916, RF, RG 5, ser. 1, subseries 2, box 28, folder 436, RAC.

⁸⁶ Hackett to Rose, 10 May 1917, RF, RG 5, ser. 1, subseries 2, box 46, folder 694, RAC.

⁸⁷ Hackett, "Report on the Work for the Relief and Control of Hookworm Disease in Brazil from November 22, 1916, to December 31, 1919," Doc-019, RAC. On the combine efforts of Costa Rican and Rockefeller officials in establishing an anti-hookworm campaign, see Palmer, "Hookworm Disease and the Popularization of Biomedical Practice,"

⁸⁸ Hackett to Rose, 11 May 1917, RF, RG 5, ser. 1, subseries 2, box 46, folder 694, RAC.

everyone gathered at the IHB laboratory to see a demonstration of a hookworm treatment and listen to a talk illustrated with a Stereopticon. Cordial good wishes from Carlos Chagas and the National Academy of Medicine were received via telegraph during the day. The celebration officially ended with fireworks illuminating the nightly sky.⁸⁹

After 1918, the campaign greatly accelerated, expanding the initial objectives of the campaign. In two years, the number of Brazilian physicians working with the IHB increased from 5 in 1916 to 112 in 1918. Hackett, whose constancy as mission chief had much to do with the success and the evolution of the office's public health work, was flexible enough to incorporate the more ambitious plan of rural sanitation proposed by nationalist physicians. In three years, he transformed the narrow antihookworm focus of the IHB to an initiative that took "something of the attribute of a state rural public health service."⁹⁰ The evolution of the basic public health plan was also the product of the propaganda campaign launched by nationalist sanitarians. Ultimately, the missionary zeal of bringing public health to far and remote regions hinged on an ideology of western expansion that linked IHB officials and Brazilian sanitarians.

From the perspective of nationalist sanitarians, the IHB campaigns presented an opportunity for circumventing the fiscal constraints and the constitutional guarantees of state autonomy, and thus provided a shortcut for establishing their vision of a centralized public health apparatus. News of those early IHB campaigns emphasized the need for a statist model of public health management, and the responsibility of all Brazilians to join the redemptive program in the interior. While principal figures of the sanitary movement reshaped the public health debate in response to the IHB presence, mobilization for rural sanitation was deeply embedded in routine, everyday power relations and politicking. In a

⁸⁹ Hackett to Rose, 10 May 1917, RF, RG 5, ser. 1, subseries 2, box 46, folder 694, RAC.

⁹⁰ Hackett, "Report on the Work for the Relief and Control of Hookworm Disease in Brazil from November 22, 1916, to December 31, 1919," Doc-019, RAC.

series of articles written for the *Correio da Manhã* from 1916 to 1917, Belisário Penna called for new legislation nationalizing the public health service. In the first installment, he used the high morbidity of Capella Nova to illustrate the inability of the government to tackle a preventable public health crisis.⁹¹ The visibility that the IHB gave to the nation's health problems resulted in wider acceptance of the broad public health platform proposed by the Pro-Sanitation League.

Newspapers favoring the enterprise frequently published public health reports coming from Brazilian and Rockefeller officials side by side or within the same article, highlighting the parallels of their missions. The editors of *Correio da Manhã*, for example, assured readers that there was “no common ground between scientific cooperation in a work of humanity and civilization, and the adventuring of aggressive imperialism. The Rockefeller Foundation has no other thought than to gather together financial resources in order to realize an undertaking which by its very nature transcends frontier and racial divisions and nationalities.” The editors cautioned against falling into a “chauvinist” nationalism that would prevent the “intimate cooperation and solidarity among civilized people.” Brazilians, they maintained, should collaborate with the Rockefeller Foundation because, as equal civilized people, they possessed the capacity to “harmonize nationalism with internationalism.”⁹² Carlos Seidl, the Director General of Public Health, made a similar argument through an imperial equivalence. He argued that if a world power like Great Britain accepted Rockefeller philanthropy with “open arms,” Brazil should do the same.⁹³

⁹¹ Belisário Penna, “Interior do Brazil: Doeça, Ignorancia e Miséria,” reprinted in *Saneamento do Brazil*, p. 31.

⁹² “Suceptibilidades exageradas,” *Correio da Manhã*, 24 Oct. 1916.

⁹³ “Declaração do Dr. Carlos Seidl, Director Geral de Saúde Pública,” *Jornal do Commercio*, 25 Oct. 1916.

These public discussions soon spilled into the policy arena. As sanitarians continued to argue about the transformative power of public health, the vision of a heroic campaign that cut across the national frontiers as well as state boundaries set the template for the project of building a centralized public health system. These activists took advantage of the transcending power of public health institutions and discourses as the most important rationale for extending them. Common national interests, including eliminating treatable diseases in the shared hinterland, they claimed, should rise above regional and national differences.

The growing impetus for developing rural sanitation programs drove steady policy changes. In 1917, the general consensus among sanitarians reached President Wenceslau Brás, who declared that it was “necessary to take care of our Capital as much as our Sertões, whose inhabitants, our hygienists tell us, suffer from preventable diseases.”⁹⁴ The following year, he established the Sanitary Directory of Rural Prophylaxis under the direction of Belisário Penna (Figure 4.3). Although the Sanitary Directory was subordinated to the General Directory of Public Health, the agency regulated public health campaigns in states across Brazil. From that position Penna, in addition to pressuring the IHB to include others diseases like malaria and Chagas disease, coordinated contracts between different states and the IHB. Two years after its creation, three fourths of the health initiatives of the federation were under the control of the Directorate of Rural Prophylaxis.⁹⁵ The paltry sum of \$12,000 that the Brazilian government had set aside for rural sanitation in 1917 had by 1922 increased to more than \$2,000,000.⁹⁶

⁹⁴ Wenceslau Brás, “Mensagem apresentado ao Congresso Nacional, em 3 de maio de 1917,” (Brasília: Câmara dos Deputados, 1978), pp. 18.

⁹⁵ Hochman, *A era do saneamento*, p. 149.

⁹⁶ The Rockefeller Foundation, *Annual Report, 1921*, pp. 123-124.

Figure 4.3: Post of the Rural Prophylaxis Service, 1918.



Source: Fundo Pessoal Belsário Penna, COC.

The cry for public health centralization became overwhelmingly clear after the pandemic influenza of 1918 swept the country. The General Directory of Public Health fell under fire after its failure to handle the widespread epidemic. Politicians once again looked at the Rockefeller Foundation as a model of efficiency. That year, Antonio Azevedo Sodr e, a congressional deputy and professor at the School of Medicine of Rio de Janeiro, proposed the first law to create a Ministry of Public Health. In his address to Congress, he used Ashford’s hookworm work in Puerto Rico and Capella Nova to call for standardized public health service across the country. Azevedo Sodr e then asked his colleagues to imagine how the “small flagellum” of hookworm had caused devastating

economic damage to the “national patrimony.”⁹⁷ Although his project was not initially approved, it laid the ground work for the creation of the National Department of Public Health in 1920. Under this new department fiscal and political jurisdiction of public health reverted fully to the federal state, a major step toward superseding the state autonomies guaranteed until then. By making the distribution of Rockefeller resources dependent on federal regulation, Brazilian authorities promoted and shaped the complicated process of health centralization. This pattern was clearly on its way in incipient form since Brazilian health officials auspiciously collaborated in Ashford’s Capella Nova expedition. For the next two decades, as hookworm eradication lost its original priority to take on the attributes of a public health service sponsored in part by the Rockefeller Foundation, demonstrates the importance of this campaign in extending public health programs in places where tight budgets and the lack of medical tradition should have made putting in place these programs almost impossible.

Yet public health discourse was never confined to agencies and policies alone. Rather the international and national axes of public health discourse were intertwined in the cultural space of nationhood. A children’s story makes apparent the impact of the Rockefeller Foundation in shaping Brazilian cultural formation. After learning about Ashford’s Capella Nova expedition, writer José Bento Monteiro Lobato published “Jéca Tatu: A Resurrection.” The story originally appeared in *O Estado de São Paulo* in 1918, later in a collection of essays sponsored by the Pro-Sanitary League and the Eugenic Society of São Paulo, and finally as a pamphlet distributed in the campaigns against

⁹⁷ A. Azevedo Sondré, “Saneamento do Brazil,” *Saneamento do Brazil: Discursos* (Rio de Janeiro: Typ. Leonard Frères, 1918)

hookworm and malaria. The plot of the story unfolds converging public health, regionalism, nationalism and the influence of the United States.⁹⁸

Commonly known as “Jécatuzinho” because of small format editions, the story centers on a poor “caboclo”—a catch-all term for the inhabitant of the interior that denotes racial mixture. Jéca lives in difficulty and danger because he suffers from hookworm disease.⁹⁹ Too feeble to exploit the land, his life is a marked contrast to that of his Italian neighbor who “works all day long.” One day, a doctor unexpectedly arrives at his doorstep looking for shelter from the rain. Jeca tells him about his debilitating ailments. The doctor diagnoses him with hookworm disease, noting that the disease’s symptoms and causes are different from malaria. When Jeca expresses doubt about the parasitic origin of the disease, the “doctor showed him with a magnifying lens what he had expelled in his guts.” Jeca then sees that the “tiny little worms were penetrating his skin through the pores” of his feet. After wooing him with the demonstration, the doctor added the following advice: “from now on, Jeca, do not doubt the work of Science.”¹⁰⁰

Jeca’s newfound vitality was paralleled only by his newfound wealth. His recovery shaped daily life, as well as ideas about progress, and, thus, the future of the nation. Jeca farmed acres of coffee, planted eucalyptus, and built pigpens and henhouses. “I want to make up for the lost time,” he told surprised neighbors, “I want to outdo the

⁹⁸ José Bento Monteiro Lobato, “Jéca Tatu: A Ressurreição” in *Literatura geral* vol. 6 (São Paulo: Editora Brasiliense, 1962). The story was initially published in *O Estado do São Paulo*, and later in *Problema Vital*, a collection of essays published in 1918. This story signaled a significant departure from “Velha Praga,” an article that appeared in *O Estado de São Paulo* in 1914, which denounced living conditions of the cabloco and equated him to a national plague. The inhabitant of the interior, characterized by the figure of the the Jeca Tatu, represented the “fatal parasite of country.” See José Bento Monteiro Lobato, *Urupês*, reprint 1918, (São Paulo: Brasiliense, 1957), p 251.

⁹⁹ Monteiro Lobato, “Jéca Tatu: A Ressurreição,” p. 252.

¹⁰⁰ Monteiro Lobato, “cabloco,” p. 240, “day long,” p. 243, “guts,” p. 245, “pores,” p. 245, “says,” p. 246.

Italian immigrants.” Jeca went out of his way to display the benefits of his hard work. He adopted American ways of doing business as well as dress and manners. He transported his livestock in a new Ford, cockily announcing entrance by honking “*fon, fon, fon!*” He took private English classes and no longer called his livestock *porcos* and *galinhas* but pigs and hens. Because his house had radio and electricity, “Jeca’s plantation became famous all over the county.”

Everyone was entranced. But despite all his fame and riches, he felt empty inside. Jeca then resolved to “teach the path of health to the *caipiras* of the surrounding areas.” To this end, he established malaria and hookworm stations in his plantation and nearby towns to treat the laborers of other plantation owners. “I will spend all my fortune in this enterprise of general health... That is my patriotism.” Monteiro Lobato ends the story auspiciously: “Children: never forget this story; and when you grow up try to imitate Jeca.” After all, “a country’s value is not measured by its size; or by the number of its inhabitants. Its value is measure by the work it realizes and the quality of its people.”¹⁰¹

“Jecatuzinho’s” tongue-in-cheek manner reveals how ideas of U.S. modernity intersected uneasily with sanitary nationalism.¹⁰² Its narrative of successful personal transformation, public health patriotism, and American symbols of progress drew on the classic message of the rural sanitarians. It also inverts the cautionary conventions that Euclides da Cunha employed in *Os Sertões* (see Chapter One). Faced with the racial mixture of the caboclo, Monteiro Lobato opts for redemption, and Jeca’s work, virtues, and patriotism become a straightforward—not a cautionary—example to the readers. Rather than describing the unnerving collision of races through miscegenation, racial

¹⁰¹ Ibid., “prose,” p. 246, “fon!” p. 249, “country,” p. 250, “areas,” p.251, “patriotism,” p. 251, “people,” p. 252.

¹⁰² On the U.S. influence in Monteiro Lobato’s writing, see Sérgio Lamarão, “Os Estados Unidos de Monteiro Lobato e as respostas ao « atraso » brasileiro,” *Lusotopie* 1 (2002): 51-68.

mismatch is not even mentioned in the story. Racial uplift and national belonging, however, were manifested not by his health alone but by outward cultural signs: a caboclo demonstrates the worth of his citizenship by working tirelessly to surpass the Italian immigrant; his lethargic caboclo acquires a layer of sophistication by speaking English, driving a Ford, and purchasing a radio; and his position in Brazilian society is legitimized by establishing public health clinics.

Conclusion

The relatively rapid success of the rural sanitation campaign after 1916 demonstrates how national physicians effectively accommodated regionalism, nationalism, and internationalism, even if their political focus was on public health centralization. The interior into which Ashford extended his hookworm campaign, in addition to lacking health services, was also a place to regenerate Brazilian identity. Penna, Neiva, Monteiro Lobato, and others nested regional exceptionalism within national identity. In the context of the sanitarian movement of the late 1910s, “bandeirismo” played a central role in connecting yet differentiating the history of the state of São Paulo with that of the Brazilian nation. The medical bandeira became a standard trope of sanitarians aiming to represent public health as the latest of a series of scientific innovations culminating in the triumph of paulista-like modernity. Moreover, in portraying the population of the interior as the authentic descendants of the bandeirantes, the Brazilian sanitarians blamed political leaders for leaving the true representatives of the nation in an arrested stage of physical, economic, and political development. In short, the overwhelmingly nationalist rather than regionalist definition of bandeirismo emerged as a defining characteristic in the campaign for rural sanitation.

At the same time, nationalist sanitarians collaborated with the Rockefeller Foundation as a basis on which to exalt the unique mission of extending public health

services across Brazil. During the crucial debates over public health centralization, the work of the IHB validated previous reports of medical expeditions inland. Soon the IHB presence provided an argument for greater state oversight in administering contracts between individual states, federal authorities, and Rockefeller officials. Collaboration on multiple levels, in turn, significantly transformed the role of the IHB in Brazil. It expanded the narrow IHB focus of hookworm eradication to include treating other illnesses such as malaria and Chagas disease. This transformation stemmed logically from the specific experiences of sanitary physicians working in the now familiar but still vast sertão.

Additionally, the quick acceptance of the IHB campaigns grew out of a redemptive mission whose genesis and history were never separate and distinct from the idea of a pioneering nation. Curing the diseases of the interior had taken root in a nationalism that emphasized scientific exploration and economic development in the hinterland, rather than solely the urban centers. By 1916, this important shift led to resurrecting deeply engrained sets of beliefs about paulista bandeirismo. The disposition of nationalist sanitarians to exalt pioneer explorations, and the civilizing mission associated with it, converged with the IHB objective of lending a helping hand to less capable people overseas. Exceptionalism enabled, in part, the campaign of rural sanitation. Brazilian sanitarians used pioneering ideologies prevalent in both paulista regionalism and U.S. philanthropy to push for a centralized public health system.

Nationalist depictions of bandeirismo did not, however, prevent the state of São Paulo from maintaining a public health system that preserved state autonomy. Nationalist bandeirismo, after all, was a historical and political abstraction, and could not in and of itself take the place of historical processes. São Paulo had a well-developed public health infrastructure and powerful regional political elite that did not accept federal interference. After 1918, São Paulo contributed to establishing a centralized public health policy, as

long as it was obligatory for other states and remained voluntary for itself. This concession guaranteed a more autonomous political position, while recognizing the need for a national public health policy that would combat diseases in other states before they crossed the state boundaries of São Paulo. The rationale was again based on the special position of São Paulo as a beacon of public health to Brazil. In the following decade, however, sanitation advocates continued to use the example of São Paulo to generate an ideological reversal that promoted less state autonomy and that contributed to the bloodless “Revolution of 1930” led by Getulio Vargas. In other words, sanitarians’ insistent calls for a strong federal government helped to dismantle a decentralized system dominated, economically and politically, by the state of São Paulo.¹⁰³

Increasingly, sanitarians won rhetorical and political battles, as their ideas of nationalizing the public health system undermined the political machine of São Paulo. An integral part of the Vargas platform endorsed, at least in theory, a reform of the prevailing public health structure. When in 1930 Belisário Penna took office as Director of the National Department of Public Health under Vargas, Monteiro Lobato commended how the “marvelous FLIT [referring to the mosquito spray killer] of the revolution” dismantled the power of regional oligarchies. “If I were a physician,” he continued praising, “I would run to work with Belisário Penna, the champion who did the most for this revolution.”¹⁰⁴ Yet the precarious economic situation of the country severely limited

¹⁰³ Belisário Penna, a personal friend of Vargas, enthusiastically supported the “Revolution of 1930” that put him in power. Just after Vargas took power in 1930, he named Penna director of the Ministry of Health and Education. Classic texts for studying the Revolution of 1930 include Florestan Fernandes, *A revolução burguesa do Brasil: ensaio de interpretação sociológica* (São Paulo: Zahar Editores, 1975); Boris Fausto, *A revolução de 1930: historiografia e história* (São Paulo: Brasiliense, 1970).

¹⁰⁴ Monteiro Lobato to Penna, 22 Nov. 1930, Fundo Pessoal Belisário Penna, Cor. 19201026, pasta 3, COC.

Penna's work. Less than a month after receiving Lobato's letter, Penna sharply criticized Vargas for eliminating the Service of Rural Prophylaxis, stating that it went against his lifelong commitment "to nationalize the public health services." Dissatisfied with the political and fiscal limitations imposed on his nationalization program, he resigned two years later.¹⁰⁵

Perhaps of less concrete but more enduring significance was that, as a cohort, these sanitarians renewed the interest in the racially diverse inhabitants of the Brazilian backlands. Their medical explorations and written work not only laid the foundation of the ideology of racial democracy but also became the motor of it. Gilberto Freyre, the social scientist and writer charged with popularizing the concept of racial democracy in the 1940s, took their work as the point of departure in his pioneering *Casa grande e senzala* (1933). He acknowledged that Miguel Pereira and Belisário Penna popularized the belief that "paludic anemia, beriberi, and worms" caused "the state of physical wretchedness and non-productive inertia" of the caboclo.¹⁰⁶ His reevaluation of national culture also derived from his experiences as a son of the northeastern state of Pernambuco and as an international student of race relations in the United States. Like the nationalist sanitarians that preceded him, Freyre sought to understand the problems of his country through strong regional and transnational perspectives that, with all their limitations, challenged less inclusive visions of the nation. The ways by which Freyre and two other intellectuals incorporated the legacies of public health campaigns into new ideas of national culture is the subject of the next chapter.

¹⁰⁵ Belisário Penna to Gertulio Vargas, 12 Dec. 1930, Fundo Pessoal Belisário Penna, Cor. 19201026, pasta 3, COC.

¹⁰⁶ Gilberto Freyre, *The Masters and the Slaves: A Study in the the Development of Brazilian Civilization*, trans. Samuel Putman (New York, Alfred Knopf, 1946), p. 46.

Table 4.1: Medical Expeditions to the Interior of Brazil

Expedition	Period	Institution	Chief Scientists	General Objectives
North of Minas Gerais, between Lassance and Pirapora	1908	Oswaldo Cruz Institute	Carlos Chagas and Belisário Penna	Anti-malaria campaign and research about the nosological state of the region. Chagas' disease is "discovered"
Valley of the Madeira River	1909	Oswaldo Cruz Institute and the Madeira-Mamoré Railway	Oswaldo Cruz	Anti-malaria campaign
Amazon Valley	October 1912 to March 1913	Oswaldo Cruz Institute and the Committee for the Defense of Rubber	Carlos Chagas, João Pedroso, and Pacheco Leão	Medical Survey for the development of the Amazonia
Valleys of São Francisco and Tocantins	September 1911 to February 1912	Oswaldo Cruz Institute and Central do Brazil Railroad	Astogildo Machado and Antônio Martins	Anti-malaria campaign
São Francisco River	April to July 1912	Oswaldo Cruz Institute and the Inspectorate of Public Works to Counter the Droughts	Adolfo Lutz and Astrogildo Machado	Survey of the fauna of the region. Survey of the sanitary, work, and living conditions of the local population
North of Bahia, southeast of Pernambuco, south of Piauí, and north to south of Goiás	January to October 1912	Oswaldo Cruz Institute and the Inspectorate of Public Works to Counter the Droughts	Arthur Neiva and Belisário Penna	Survey of the sanitary and living conditions of the local population. Research of the flora and fauna of the region, emphasizing their medical interest.
Ceará and north of Piauí	March to July 1912	Inspectorate of Public Works to Counter the Droughts	João Pedro de Albuquerque and José Gomes Faria	Survey of the sanitary and living conditions of the local population.

Source: Nísia Trindade Lima Lima, Um sertão chamado Brasil: intelectuais e representação geográfica da identidade nacional (Rio Janeiro: Editora Revan, 1999)

PART III: NATIONALIZATIONS

CHAPTER FIVE

“THE NEW TROPICS”: PUBLIC HEALTH LEGACIES AND COSMOPOLITAN CIRCUITS

Over the first two decades of the twentieth century, public health campaigns and discourses profoundly transformed prevailing conceptions of disease, race, and nation in the American tropics. The political and cultural context in which some intellectuals imagined and rehabilitated their national community also changed. By the 1920s and 1930s, as some Latin American writers grappled with the different consequences of the public health campaigns introduced by the United States, they incorporated recent development in the study of “culture and personality” through their travels and experiences in the United States. Intellectuals such as Gilberto Freyre and Antonio Pedreira participated in academic discourses through their training and work at Columbia University in New York. Others, such as Fernando Ortiz, cultivated dynamic networks with U.S.-based scholars, exchanging publications and students. All three authors examined national distinctiveness by layering earlier public health transformations with recent developments in the fields of anthropology, history, and literature.

It is not surprising, then, that the English-language translation of Gilberto Freyre’s *The Masters and the Slaves* (1946 [1933]) and Fernando Ortiz’s *Cuban Counterpoint, Tobacco and Sugar* (1947 [1940]) appeared almost simultaneously. The back-to-back translation of these books pleasantly surprised Trinidadian historian Eric Williams. “Like Freyre’s book,” he wrote in 1948, “Ortiz’ book *Cuban Counterpoint, Tobacco and Sugar*,

has a value which far transcends the national boundaries.”¹ Williams was very impressed by “Cuba’s prolific scholar” because, like Freyre, he infused his discussion of past forms of exploitation and production with an explanation of contemporary race relations. For Williams the coincidence suggested new transnational discussions about the significance of slavery and race and new explanations of the uniqueness of their national cultures in the Americas.

At the moment Williams wrote the review, he did not consider Antonio S. Pedreira’s hallmark reflection on the Puerto Rican identity *Insularismo* (1933), since the book would not be fully translated to English for seven decades. But Pedreira’s text shared the same contemporary concerns that surfaced among other scholars interested in questions of race and nation in the 1920s and 1930s. Pedreira’s focus on race and nationality, for example, reveals some intellectual influences and methodological approaches typical of Ortiz’s and Freyre’s work. Interestingly, at the time these books were first published, their interpretations of national distinctiveness generated heated debates among many of their contemporaries. They have also been harshly repudiated by future critics.² Notwithstanding the controversial or iconoclastic value of Pedreira’s,

¹ Eric Williams, “The Twin Bases of Cuban Economy,” *The Journal of Negro Education* 17 no. 1 (1948): 66. The English translation of Ortiz’ *Contrapunteo cubano de tabaco y el azúcar* appeared in 1947 as *Cuban Couterpoint: Tobacco and Sugar*. One year earlier, the same publisher launched Freyre’s *Casa grande e senzala* as *The Masters and the Slaves*. See Fernando Ortiz, *Cuban Couterpoint: Tobacco and Sugar*, trans. Harriet de Onís, (New York, Alfred Knopf, 1947); Gilberto Freyre, *The Masters and the Slaves: A Study in the the Development of Brazilian Civilization*, trans. Samuel Putman (New York, Alfred Knopf, 1946).

² The romanticized projects of Pedreira and Freyre came apart in the 1960s and 1970s as Marxist theories gained momentum in Latin America as a whole. Many of Ortiz’ writings withstood Marxist critiques, but not the objections of scholars of gender and race. The literature that critiques or revises their work is too extensive to cite here. For each author, I will include the most frequently cited works. On Pedreira, see Juan Angel Silén, *Hacia una visión positiva del puertorriqueño* (Rio Piedras: Editorial Edil, 1972); Juan Flores, *Insularismo e ideología burguesa en Antonio S. Pedreira* (Havana: Casa de las Américas, 1979); José Luis González, *El país de cuatro pisos* (Rio Piedras: Editorial Huracán, 1980); Arcadio Díaz Quiñonez, *La Memoria Rota* (San Juan: Editorial Huracán, 1993); Juan Gelpí, *Literatura y paternalismo en Puerto Rico* (San Juan: Editorial de la Universidad de Puerto Rico, 1993). On Freyre, see Florenstan Fernandes, A

Freyre's and Ortiz' works, the continued engagement with their ideas attests to both their historic significance as well as to their enduring referential power.

These books are important examples of dozens of essays, treatises, and books these intellectuals wrote shortly after public health campaigns had transformed their countries. The three authors and other intellectuals—directly or indirectly—evaluated the public health initiatives positively and used them as a foundation to redefine national identity in the tropics. Yet, as their writings suggest, the distinctiveness that emerged from this refiguring did not simply incorporate earlier public health transformations. Since different forms of U.S. imperialism shaped the relation between these writers' countries and the United States, they engaged local audiences by differentiating their nation's traits from those of the United States. In so doing, Pedreira, Freyre, and Ortiz stamped their analysis with overlapping academic trends that place cultural relativism at the center of their investigations. These trends included the theories of Franz Boas from Columbia University and reinterpretations of Oswald Spengler's *The Decline of the West* (1918, translated into Portuguese in 1922 and Spanish in 1923).

integração do negro na sociedade de classes, vols. 1 and 2 (São Paulo: Dominus/Eduso, 1965); Thomas Skidmore, *Black into White: Race and Nationality in Brazilian Thought* (Oxford: Oxford University Press, 1974); Darcy Ribeiro, "Prólogo," in Gilberto Freyre, *Casa-grande y senzala: formación de la familia brasileña bajo el regimen de la economía patriarcal*, Benjamín de Garay and Lucrecia Manduca, trans. (Caracas: Biblioteca Ayacucho, 1977); Octavio Ianni, *Escravidão e racismo*, (São Paulo: Hucitec, 1978); Emilia Viotti da Costa, *The Brazilian Empire: Myths and Histories* (Chicago: Chicago University Press, 1985); Richard Morse, *New World Surroundings: Culture and Ideologies in the Americas* (Baltimore: John Hopkins University Press, 1989); Roberto Schwarz, *Misplaced Ideas: Essays on Brazilian Culture*, John Gledson, trans. (London: Verso Press, 1992). On Ortiz, see Diana Iznaga, *Transculturación en Fernando Ortiz* (Havana: Ciencias Sociales, 1989); Vera Kutzinsky, *Sugar's Secrets: Race and Ethnicity in Cuban Nationalism* (Charlottesville: Virginia University Press, 1993); Edna Rodríguez-Mangual, *Lydia Cabrera and the Construction of an Afro-Cuban Cultural Identity* (Chapel Hill: University of North Carolina Press, 2004). For a comparative analysis on gender and race in Ortiz and Freyre, see Jossianna Arroyo, *Travestismos culturales: literatura y etnografía en Cuba y Brasil* (Pittsburg: Universidad de Pittsburg, Instituto Internacional de Literatura Iberoamericana, 2003). My focus on these three writers is necessarily limited to the writing of the period under study, not their influence on the historical and literary criticism.

To trace the relationship between public health campaigns and new academic trends, this chapter examines the significance of both nationally rooted and cosmopolitan perspectives in the life and work of Fernando Ortiz, Gilberto Freyre, and Antonio Pedreira.³ Their accounts laid claim to a unique nationality figured largely through comparisons of their nations' race and spirit with those of both their former European metropolises and the United States. During the 1920s and 1930s, the increased national and international political turmoil resulted in a search for roots that made comparison a preferred methodological approach. It was precisely those national distinctions that led Williams to recognize the transnational significance of the two translations he reviewed. Even when their interpretations took divergent paths, the writings of Fernando Ortiz, Gilberto Freyre, and Antonio Pedreira illustrate several ways intellectuals drew from previous public health events and life experiences to claim, at once, their national roots and their cosmopolitan selves.

This chapter begins with short biographical sketches of these authors and a brief examination of the social, political, and economic context of the period. The chapter then delves into the academic experiences that grounded the cosmopolitan worldview of these intellectuals. These experiences provide keys for understanding the turn from concerns about diseased populations to questions about race and the folk. In general terms, their writings demonstrate a shift from deterministic images of excess and danger to cultural images of plasticity and fusion. Since public health had proven that many people in the

³ Antony Appiah describes "rooted cosmopolitans" as individuals who retain their primary loyalty to their nation, while at the same time are interested in dialogue across cultures, committed to forms of cultural hybridization, and maintain their respect for universal values. See, Kwane Anthony Appiah, "Cosmopolitan Patriots," *Critical Inquiry* 23, no. 3 (1997), 67-639. For academic debates on cosmopolitanism, see Ulrich Beck, "The Cosmopolitan Society and Its Enemies," *Theory, Culture and Society* 19, no. 1-2 (2002): 17-45; Carol Breckenridge, Sheldon Pollock, Homi Bhabha and Dipesh Chakrabarty, *Cosmopolitanism* (Durham: Duke University Press, 2002); Pheng Chea and Bruce Robins, eds., *Cosmopolitics: Thinking and Feeling Beyond the Nation* (Minneapolis: University of Minnesota Press, 1998).

tropics suffered from curable diseases and thus were not racially or environmentally doomed, sociocultural analysis emerged as the preferred vehicle for explaining national difference. These material and intellectual transformations allowed Pedreira, Freyre, and Ortiz to formulate interpretations of national identity that became hegemonic for decades to come. In other words, this chapter traces the connection between public health and new intellectual trends to identify the point at which the central discursive constructions about the nation ceased to identify diseases and racial types as an impediment to cultural cohesion and tropical development.

Turbulent Times

Although born in different countries, Ortiz, Freyre, and Pedreira lived at a time when thinking about national distinctiveness evolved out of a similar context of increased political instability, anxiety about foreign capital, and expanding academic networks. The highest expression of their cultural nationalism was fashioned during the interwar period, after experiences abroad defined a point of view that combined, as Freyre put it, the perspective “of that of an outsider with that of an insider.”⁴ As observers of the nation, Ortiz, Freyre, and Pedreira shared similar interests, although the rise to prominence of each did not coincide. By the time Freyre and Pedreira initiated their graduate careers at Columbia University in the early 1920s, Ortiz was a leading writer and intellectual in Cuba.⁵ During the 1920s and 1930s, however, each of them sought to revise and

⁴ Gilberto Freyre, “Brazilian National Character in the Twentieth Century,” *Annals of the American Academy of Political and Social Science* 370 (1967), p. 58. Freyre recognized the significance of this dual standpoint, but also claimed the “predominance of the insider over the outsider.” Like most cosmopolitan writers interested in national culture, Pedreira and Ortiz made similar comments about the impact of their education and travel on their writings.

⁵ For biographical studies on Freyre and his role in Brazilian intellectual life see, Jeffrey Needell, “Identity, Race, and Modernity in the Origins of Gilberto Freyre’s Oeuvre,” *American Historical Review* 100, no. 1 (1995), 51-77; Joaquim Falcão and Rosa Maria Barboza de Araújo, eds., *O imperador das idéias: Gilberto Freyre em questão* (Rio de Janeiro: Fundação Roberto Marinho, 2001); Maria Lúcia Garcia Pallares-Burke, *Gilberto Freyre: Um vitoriano dos trópicos* (São Paulo: Editora Unesp, 2005). On Antonio Pedreira’s role in Puerto Rico’s intellectual history, see

complicate understandings about their respective countries and nationalities.

Interestingly, because Ortiz' career began at the turn of the twentieth century, his writings reflect the transition from accepting deterministic ideas about race in 1900s to rejecting them completely in the 1940s.⁶ Indeed, the three writers incorporated new intellectual trends to address questions of racial heterogeneity and the legacies of colonialism. Similarities in the concerns and methods of these authors can be attributed to related developments—including public health advances—taking place in Cuba, Puerto Rico, and Brazil, which made these white, elite observers especially attentive to cultural differences.

Born a year apart, in 1899 and 1898 respectively, Freyre and Pedreira grew up experiencing the economic demise of the class that constructed the social world of their childhood. Freyre was the descendant of a distinguished planter family of the northeastern state of Pernambuco. His grandparents endured the collapse of the sugar industry as the focus of the Brazilian economy shifted southward to large coffee-growing and industrial states like São Paulo.⁷ In Puerto Rico, the inverse shift took place in the agricultural economy. Coffee planters steadily lost their central role in the island to U.S. sugar corporations. In fact, Pedreira's family entered liberal professions in San Juan as

Mercedes López-Baralt, "El *Insularismo* dialogado," in *Sobre ínsulas extrañas: el clásico de Pedreira anotado por Tomas Blanco*, Mercedes López-Baralt, ed. (San Juan: Editorial de la Univesidad de Puerto Rico, 2001); Cándida Maldonado de Ortiz, *Antonio S. Pedreira, vida y obra* (San Juan: Editorial de la Universidad de Puerto Rico, 1974); Jorge Rodríguez Beruff, "Antonio S. Pedreira, la Universidad y el Proyecto Populista," *Revista de Estudios Hispánicos* 13 (1986), 79-90; and Fernando Sierra Berdecia, *Antonio S. Pedreira: buceador de la personalidad puertorriqueña* (San Juan: Biblioteca de Autores Puertorriqueños, 1942). For the most exhaustive biographical and bibliographical reference on Ortiz, see *Miscelanea II of the Studies Dedicated to Fernando Ortiz (1881-1969)* (New York: Inter Americas, 1998). See also, Mauricio Font and Alfonso Quiroz, *Cuban Counterpoints: The Legacy of Fernando Ortiz* (Lanham: Lexington Books, 2005).

⁶ Fernando Ortiz, *El engaño de la razas* (Havana: Arrow Press, 1946)

⁷ Needell, "Identity, Race, and Modernity," p. 53.

the coffee economy that sustained his parents in the town of Caguas fell apart.⁸ Ortiz also saw the impact of U.S. land encroachment in Cuba. Born in Havana in 1881, he spent most of his childhood, adolescence, and young adult life in Spain, where he completed his bachelors degree and doctorate in law. Soon after his he returned permanently to Cuba in 1906, Ortiz actively participated in the island's intellectual and political culture. Seeing the Cuban government and economy become increasingly dependent on the United States, he rejected the economic and political influence of United States in Cuba.⁹

The cultural contexts Freyre, Ortiz, and Pedreira grappled with in their countries also shifted in the 1920s. As discussed in Chapters Two, Three, and Four, large-scale public health campaigns in urban and rural centers created new opportunities for emerging nationalist cultural movements. The reforms launched as extensions of public health campaigns and discourses provided new alternatives to a wide array of cultural issues, including reassessing racial relations and national definitions. Soon after his return to Brazil in 1922, for example, Freyre was drawn to *regionalismo*, a cultural project of young intellectuals in the Northeast that challenged the imitative and Eurocentric traditions guiding Brazilian letters and aesthetics during the *belle époque*. As a group, they repudiated another emerging cultural movement based in São Paulo, which they perceived as too close to the European avant-garde on the level of iconography and

⁸ Lopez-Baralt, "El *Insularismo* dialogado," p. 50; Margot de Arce, "Antonio S. Pedreira, notas biográficas," *Obras Completas: Margot de Arce de Vazquez* (San Juan: Editorial de la Universidad de Puerto Rico), p. 277.

⁹ See Araceli García-Carranza, Norma Suárez-Suárez and Alberto Quesada Morales, *Cronología Fernando Ortiz* (La Havana: Fundación Fernando Ortiz, 1996). An edited version of this chronology was reproduced in Gregory Rubin's *Miscelanea II*, pp. 25-35. For one of Ortiz' earliest criticisms against US sugar monopolies in Cuba, see "El peligro amarillo," *Cuba y America* 25, no. 15 (1908), p. 3.

public presentation. But more immediately, their emphasis on regional culture drew on the rehabilitation of the interior initiated by medical explorations.¹⁰

In Cuba, Ortiz was a pivotal figure in the Minorista group, a loose association of thirteen intellectuals formed in 1923 to demand a renewed national consciousness as well as reforms that would lessen political corruption and the United States' influence. With a more defined political commitment than the Brazilian *regionalistas*, the Minorista group linked their aesthetic and patriotic projects to indictments against malfeasance in government. They denounced the Zayas administration, calling for agrarian reform, university autonomy, and an end to electoral fraud. In the cultural domain, Ortiz turned his attention to Cuban folklore. As discussed in Chapter Two, a few years later he proposed a new criminal code for the Machado administration.¹¹

Pedreira, like Ortiz, professed opposition to the growing United States' presence in his country. The extension of public education in English and the rise of foreign investments signaled to intellectuals that Puerto Rican culture was being lost to Americanization. Early in the 1920s, Pedreira became a tireless advocate of the academic freedom of Spanish professors teaching at the University of Puerto Rico. During this period, professors from the Department of Hispanic Studies adopted a more militant nationalism against the United States and faced increasing harassment from American university administrators. With two student leaders of the Nationalist Youth—the university branch of the Puerto Rican Nationalist Party—Pedreira launched *Índice* (1929-

¹⁰ See Thomas Skidmore, *Black into White: Race and Nationality in Brazilian Thought* (Durham: Duke University Press, 1998 [1974]), pp. 190-192; Needell, "Identity, Race and Modernity," pp. 59-61; Moema Selma D'Andrea, *A tradição re(des)coberta: Gilberto Freyre e a literatura regionalista* (Campinas: Editora da Unicamp, 1992).

¹¹ On the links between the intelligentsia and national politics in Cuba of the late 1920s, see Francine Masiello, "Rethinking Neocolonial Esthetics: Literature, Politics, and Intellectual Community in Cuba's *Revista Avance*," *Latin American Research Review* 28 no. 2 (1993): 3-31. See also, Louis A. Pérez Jr., *Cuba: Between Reform and Revolution* (Oxford: Oxford University Press, 1995), pp. 236-241.

1931), a Puerto Rican periodical that defined a generation of writers in the 1930s.¹² The struggles to separate the University from the direct control of U.S. officials shaped much of consciousness of intellectuals like Pedreira. In response, he developed a definition of Puerto Rican culture that had its roots in Spain and called on the trope of the jíbaro as the reservoir of national identity.

Coinciding with these cultural movements was a period of increased class and political conflict. From the mid-1920s onward, the dramatic collapse of sugar prices on the world market resulted in organized strikes in the cane fields of Cuba, Puerto Rico, and Brazil. Forced into destitution, the many rural proletariats migrated to burgeoning urban shantytowns. Student unrest led to violence in the principal centers of higher learning. In addition, frustration with governmental incompetence galvanized strong opposition by different sectors of society. By the 1930s, a general sense of malaise and failure swept across the region. In Brazil, the Revolution of 1930 brought together alienated urban professionals and dissident oligarchies in a clash that led to the presidency of Getulio Vargas.¹³ Similarly, in 1933 the revolutionary government of Ramón Grau San Martín took power in Cuba. The revolutionary movement incorporated many of the calls against corruption, electoral fraud and U.S. imperialism raised by the Minorista group. Without the sanction and support of the United States, however, Grau was forced into exile one hundred days after taking power.¹⁴ Anti-colonial manifestations also grew more intense in the Puerto Rico of the 1930s, when a series of dramatic confrontations between the Nationalist Party and the Puerto Rican colonial government

¹² Rodriguez Beruff, “Antonio S. Pedreira, la Universidad, y el proyecto populista,” pp. 79-85.

¹³ See Jens Hentschke, ed., *Vargas and Brazil: New Perspectives* (New York: Palgrave, 2005); Robert Levine, *Father of the Poor? Vargas and His Era* (Cambridge: Cambridge University Press, 1998).

¹⁴ See Louis A. Pérez, Jr., *Between Reform and Revolution*, pp. 267-269.

radicalized its platform to include violent revolution. As a result, extreme forms of government repression marred the decade with violence and bloodshed.¹⁵ Freyre, Ortiz, and Pedreira not only recognized the turbulence of their times, but used it as a backdrop to define the national self.

Cosmopolitan Subjectivities

The political and economic tensions of the 1920s and 1930s fostered intellectual productions that used comparisons about racial relations and cultural integration to define the national homeland. Confronted with the difficulties of the period, Freyre, Pedreira, and Ortiz reimagined their national culture. Peppering their most provocative works with contrasts, they isolated historical processes to propose definite representations of the nation. Certain rhetorical devices came to dominate these representations, for example the emphasis on a cosmopolitan perspective. To make their claim about national distinctiveness valid, the three authors first emphasized their competence as observers possessing both insight and distance.¹⁶ In fact, Pedreira, Freyre, and Ortiz provided strikingly similar descriptions of the moment they recognized their national self, a discovery revealed through their experiences abroad where they develop an awareness of cultural difference. For example, as a young student at Columbia University, Pedreira realized that “the shortest route to finding one’s very self circles the globe.”¹⁷ Back at home, this route translated into writings about national identity.

¹⁵ Taller de Formación Política, *La cuestión nacional: el Partido Nacionalista y el movimiento obrero puertorriqueño, 1930-1940* (Rio Piedras: Ediciones Huracán, 1982); Silvia Alvarez-Curbelo and Maria Elena Rodríguez Castro, eds., *Del nacionalismo al populismo: cultura y política en Puerto Rico* (Rio Piedras: Ediciones Huracán, 1993).

¹⁶ I should note that my use of autobiographical remarks is tempered by the knowledge that some of them were produced years after the events occurred. They thus reflect an interest in constructing a particular persona and respond to a changed historical circumstance.

¹⁷ Antonio Pedreira, *Insularismo: An Insight into the Puerto Rican Character*, Aoife Rivera Serrano, trans. (New York: Ausubo Press, 2005 [1934]), p. 42. Pedreira paraphrased an earlier

By measuring their countries through an “outsider’s” perspective, the work of these writers moved among three questions: 1) Who are we? 2) How are we seen? and 3) How do we see ourselves? At Columbia, Freyre and Pedreira confronted their national identity through the relationship between observer and observed. Although Freyre graduated from Columbia University in 1922 and Pedreira entered graduate school in 1923, both shared a similar perception of how their experiences as foreign students. “Once upon a time, after three straight years of absence from my country,” Freyre recounted with embarrassment, “I caught sight of a group of Brazilian seamen—mulattoes and *cafusos*—crossing the Brooklyn Bridge.” He continued: “...they impressed me as being the caricatures of men, and there came to mind the phrase from a book on Brazil by an American: ‘the fearfully mongrel of most of the population.’”¹⁸ Seeing the racial mixture of his countrymen abroad reminded Freyre of both the offensive remarks of a foreign observer and his own prejudices. At this moment, Freyre recognized that a long history of interracial sexual encounters defined racial relations in Brazil and expedited the development of its national character.¹⁹

Pedreira faced a similar process of self-discovery while studying at Columbia. There he “met many Latin Americans who would often point out characteristics peculiar to [Puerto Ricans].” They commented on his particular “accent and turns of inflection,” and this interaction made him realize that “every people carried the soul of their race and

reference to German philosopher Count Keyserling, which stated that “the shortest path to finding yourself circles the world.” See page 35.

¹⁸ Gilberto Freyre, “Preface to the First Brazilian Edition,” *The Masters and the Slaves: A Study in the Development of Brazilian Civilization*, Samuel Putman, trans. (New York: Alfred Knoff, 1946), pp. xx-xxi.

¹⁹ In a 1921 entry of his diary he recalled that he had seen these navy men and asked himself: “Sickness of miscegenation?” See, Gilberto Freyre, *Tempo morto e outros tempos: trechos de um diário de adolescência e primeira mocidade, 1915-1930* (Rio de Janeiro: Livraria José Olympio Editora, 1975), p. 67.

regional spirit in their mother tongue.”²⁰ Early in his graduate career, Pedreira touched on the main theme of his life’s work: the search for Puerto Rico’s national character through speech acts and literary history.²¹

For Ortiz, returning to the homeland at different moments produced different types of racial consciousness. He recalled that as a fourteen year old he returned from Spain to encounter for the first time the “social complications of the race problem.” At that moment, his grandfather, a Spanish Loyalist during the Ten Years War (1868-1878), expressed disdain for black revolutionary leaders like Antonio Maceo and Quintín Bandera because of their skin color and against the white patriot José Martí because of his “mulatto soul.” “And then I understood that a dark colored skin,” Ortiz recalled four decades later, “carried implicitly along with it a prejudicial consequence of social inferiority.”²² If an awareness of Cuban racism began in his adolescence, it was only after “years of foreign university” that Ortiz decided “to investigate Cuban life.” Downplaying the overt the racist undertones of his first book *Los negros brujos* (1906), he told audiences that the book connected “at once” Cuban culture “to the Negro.”²³ With these words, he turned blackness into sign of Cubanness.

As an expanding institution with plentiful resources, Columbia University provided ambitious Latin American students with concrete venues for forging transnational networks. Especially during the interwar period, Columbia offered a place

²⁰ Pedreira, *Insularismo*, p. 123.

²¹ While studying at Columbia, Pedreira continued compiling books and articles for his *Bibliographia puertorriquena* (1932), the most exhaustive bibliographic record of books by Puerto Rican or about Puerto Rico to date. See Antonio Pedreira, “Introducción,” *Bibliografía puertorriqueña, 1493-1930* (Madrid: Imprenta de la Librería y Casa Editorial Hernando, 1932), pp.viii-x. The idea for the book began in 1924 as part of the research for a course on Puerto Rican literature and continued in the libraries of New York City.

²² Fernando Ortiz, “Cuba, Martí, and the Race Problem,” *Phylon* 3 no. 3 (1942), p. 255.

²³ Fernando Ortiz, “The Relations between Blacks and Whites in Cuba,” *Phylon* 5 no. 1 (1944), p. 16.

where these students acquired the intellectual and social status to secure cosmopolitan credentials. As Freyre noted in his diary: “I never stopped frequenting the Cosmopolitan Club [an organization of foreign students]—which provided me with a splendid variety of contacts with contemporary youth: always young, always contemporary but diversified by the different civilizations that its individuals represent.”²⁴ After two undergraduate years studying at Baylor, he marveled that Columbia’s curriculum and extracurricular activities shaped students’ “cosmopolitan condition.”²⁵ He participated in activities sponsored by the *Instituto de las Españas* (Institute of the Spains) and the French Club, exchanging notes on intellectual trends and current events with other students.

Indeed, much of Columbia’s appeal resulted from its “cosmopolitan condition.” Since the 1890s, the University had grown rapidly both in number of departments and number of students, attracting more research-oriented intellectuals and creating new institutes of study.²⁶ As graduate students, Freyre and Pedreira, respectively, studied under German anthropologist Franz Boas and Spanish literary critic Federico de Onís, the leading scholars of each of their academic fields. At that moment, Boas was redefining scholarly understanding of the the role of social environments in mental development by studying the effects of dislocation on immigrant communities in New York. Boas’ emphasis on cultural variables eroded—though not completely—static biological reasonings based on racial difference to emphasize human evolution and social

²⁴ Freyre, *Tempo morto*, p. 47. For Freyre’s impressions of Columbia University and New York City, see his candid exchange with Manuel de Oliviera Lima in *Em família: a correspondência de Oliviera Lima e Gilberto Freyre*, Ângela de Castro Gomes, ed. (Campinhas: CECULT, Centro de Pesquisa em Historia Social da Cultura/Merado de Letras, 2005), pp. 63-142.

²⁵ Freyre, *Tempo morto*, p. 47-48.

²⁶ See Robert McCaughey, *Stand, Columbia: A History of Columbia University in the City of New York, 1724-2004* (New York: Columbia University Press, 2003), esp. chaps. 6 and 7.

structures.²⁷ Meanwhile, in 1920 de Onís created the *Instituto*, the first department that stressed the joint study of the literatures of Spain and Latin America.²⁸ He believed that Spain and Latin America were linked as a spiritual community based on a shared language and culture and that the *Instituto de las Españas* would bring the two continents in a “triangular” relationship with the United States. In different ways, these two scholars provided a cultural solution to the predicaments of Freyre and Pedreira. Freyre used the ideas of Boas to point to the significance of the African diaspora in the formation of Brazilian identity, and Pedreira used the cultural link to Spain as a source for national affirmation.

Columbia University provided Freyre and Pedreira not only influential academic mentors, but also social networks that benefited their professional careers years after they completed their graduate work at Columbia. Freyre’s credentials and relations in the United States helped him obtain a position as a visiting professor of history at Stanford University when he fled the Revolution of 1930. When the term ended in 1931, he took a trip with former Columbia colleagues to the U.S. South, where he reflected on race relations in Brazil, by contrasting them with his perception of the the Jim Crow South. At

²⁷ For a useful commentary on Franz Boas and a provocative collection his anthropology work, see George Stocking, ed., *A Franz Boas Reader: The Shaping of American Anthropology, 1883-1911* (Chicago: University of Chicago Press, 1982). On his cosmopolitan ideas, see Charles Briggs, “Genealogies of Race and Culture and the Failure of Vernacular Cosmopolitanisms: Rereading of Franz Boas and W.E.B. Dubois,” *Public Culture* 17, no. 1 (2005): pp. 75-100.

²⁸ See Federico de Onís, “El Español en los Estados Unidos,” *Hispania* 3 no. 5 (1920): pp. 265-286. For biographical details, see Howard Young, “Federico de Onís (1888-1966),” *Hispania* 80 (1997): pp. 268-270. On his ties between Columbia, Spain, and Puerto Rico, see Matilde Albert Robatto, “Federico de Onís entre España y Estados Unidos, 1920-1920,” in *Los lazos de la cultura: el Centro de Estudios Históricos de Madrid y la Universidad de Puerto Rico, 1916-1939*, Consuelo Narajo, María Dolores Luque and Miguel Ángel Puig-Samper, eds. (Madrid: Centro de Investigaciones Históricas de la Universidad de Puerto Rico, 2002), pp. 237-266.

that moment, Freyre came to appreciate fully the subtleties of Boas' anthropological teachings.²⁹

Pedreira too benefited professionally from his years at Columbia. After completing his Masters of Arts degree, he taught at Columbia for a year.³⁰ In 1926, Thomas Benner, the President of the University of Puerto Rico, invited de Onís to establish the Department of Hispanic Studies there in the summer of 1927. Benner named Pedreira the "Acting Chairman" of the Department of Hispanic Studies, a position he held until his death in 1939.³¹ De Onís also supported Pedreira's completion of his *Bibliografía puertorriqueña* (1932), an impressive bibliographic record of over 10,000 books. Pedreira had initiated this bibliographic project earlier in Puerto Rico but continued it in New York with the help of a teaching position at Columbia transmitted through de Onís.³² The compilation of this bibliographical record generated Pedreira's investment in language and literature by Puerto Ricans or about Puerto Rico. "A bibliography," he wrote in the preface, "besides constituting the best expression of the mentality of a people, prepares and simplifies the diagnostic of their soul."³³

²⁹ On his exile to Lisbon, see Freyre, *Tempo morto*, pp. 246-251. On Stanford and the trip with former Columbia colleagues, see Freyre, "Preface to the First Brazilian Edition," pp. xix-xx; Needell, "Identity, Race, Gender and Modernity," p. 63, 67.

³⁰ On Pedreira at Columbia, see Lopez-Baralt, "El *Insularismo* dialogado," p. 56; Margot de Arce, "Antonio S. Pedreira, notas biograficas," *Margot de Arce: Obras Completas*, vol. 1, Mercedes López-Baralt, Rafael Bernabe, José Luis Vega, Rosario Ferré, Licia Fiol Matta, eds. (San Juan: Editorial de la Universidad de Puerto Rico, 1998) pp. 277-279.

³¹ See Laura Rivera Díaz and Juan Gelpí, "Las primeras décadas del Departamento de Estudios Hispánicos de la Universidad de Puerto Rico: Ensayo de Historia Intelectual" in *Los lazos de la cultura: el Centro de Estudios Históricos de Madrid y la Universidad de Puerto Rico, 1916-1939*, Consuelo Narajo, María Dolores Luque and Miguel Ángel Puig-Samper, eds. (Madrid: Centro de Investigaciones Históricas de la Universidad de Puerto Rico, 2002), pp. 191-236.

³² Federico de Onís recommended Pedreira for a position as visiting professor at the *Instituto de las Españas*. During that year, Pedreira continued his bibliographical research at the New York Public Library, the Museo Hispánico, and Columbia University. See Pedreira, *Bibliografía*, p. x.

³³ Pedreira, *Bibliografía*, p. xviii.

Columbia University's reputation also attracted established Latin American intellectuals like Fernando Ortiz. During the 1920s and 1940s, bridges of scholarly influence increasingly connected Ortiz to Columbia. He corresponded with Boas, exchanging references, books, and student protégés.³⁴ For example, Ortiz established intellectual collaborations with Melville Herskovits and Zora Neale Hurston, two former students of Boas. Because Ortiz and his U.S.-based colleagues shared a wide interest in the African diaspora in the Americas, they consolidated networks of support outside their national field of specialty. These enduring relationships must have contributed to the degree of *Doctor Honoris Causa* Columbia University conferred to Ortiz in 1954. During the bicentennial convocation commemoration, Columbia's president acknowledged Ortiz's role in "increasing greatly our understanding of races and peoples."³⁵

Public Health and New Possibilities

By the time Freyre, Pedreira, and Ortiz wrote their reinterpretations of national culture in the 1930s, much had changed in terms of public health. Over the first decades of the twentieth century, public health campaigns had succeeded in transforming the notion that tropical diseases were the main obstacle to national progress. Cuba, Puerto Rico, and Brazil had developed centralized public health institutions charged with improving the health of the population and the sanitation of the environment. To modernization enthusiasts, these agencies helped safeguard "national" character. For many, this meant not only the extension of the state public health infrastructure, but also greater cultural and territorial intergration. With preventive measures and proper

³⁴ On the correspondence between Ortiz and Melville Herskovits and Zora Neale Hurston, see Kevin Yelvington, "The Inventions of Africa in Latin America: Political Discourse and Anthropological Practice, 1920-1940" in *Afro-Atlantic Dialogues: Anthropology in the Diaspora*, Kelvin Yelvinston ed., (Santa Fe: School of American Research Press, 2006), esp. pp. 50-67.

³⁵ See InterAmericas, *Miscelanea II*, frontpiece. The words were delivered by Grayson Kirk, President of Columbia University on October 31, 1954.

regulation of social life, people of all races could at last transcend the tropical environment and therefore become productive citizens. This recognition opened a new direction, a path delineated in the preface of Freyre's *The Masters and the Slaves*, where he brushed off earlier preoccupations with the environmental shaping of a "racial characteristic" and instead recognized the "conditions responsible for the creation of poverty-stricken proletarians, sickly, and ill-nourished."³⁶ For Freyre, individuals had an impact on the environment—even if it was to create an unhealthy environment—and not the other way around.

In the 1910s and 1920s, the three writers witnessed the ways public health campaigns had tamed the environment and exposed the maladies of different peoples. These campaigns had eroded rigid ideas about inherent pathologies. In thinking about what national culture is and what it is not, Freyre, Pedreira, and Ortiz turned to highly specialized debates mediated by the active participation of the United States in some of the public health campaigns. In the case of Cuba and Puerto Rico, the conspicuous political and economic influence of the United States complicated the ways the yellow fever and the hookworm campaigns came to the surface in these debates. Despite different contexts, during the 1930s Freyre, Pedreira, and Ortiz shifted their arguments away from the metaphor of organic degeneracy and sickness.

Freyre, Pedreira, and Ortiz reworked ideas about public health through ethnographic, literary, and policy debates about national culture. While earning his graduate degree at Columbia, Freyre became convinced that social factors and not race contributed to the weakness of "mestizos, cablocos or *amarelinhos*" or people who were being epitomized by the figure of the "Brazilian Jecá."³⁷ In contrast, in the 1930s Pedreira

³⁶ Freyre, "Preface to the First Brazilian Edition," *The Masters and the Slaves*, pp. xxi-xxii.

³⁷ Freyre, *Tempo morto*, p. 68

had not completely discounted theories of tropical determinism, although he tempered these theories by his belief that the ancestral fusion of cultures could overturn the impact of race and the environment.³⁸ For twenty years (1906-1926), Fernando Ortiz used the yellow fever campaign as a symbol to rally support for proposals to crack down on *brujería*, reform the penitentiary system, and modernize the criminal code in Cuba.³⁹ In one way or another, the three authors embraced the significance of public health campaigns in their countries, even as their cultural discourses invested the newfound vitality of the population with new meanings.

The relevance of public health discourses in Freyre's work is suggestive. In his undergraduate days at Baylor, Freyre recalled that John C. Branner, the president of Stanford University, sent him a revised edition of Jose Bento Monteiro Lobato's *Urupês*. He retrospectively described this reading as "one of the major occurrences of my life as a foreign university student."⁴⁰ During approximately the same time, Monteiro Lobato joined Belisario Penna's campaign of rural sanitation by identifying malaria, hookworm and Chagas disease as the main problem of Brazil's interior. With this understanding, Monteiro Lobato, seldom moderate in his opinions, turned on its head previous belief that the *caboclo*—which he represented through the literary figure of Jeca—was an obstacle to modernization. After his reversal, Monteiro Lobato explained that the "merciless bugs" made the *caboclo* "swollen, ugly, lazy, and motionless" and advocated forcefully for public health campaigns.⁴¹ By the time Freyre began to correspond with Monteiro Lobato and to submit articles to Monteiro's publishing house, he also began questioning any

³⁸ Antonio Pedreira, *La actualidad del jíbaro* (Rio Piedras: Universidad de Puerto Rico, 1935)

³⁹ Fernando Ortiz, "La reforma penitenciaria en Cuba," *Revista Bimestre Cubana* 6, no. 16 (1911), p. 3-9.

⁴⁰ Gilberto Freyre, "Monteiro Lobato Revisitado," *Ciência & Trópico* 9 no. 2 (1981), p. 158. Freyre exchanged correspondence with Benner for more than a year while studying at Baylor.

⁴¹ Jose Bento Monteiro Lobato, *Urupês, contos* (São Paulo: Monteiro Lobato, 1919), p. 25.

notion of an inherently feeble caboclo.⁴² His new found appreciation of the caboclo enabled Freyre to reevaluate his racial perspectives and assumptions about the northeastern region of Brazil in particular and Brazil in general.

In the 1930s, Freyre publically discredited racial determinism through an examination of the detrimental effects of diseases. In *The Masters and the Slaves*, Freyre used positive eugenics to explain that an environment plagued by diseases like beriberi, paludic anemia, and intestinal worms weakened the racially-mixed population of the interior. For Freyre, during the time of slavery the free population of the interior was less capable of resisting the “pathogenic and social influences” of the environment than the better nourished slave population of plantations.⁴³ In turning his attention to the African influence in Brazil, he ultimately criticized those who attributed to “miscegenation effects that are chiefly due to syphilis” and other diseases.⁴⁴ Freyre rejected as obsolete explanations that stressed the negative effects of racial miscegenation and the tropical environment to explain Brazilian culture. Instead, he examined the different factors—including insufficient diet and undiagnosed diseases—operating against the formation of “the Brazilian, the ideal type of modern man in the tropics.”⁴⁵

In Puerto Rico, a different political context influenced the ways Pedreira valued the hookworm campaign. He no longer saw the figure of the jíbaro as inherently sick, as was believed up to the early twentieth century, but he did not attribute the change of perception directly to the eradication campaign. Instead, Pedreira found a nationalist

⁴² Freyre, *Tempo morto*, p. 68. In an essay commemorating his death, Freyre recalled admiring the most Monteiro Lobato’s humorous indictments because they were similar to those of his personal friend Henry L. Mencken. Freyre believed tha Monteiro Lobato began the “renewal of cultural perspectives in Brazil.” See, Freyre, “Monteiro Lobato,” p. 158.

⁴³ Freyre, *The Masters and the Slaves*, p. 70.

⁴⁴ Freyre, *The Masters and the Slaves*, p. 71.

⁴⁵ Freyre, *The Masters and the Slaves*, p. 71.

appreciation of the jíbaro in the contrast between primitive and modern. In “La actualidad del jíbaro” (1935), he criticized the material and social transformations of the island since the U.S. invasion, claiming that they disrupted the essential virtues of the Puerto Rican jíbaro. To make this point, Pedreira distinguished the “pseudo jíbaro” from the “authentic jíbaro.” If the first was a distorted intermediary between the traditional and the modern, the second was an anchor to the heartland. Ironically, only the “pseudo jíbaro” was located within the purview of history, acting as an independent agent who left behind patriarchal relations of labor, moved to the coast, the capital, or New York, and behaved differently than the preceding generations. The “pseudo jíbaro” smoked American cigars, danced tango and fox-trot, and chewed gum. In contrast, the “authentic jíbaro” was impervious to change, remaining in the mountainous interior, zealous of traditional values, and distrustful of outside influences. The paradox of this opposition was that as social relations in the highlands dramatically transformed, the symbolic value of the “authentic” jíbaro increased. Yet the features of this idealized peasant were not completely lost. They were incorporated in the trappings of the Puerto Rican soul, for “within every Puerto Rican there is a jíbaro in hiding.”⁴⁶

Pedreira’s vision of cultural affirmation left aside “economic anguish” to highlight the “beautiful representational capacity” of the jíbaro. In grounding his nationalist project in the essay, he makes just two quick references to public health, one pointing to the hookworm campaign in the highlands and the other emphasizing the response to sanitary campaign propaganda. In writing off the modernizing effects of public health, Pedreira adopted a static point of view. For example, he celebrated the fact that the jíbaro responded to sanitary propaganda with a subversive “Njú”—a speech act

⁴⁶ Pedreira, *La actualidad*, p. 16.

that denotes consent charged with mistrust.⁴⁷ The jíbaro's suspiciousness was a projection of Pedreira's own reaction against the changes taking place in Puerto Rico. It ignored the fact that women, men and children had autonomously pursued treatment at hookworm dispensaries.

In discussing the jíbaro, Pedreira's omission of Bailey K. Ashford's significance in Puerto Rican highlands is no accident either. Although in his *Bibliografía puertorriqueña*, Pedreira had included twenty eight of the books and articles written by Ashford under the section of "Health," in "La actualidad del jíbaro" he minimized the impact of the hookworm campaign in the highlands.⁴⁸ Instead, Pedreira celebrated the authentic jíbaro as an individual bereft of all foreign influence, including the public health technologies introduced by U.S. military physicians. And yet, while Pedreira denied the "authentic" jíbaro any modernizing agency, as a symbol of cultural preservation he made the jíbaro relevant to contemporary discussions about identity.

Alluding more directly to public health, Ortiz promoted different reform proposals influenced by criminology. As discussed in Chapters One and Two, since the turn of the twentieth century Ortiz used the construct of yellow fever as a rhetorical tool to typify the black brujo as a noxious agent or a social pathogen. For him, the brujo, like the yellow fever patient kept under a mosquito net, needed to be isolated. Over the two next decades, Ortiz also attempted to draw supporters to his different criminological proposals by using the success of the yellow fever campaign. In his opinion, Carlos Finlay had demonstrated that a daunting task like eradicating yellow fever could be achieved if Cubans embraced the latest scientific theories. In contrast to Pedreira, Ortiz

⁴⁷ Pedreira, *La actualidad*, p. 18.

⁴⁸ Pedreira, *Bibliografía*, pp. 87-88.

could attribute the mosquito theory and thus the success of the public health campaign to a fellow countryman, and not solely to the efforts of U.S. military officials.

In the first decades of the century, Ortiz had mobilized public health images to promote a policing project with clear racial undertones. After proposing the new penal code project for the Machado administration in 1926, however, he began to question the validity of the criminological field.⁴⁹ When in 1928 Machado extended his term in office through a constitutional change, a disenchanted Ortiz became a leading opponent of his administration. Despite the crisis in the political system, Ortiz had become the director of different civic and folkloric associations since the mid 1920s. In that role, Ortiz attempted to reconcile social differences with a new affirmation of the Cuban nation. For him the principal concern was neither how to prevent Africanization in Cuba, nor how to implement criminal reforms, but how to “patriotically integrate all the complex racial factors” in one national identity.⁵⁰ If in the early republic the yellow fever campaign demonstrated that progress was viable in the tropics, by the late 1920s a crisis in legitimacy resulted in a celebration of cultural and racial fusion to assert a positive vision of Cubanness. To reconcile modernity with racial diversity, Ortiz had to abandon references to yellow fever, a rhetorical device associated with racial gatekeeping.

Directly or indirectly, the three writers wove together—although at times patchily—previous public health insights and novel cultural discourses into eclectic formulations of the nation. Freyre, Pedreira, and Ortiz believed that their countries could integrate their heterogeneous population by combining features of the modern and

⁴⁹ Alejandra Bronfman, *Measures of Equality: Social Science, Citizenship and Race in Cuba, 1902-1940* (Chapel Hill: University of North Carolina Press, 2004), chapter 2.

⁵⁰ Fernando Ortiz, “Ni racismos, ni xephobias. Discurso de la sesión solemne del 9 de enero de 1929, en la Sociedad Económica Amigos del País de la Habana, conmemoración del 136 aniversario de la fundación de dicho instituto patriótico,” *Revista Bimestre Cubana* 24, no. 1 (1929), p.18.

traditional world.⁵¹ This valuation of the “folk” brought together the educated elite and the popular masses to a shared spiritual bond. If residing outside the homeland validated these writers’ search for origins, public health had served to differentiate the tropics of the 1900s from the tropics of the 1930s. The question was no longer *whether* civilization was possible in tropics, but *what* elements created a unique national culture.

Comparisons and Affirmations

Far less pessimistic about the detrimental effects of disease, climate, and race than intellectuals at the turn of the century, Freyre, Pedreira and Ortiz conjured up allegories to bestow broad abstractions about national formation with a sense of timeless truth.⁵² Even if the permanence of these allegories broke when subjected to careful historical analysis, these images yielded convenient shortcuts toward a master narrative. The three intellectuals became convinced that national integration could be possible because social decay did not arise from race or the environment. Instead, the development of cohesive national identities depended on the match or mismatch of different cultural groups. The remainder of this chapter will not provide new interpretations of the ways Freyre, Pedreira and Ortiz created idealized “national types,” a topic that has been studied previously by a large number of scholars. Instead, it will recontextualize the major works of these three towering figures within a broader regional trend to emphasize the emergence of comparative frameworks in making claims of national singularity.

In the *Master and the Slaves*, Freyre adopted the “Big House” as the unique social complex that held together the fates of masters and slaves within the confines of the

⁵¹ On the unstable nationalism of Latin American intellectuals in relation to the popular classes, see Julie Skurski, “The Ambiguities of Authenticity in Latin America: *Doña Barbara* and the Construction of National Identity,” *Poetics Today* 15 no. 4 (1994): 605-642.

⁵² On allegorical writings about culture, see James Clifford, “On Ethnographic Allegory,” in *Writing Culture: The Poetics and Politics of Ethnography*, ed. James Clifford and George Marcus (Berkeley: University of California Press, 1986), pp. 98-121.

plantation system. The big house was an incestuous place where patriarchal forms of economic and sexual domination corresponded to fluid race relations stemming from Brazil's long history of miscegenation. Pedreira did not share Freyre's fascination with sexual explanations. His *Insularismo* held the "ship adrift" as a symbol of a wandering national consciousness, a Puerto Rican identity that had not reached its necessary state of clarity. For him, Spanish and United States colonialism arrested Puerto Rico's cultural development and political evolution. For his part, Ortiz was less lyrical in his allegorical choice. In *Cuban Counterpoint*, he contrasted the development of the "native tobacco" and the "foreign sugar" from colonial times to the present. He felt that the environmental, productive, and economic impact of these two commodities provided the foundation for understanding most aspects of Cuban life and thought. However, the writings of these three authors also reflected the influence of an intellectual trend that embraced theories of cultural fusion and spirit to define the uniqueness of national cultures.

A combination of international events and personal experiences may explain this intellectual influence on the three authors. After World War I, German philosopher Oswald Spengler wrote *The Decline of the West* to explain the downfall of his country, proposing a model of cultural polycentrism.⁵³ In this model, nations reach the zenith of civilization after they had balanced contending cultural forces. Since societies undergo autonomous cycles of rise and decline, they rise into greatness and fall into decay at different times. Spengler also held the modernist belief that an injection of energy from primitive spiritual sources could reverse the decline of the materialist West.⁵⁴ As might

⁵³ Oswald Spengler, *The Decline of the West*, trans. Charles Francis Atkinson (New York: Alfred Knopf, 1957 [1926]).

⁵⁴ On the historical theories of Spengler, see Klaus Fisher, *History and Prophecy: Oswald Spengler and the Decline of the West* (New York: P. Lang, 1989); Neville Morley, "Decadence as a Theory of History," *New Literary History* 35 (2005): 573-585. On Spengler's influence in East Asia, see Prasenjit Duara, "The Discourse of Civilization and Pan-Asianism," *Journal of World History* 12, no. 1 (2001): 99-130.

be expected, his theory became popular in Latin America because it suggested that peripheral nations and dependent colonies could reach a higher position in the hierarchy of civilization.⁵⁵

For Pedreira, Freyre, and Ortiz, *The Decline of the West* not only provided a framework of cycles of weakness and potency, but also offered the promise of something larger—authentic Americanist values. Cuban and Puerto Rican intellectuals primarily relied on José Ortega y Gasset's influential journal *Revista de Occidente* for translations of Spengler.⁵⁶ Ortega y Gasset's influence on Ortiz can also be traced to the *Instituto Hispano Cubano de Cultura*, an association founded in 1926 to promote exchanges of “contemporary thought” between Spain and Cuba.⁵⁷ It is possible that as eager graduate students at Columbia, Pedreira and Freyre first encountered Spengler's work through the teachings of Federico de Onís or the activities of the *Instituto de las Españas*. Despite substantial differences, these three intellectuals adapted Spenglerian assumptions to locate the cultural distinctiveness of their country. Pedreira turned to exclusion and suspension, Freyre to cultural miscegenation and origins, and Ortiz to decline and integration.

⁵⁵ On Spengler's influence on Latin American intellectuals, see Skuski, “The Ambiguities,” pp. 628-630; Ricardo Roque-Baldovinos, “The ‘Epic Novel’: Charismatic Nationalism and the Avant-garde in Latin America,” *Cultural Critique* 49 (2001), 58-83. For indigenist perspectives, see the memoir Luis Valcarcel, *Memorias* (Lima: Instituto de Estudios Peruanos, 1981); José Vasconcelos, *La raza cósmica: misión de de la raza iberoamericana* (Madrid: Aguilar, 1966).

⁵⁶ See Roberto González Echevarría, *Alejo Carpentier: A Pilgrim at Home* (Ithaca: Cornell University Press, 1977), pp. 52-60; Anibal González Pérez, “Ballad of Two Poets: Nicolas Guillén and Luis Palés Matos,” *Callaloo* 31 (1987): 285-301. On Spengler's influence in Ortega y Gasset, see Rockwell Gray, *The Imperative of Modernity: An Intellectual Biography of José Ortega y Gasset* (Berkeley: University of California Press, 1989).

⁵⁷ Fernando Ortiz, “A la Junta de Gobierno de la Sociedad Económica Amigos del País,” in *La Fundación de la Institución Hispano Cubana de Cultura* (Havana: n.p., 1926), pp. 3-5; Fernando Hernández Travieso, “Fernando Ortiz y la Hispanocubana de Cultura,” *Miscelanea de estudios dedicados a Fernando Ortiz*, vol. 2 (Habana: Impresos Úcar, García, 1956), pp. 817-827.

Pedreira divided Puerto Rican history into three stages of development. In the first stage, three centuries of Spanish neglect and continuing racial mixture led only to “fusion and confusion.”⁵⁸ Building on Spengler, he presented the contest between the black and white elements of society as a struggle of “clashing cultures” taking place within the national soul.⁵⁹ “Deep down within each of us,” Pedreira wrote, “we will find a phlegmatic biological battle between scattered and antagonistic forces that have retarded the definitive formation of our character.”⁶⁰ This internal struggle allowed Pedreira to refashion the oppressive conditions of a slave society into a “secret” spiritual deficiency. In addition to cultural disarray, the development of a national identity was further deterred by the island’s isolation and size.

The seed of Puerto Rican identity, Pedreira claimed, germinated in the second stage of development. A nascent nationality emerged in the late nineteenth century from a tradition of resistance. In this stage, psychic racial struggles disappear. Instead, Pedreira highlighted national affirmation by pointing to prominent black Puerto Ricans. Rafael Cordero, “a brilliant black man,” provided children of “all social classes” free education; the “dark poet” Daniel Rivera was the “first Puerto Rican who spoke valiantly and clearly about separatism”; and José Celso Barbosa, a black physician, led the successful boycott of a secret society against Spanish merchants.⁶¹ For Pedreira, the efforts led by Barbosa offered a formidable “restorative” example: “Blacks and whites, rich and poor, farmers and urbanites, workers and professionals, blue-collar and white-collar workers came

⁵⁸ Pedreira, *Insularismo*, p. 12.

⁵⁹ Pedreira, *Insularismo*, p. 13.

⁶⁰ Pedreira, *Insularismo*, p. 16.

⁶¹ Pedreira, *Insularismo*, pp. 107-15.

together under the shade of this new brotherhood.”⁶² This was, in his view, the greatest expression of collective values and a moment of extraordinary cultural synthesis.

How can Pedreira’s ambivalent engagement with blackness be explained? By imagining this racial struggle in the distant past, it was easier to highlight the historical past when a “racially heterogeneous people” developed a sense of cohesion after “centuries of living together at a tropical boiling point.”⁶³ Pedreira turned to Spengler to underline this development: “Culture is that union of the soul’s expression in word and deed... a historical drama, [our] image within the image of universal history.”⁶⁴ The words and deeds of a black teacher, poet, and patriot came together with those of other Puerto Ricans demanding respect from metropolitan authorities. For Pedreira, culture trumps contending racial forces when a spiritual balance is forged through a multiracial brotherhood fighting against injustices.

The third stage consisted of contending Hispanic and Anglo-Saxon cultural influences in the twentieth century, altering the balance achieved in the previous century. Pedreira insisted that after 1898, the United States inundated the island with extreme materialism and rationality, suspending the formation of the budding nationality based on cultural balance. Like the first stage, the present was dominated by cultural clashes, forcing Puerto Ricans to move between “two antithetical cultures.”⁶⁵ Pedreira’s historical parallel grounded his reassessment of the turmoil of the 1930s. Comparisons allowed Pedreira to recognize this crisis as a particular product of Spanish and U.S. imperialism. Whereas culture was Hispanic, qualitative, spiritual, and principled, civilization was

⁶² Pedreira, *Insularismo*, p. 113.

⁶³ Pedreira, *Insularismo*, p. 20.

⁶⁴ Pedreira, *Insularismo*, p. 115.

⁶⁵ Pedreira, *Insularismo*, p. 57. Regarding the interruption of 1898, he argues, “Just as we were about to embark upon a new political life, the Spanish American War spoiled our chances, and our proper development suffered a setback.”

North American, quantitative, technologically advanced, and materialist. The tension ignited by the overlay of Spanish and U.S. imperialism impeded the formation of a strong national self. Yet, as in the late nineteenth century, Pedreira believed that the best features of each culture could be harmonized in a new historical cycle. While “identity sails adrift at this stage,” safe harbor could be reached in the future by incorporating these features to the “Puerto Rican dimension.”⁶⁶

In Brazil, Freyre construed the Big House as a metaphor for signaling origin and authenticity. Freyre’s disillusion with the Revolution of 1930 gave him an opportunity to examine specific ethnic differences, especially in relation to the “patriarchal system of colonization set up by the Portuguese.”⁶⁷ For Freyre a long tradition of “bi-continentalism” gave Portuguese colonizers an “easy and relaxed flexibility” that allowed them to travel, settle, and reproduce successfully in Africa, Asia, and America.⁶⁸ In fact, their extraordinary plasticity and “miscibility” (ability to mix) derived from the “cultural indeterminateness between Europe and Africa.”⁶⁹ Freyre, in contrast to Pedreira, situated the genuine expression of the nationality in the early colonial period, when the “harmonious fusion of diverse or, even antagonistic cultural traditions” led to the formation of Brazilian society.⁷⁰ For him, as for Spengler, Brazilian history was nothing but an ongoing “process of balancing antagonisms.”⁷¹

Freyre embraced the “singular disposition of the Portuguese to the hybrid, slave-owning colonization of the tropics.”⁷² Drawing on Spengler’s polycentric ideas of

⁶⁶ Pedreira, *Insularismo*, p. 65, p. 66.

⁶⁷ Freyre, “Preface to the First Brazilian Edition,” p. xxvi

⁶⁸ Freyre, *The Masters*, p. 7.

⁶⁹ Freyre, *The Masters*, p. 7.

⁷⁰ Freyre, *The Masters*, p. 78.

⁷¹ Freyre, *The Masters*, p.79.

⁷² Freyre, *The Masters and the Slaves*, p. 4.

development, he argued that Portuguese colonizers served only as the nucleus for a completely new culture adapted to New World environments. He provided as an example of plasticity the distinct form of dwelling developed in early colonial Brazil. “One just has to compare the plan of a Brazilian Big House of the sixteenth century,” Freyre wrote, “with that of the Lusitanian manor house in order to be able to perceive the enormous difference between the Portuguese of Portugal and the Portuguese of Brazil.”⁷³ But the changes were not merely about the basic structure of the house, but about the very foundation of an “entire economic, social and political system” unique to Brazil.⁷⁴

In the preface, Freyre also described the Brazilian “race” not as a biological concept but, quoting Spengler, as a “mysterious cosmic force that binds together in a single rhythm those who dwell in close proximity.”⁷⁵ Race no longer has the biological concreteness implied by heredity or skin color, instead it is dependant on the context of social processes and on intangible cultural patterns. Following the latest anthropological findings, he also denied that some races were naturally inferior. Spengler and Boas had become Freyre’s chief intellectual sources. From Spengler he learned that “a race does not migrate from one continent to another.”⁷⁶ Instead the displacement of a group of people to a new environment led to both cultural erasures and creations. From Boas, he learned to appreciate the “fundamental difference between *race* and *culture*; to discriminate between the effects of purely genetic relationships and those resulting from social influences, the cultural heritage, and the milieu.”⁷⁷ Freyre’s vernacular scheme of

⁷³ Freyre, “Preface to the First Brazilian Edition,” p. xxvi.

⁷⁴ Freyre, “Preface,” p. xxvii.

⁷⁵ Freyre, “Preface,” p. xxv.

⁷⁶ Freyre, “Preface,” pp. xxvi-xxvii.

⁷⁷ Freyre, “Preface,” p. xxi.

identity formation combined Spenglerian theory of historical displacement and Boasian insights of cultural relativism.

Similar to Pedreira, Freyre maintained the allegory by drawing cultural distinctions in the colonial and modern periods. Both periods were crucial for differentiating the formation of Brazilian identity from that of other countries. In the colonial period, Freyre compared Portugal and the other colonial powers of the sixteenth century. As colonizers, the Portuguese were “less ardent in their orthodoxy than the Spaniards and less narrow than the English in the color prejudices and Christian morality.” For Freyre these differences had significant implications for the formation of Brazilianess. He pointed out that English colonizers in the U.S. South and Portuguese colonizers in Brazil established similar forms of colonization based on slavery and a one-crop plantation system. Yet these early similarities only served to underscore their extraordinary differences regarding racial relations in the twentieth century.⁷⁸

Hemispheric comparisons also proved a synthesis deemed to be uniquely Brazilian: “Hybrid from the beginning, Brazilian society is, of all those of the Americas, the one most harmoniously constituted so far as racial relations are concerned.”⁷⁹ Discontented with the breakdown of established traditions and political institutions in the 1930s, Freyre sought a balance in the very distant past and in utopic ideas of racial harmony.

Fernando Ortiz provided another localized interpretation of Spengler in 1924. In “La decadencia cubana” (“The Cuban Decline”), he resented the devastating effects of U.S. economic and political influence in the “national culture” of Cuba.⁸⁰ Ortiz, like

⁷⁸ See Freyre, “Preface to the English-Language Edition,” *The Masters*, pp. xi-xvii.

⁷⁹ Freyre, *The Masters*, p. 83.

⁸⁰ Fernando Ortiz, “La decadencia cubana, conferencia de propaganda renovadora pronunciada en la Sociedad Económica Amigos del País la noche del 23 de febrero de 1924,” *Revista Bimestre Cubana* 19, no. 1 (1924), p. 19.

Pedreira, lamented the demise of the solidarity forged during the “old revolutionary program” of the late nineteenth century. He identified this period as embodying the proud and independent spirit of Cuba, a spirit he now saw “*quickly descending into barbarity*.”⁸¹ Deficient schools, government corruption, rising criminality, and the loss of Cuban capital compelled Ortiz to call for the “renewal of Cuban vitality.”⁸² To reinvent Cuba, it was necessary to valorize different cultural and social influences so as to minimize internal conflict.

Despite his impassioned social and political critique, Ortiz believed that present decline would not inevitably lead to national dissolution. Instead, he saw the present as an intermediate stage in the cycle of multiple possibilities. Following Spengler, he understood that the unsteadiness facing Cuba was typical of young nations. Current political and cultural bankruptcy could be overcome by forging uplifting solidarities and reforms. Cuban intellectuals, he argued, needed to recover the patriotic ideals of the independence struggles. Ortiz concluded that the “united aspiration of Cuban positive forces” would allow the “Nation to reconquer itself.” Since 1898, U.S. intervention had derailed the country, but Cubans were capable of bringing back the “moribund ideal of the liberators, completing the national revolution that was interrupted one quarter of a century before.”⁸³

By 1940, Ortiz was in a better position to formulate a theory that accounted for the “extremely complex transmutations of culture that had taken place” in Cuba.⁸⁴ But whereas earlier he had based Cubanness on the cultural balance different racial groups, now he emphasized that this synthesis resulted from the productive relations of two

⁸¹ Ortiz, “La decadencia,” p. 21.

⁸² Ortiz, “La decadencia,” p. 20.

⁸³ Ortiz, “La decadencia,” p. 44.

⁸⁴ Ortiz, *Cuban Counterpoint*, p. 98.

agricultural commodities in the history of Cuba. In *Cuban Counterpoint*, Ortiz used tobacco to symbolize small-scale agriculture, autonomous economies, and national sovereignty, while he used sugar to represent large plantations, global capitalism, and foreign domination. In examining Cuban nationality, he introduces the concept of “transculturation” to portray how the interplay between these “two products are reflected in the history of Cuban nation from its ethnological formation to its social structure, its political formation, and international relations.”⁸⁵ Ortiz traces the spread of the use of tobacco and sugar in Cuba to indicate the transmutation of culture that occurs when different races come into contact. Yet as substitute entities for cultural forms and productive relations neither sugar nor tobacco were stable categories. For example, over the centuries tobacco had changed from an indigenous medicinal product to an exclusive cigar to the mass-produced cigarette.

In *Cuban Counterpoint*, however, Ortiz examined something more than the history of two commodities. Ortiz found in the history of the sugar industry an opportunity to denounce the “vertical structure” of U.S. domination. He decried the undisguised influence of the United States in brokering decisions about land ownership, political control, and the labor market.⁸⁶ “Cuba will never be really independent,” he proclaimed, “until it frees itself from the coils of the colonial economy that fattens on its soils but strangles its inhabitants and winds itself about the palm tree of our republican coat of arms, converting into the sign of the Yankee dollar.”⁸⁷ At this moment, Ortiz, like Pedreira, turned to a nostalgic past to search for the national character. He portrayed the nineteenth-century *veguero* (tobacco grower) as a symbol against the increasing

⁸⁵ Ortiz, *Cuban Counterpoint*, p. 5.

⁸⁶ Ortiz, *Cuban Counterpoint*, p. 63.

⁸⁷ Ortiz, *Cuban Counterpoint*, p. 65.

Americanization of the island. Export-based agriculture provided these contrapuntal commodities, which allowed Ortiz to cast into new relief the relationship between foreignness and nationality.

In the first part of the book, Ortiz concluded that the “synthesis of this strange contrast” resulted in “two parallel sources of pride.” Cuba “produced sugar in greatest quantity and tobacco in finest quality.”⁸⁸ But tobacco, like sugar, was increasingly turning into mass-produced cigarettes by foreign industries. “Machines and capitalism” were gradually ironing out the differences between sugar and tobacco.⁸⁹ This warning—with its repercussion for the preservation of the national self—reappears at the very end of the book: “Many people and nations now dominated by the owners of machines can find in tobacco their only temporary refuge of their oppressed personalities.”⁹⁰ As so just as the counterpoint between the two products served to indicate cultural synthesis and change, the mechanization and mass-production of social relations could result in a new cycle in which national singularity may be erased.

Conclusions

Spurred on by an enthusiasm to define national uniqueness, the writings of Antonio Pedreira, Gilberto Freyre, and Fernando Ortiz gradually departed from the climatic and racial determinism and the linear path of historical development that had prevailed before World War I. The two departures were not isolated phenomena. They coalesced after public health campaigns had stamped out pernicious diseases in their countries and as these intellectuals inserted themselves in broad academic circuits. These seemingly distinct and separate developments bolstered their confidence in building a

⁸⁸ Ortiz, *Cuban Counterpoint*, pp 92-93.

⁸⁹ Ortiz, *Cuban Counterpoint*, p. 93.

⁹⁰ Ortiz, *Cuban Counterpoint*, p. 309.

racially-mixed civilization in a tropical environment. Gone were the totalizing assumptions of environmental danger and the hazards of racial mixture, replaced by the more dynamic and racialized concepts of national soul and culture.

Early twentieth-century public health campaigns left an undeniable imprint in the work of Pedreira, Freyre, and Ortiz. Pedreira celebrated the sharp wit and autonomous spirit of the jíbaro because peasants were no longer thought to possess any inherent deficiency or weakness. While studying at Baylor, a young Gilberto Freyre learned about Belisário Penna's campaign of rural sanitation through the writings of Monteiro Lobato. Later, Freyre credited his campaign of rural sanitation with rectifying the erroneous notion that "man's degeneration is the effect of climate or miscegenation."⁹¹ Early in the twentieth century, Ortiz used the success of the yellow fever campaign to emphasize the Cuban capacity for self-government and social reform. By the 1920s and 1930s, these intellectuals generally recognized that the tropics did not deplete people's constitution.

Despite fleeing away from racial determinism, these three writers hailed the enlightened effects of Spanish or Portuguese colonizers in tropical lands to ground their cultural projects. Pedreira exalted Hispanic culture as the authentic basis of Puerto Rican nationality; Freyre saw in Portuguese adaptability the root of Brazilian social democracy; and Ortiz emphasized Spanish culture as the crucible on which African expressions could be incorporated into Cuban identity. Glorifying the cultural stock of their former metropolitan centers was part of their efforts to find a spiritual ground on which to erect national unity. It was also a source of contrast and differentiation.

This is why Spengler proved so appealing for Pedreira, Freyre, and Ortiz. Spengler allowed them to incorporate, in a somewhat tame manner, the highest virtues of each racial group and the best traditions of metropolitan culture. These fusions allowed

⁹¹ Freyre, *The Masters and the Slaves*, p. 60.

these intellectuals to compare the historical development of their countries to that to other countries. Adapted to their own pragmatic purposes, their representations affirmed their collective values and challenged, to some extent, particular forms of racism, capitalism or imperialism. At the same time, these authors displaced relations of power into the cultural realm. For example, Pedreira and Ortiz contrasted the irrepressible materialism and capitalist encroachment of the United States with the disinterested spirit of the Puerto Rican jíbaro or the Cuban veguero. Both Ortiz and Freyre saw in the acceptance of African-derived influences a critical differentiating point between the culture of their countries and the United States.

Pedreira's, Ortiz's, and Freyre's interpretations have aroused the legitimate ire of subsequent generations of scholars. For these critics, their methods and assumptions seemed loaded with archaic prejudices. But that is the wisdom of hindsight. The ideas and comparison that allowed them to see potentially harmonious collectives in their countries drew on dominant intellectual trends. The emergence of these discussions in the 1920s and 1930s was a result of previous public health initiatives, cosmopolitan perspectives, and the profound transformations their societies were experiencing. Scientific and cultural paradigms clashed, blended, and in some cases reinforced each other in debates about national uniqueness.

CONCLUSION

This account began in 1914 with a *National Geographic* tour across different territories of tropical America that announced the benefits of medical experimentation and public health campaigns. The triumph over specific diseases in the early twentieth century brought many unsettling encounters that stretched beyond anti-mosquito brigades in the streets of Havana, provisional hookworm dispensaries in the highlands of Puerto Rico, and medical expeditions in the hinterlands of Brazil. National boundaries and racial identities often stood at the center of the diffusion of public health campaigns and state building projects. The rise of the United States to international power introduced important public health enterprises to Cuba, Puerto Rico, and Brazil, adding another layer of uncertainty to these encounters. In both their successes and failures, these interventionist public health campaigns left a profound mark on Cuba, Puerto Rico, and Brazil.

Even though U.S. overseas imperialism brought a whole region into the orbit of disease eradication, medically-inspired concerns about health and hygiene were first expressed by local elites at the turn of the century. Through their rhetoric and practices, Cuban, Puerto Rican, and Brazilian professionals created cautionary narratives to launch reform projects to regulate behaviors, naturalize racial differences, and frame public welfare provisions. Over the first decades of the twentieth century, these elites routinely described, evaluated, debated, and condemned a range of practices and diseases associated with particular bodies. In Cuba, the religious practices of black brujos came under criminological scrutiny, as did the diseases, behavior, and capacities of black and

Chinese immigrants. In Puerto Rico, the image of the destitute jíbaro was constructed by bodily actions such as soil defecation and coffee picking. And in Brazil, sanitary propagandists traveled into the interior to catalogue illnesses, body deformities, racial categories, and the nutritional deficiencies of the population. Such varied and complicated descriptions not only tended to mark racial difference in the population, but were also used to map broader geographical spaces like urban “subsoil,” the sertão, the highlands, and even foreign countries.

At the same time, public health campaigns were an integral part of a thoroughly racialized vision of U.S. imperialism, laying the groundwork for a long tradition of U.S. overseas intervention based on military occupation and tutelage of self-government. Public health interventions such as the ones in Cuba and Puerto Rico, in turn, became the basis for articulating new philanthropic understandings of internationalism that guided the work of the Rockefeller Foundation in Brazil. The imprint of public health was not only visible in formal and informal forms of U.S. imperialism. It was also present in the less visible forms that defined the cultural politics of national identity across the region. While U.S. officials positioned themselves as righteous benefactors in their efforts to eradicate tropical diseases and uplift supposedly less capable populations, Cuban, Puerto Rican, and Brazilian policy makers called on a similar racialized logic to promote reform projects and safeguard their territorial boundaries. For example, Cuban nativists used the success of the yellow fever campaign to promote immigration restrictions and Brazilian sanitarians launched their rural sanitation campaign into the interior based on pioneer ideologies similar to those of the United States.

One of the major arguments of “Redeeming the Tropics” is that the histories of Cuba, Puerto Rico, and Brazil became increasingly connected to each other and to the United States through overlapping national and international public health projects. For example, Ashford’s presence in the small towns of Utuado in Puerto Rico and Capella

Nova in Brazil were part of a larger network of physicians translating and transplanting models of preventive medicine as they moved from one place to another. In 1903, William Gorgas, who had led the yellow fever campaign in Havana and was headed to Panama, urged the U.S. governor of Puerto Rico and Puerto Rican physicians to initiate the hookworm eradication campaign. Later in that decade, Wickliffe Rose, the executive secretary of Rockefeller Sanitary Commission, visited Puerto Rico to determine whether the hookworm campaign established in the highlands could serve as model for the Commission's work in the U.S. South. In 1916, Gorgas arrived to Brazil as part of a special yellow fever commission of the Rockefeller Foundation.

As natural as these connections might seem and as much as the extraordinary stretch of sickness connected the history of these countries, the anxieties about the dispersion of U.S. influence also contributed to a wide array of local and national responses. In general, physicians in Cuba, Puerto Rico, and Brazil welcomed U.S.-sponsored public health campaigns with caution, for they feared a loss of professional autonomy or the imposition of a sanitary tutelage. On occasion, collaborations fell apart when public health was used as a cover for U.S. dominance. In Cuba, this foreign policy was subsumed in the Platt Amendment included in its constitution. In response, Cuba elevated Carlos Finlay to the national pantheon of heroes because his discovery was seen as proof of Cuban abilities for self-government. In Puerto Rico, struggles over administrative control of the proposed School of Tropical Medicine led in the 1920s to a split between its Puerto Rican physicians and the administrators of Columbia University.

At other times, public health campaigns backed by the United States yielded mutually beneficial and welcomed results. In the Puerto Rican highlands, for instance, tens of thousands of peasants marched to hookworm dispensaries to receive treatment. At the level of municipalities, some physicians and patients even demanded that the U.S. colonial government fulfill its obligation to the coffee laborers by establishing more

treatment facilities. In Brazil, the presence of a strong sanitary movement and important research institutions broadened the initially narrow public health goals of the powerful Rockefeller Foundation. Rather than focusing solely on hookworm eradication as it had intended, the Foundation worked with new health agencies to help create the first comprehensive health services offered by the Brazilian federal government.

While the ample radius of these public health enterprises linked these three societies, the influence of each campaign varied considerably across the region. In Cuba, public health discourses served to amplify and channel existing ideologies of whiteness to sharpen the racial lines of public policies. In Puerto Rico, experience with hookworm eradication extended a wholly new infrastructure to treat most of the island's population and intervene vigorously in reforming its behavior. In Brazil, the work of the Rockefeller Foundation converged with the work of Brazilian sanitarians ready to embrace a pioneering ideology that combined regionalism, nationalism, and internationalism. Public health as a transnational phenomenon made a difference, but many of its consequences were outlined by local contingencies.

Taken together, the myriad consequences of these public health projects do not fit well into the interpretative schemes of autonomous national or imperial histories, but rather expose a web of interconnected histories. The examples highlighted in the preceding chapters reveal the complex, and often contradictory, ways in which historical processes of transnational scope, such as the branching trajectories of public health campaigns, were forged through local and global exchanges. Public health initiatives, such as the ones discussed in this project, produced horizontal circuits that allowed for dialogues among individuals in different countries, and convinced them that they were in the same conversation, if not always talking about the same thing. Thus when a coffee picker in the Puerto Rican highlands demanded hookworm treatment and the President of Minas Gerais celebrated Ashford's work in Capella Nova, both were responding to the

particular needs of their immediate communities and both were constructing a world deeply intertwined by projects to eradicate disease. Seen in this light, both were situated within an evolving project that reached beyond linguistic boundaries, localized communities, and national territories.

Gradually, as tropical environments and racial mixture were no longer seen as the major impediment to civilization, what was left were the troublesome internal conflict, political turmoil, and economic despair that characterized the 1920s and 1930s. The need for transcendence and cohesion once again drew intellectuals to reassess national identity in the tropics. But in this different context they defined it in new ways. Public health knowledge provided them with powerful new ways of thinking about the world, allowing these intellectuals to engage ongoing transnational conversations. Interestingly, the chief exponents of these national reimaginations established academic networks that radiated back and forth from the United States to Cuba, Puerto Rico, and Brazil. In referring to these experiences, these intellectuals also affirmed their capacity to view the landmarks of national culture. The writings of Fernando Ortiz, Gilberto Freyre, and Antonio Pedreira suggest some of the ways cosmopolitan subjectivities and transnational academic networks criss-crossed one another and defined national cultures. A Cuban, a Brazilian, and a Puerto Rican intellectual redefined the boundaries of their own national community, in part, through their ambiguous relation with the United States.

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