CHAPTER SIX

DECOLONIZING DOMINANT NARRATIVES

The medicalization perspective sees medicine as a dominant institution in which physicians gained social influence by categorizing and labeling abnormal behavior as disease and by expanding these categories. According to this perspective, medical judgments redefine and depoliticize other social, economic and political factors that cause disease and promote social control. This perspective sees physicians as dominant social actors, but leaves medicine’s structural, discursive and symbolic relationship to the state under-theorized.

In contrast, scholars who study colonial medicine see it as an institution subsumed to state-sponsored activities that justify imperial ventures. For these scholars, medical ideology reproduces colonial dominance, but scientific medicine becomes one of several agents that legitimate colonialism by producing ideas of colonial supremacy and benevolence. For instance, historians argue medicalized constructions of natives’ bodies invite external intervention in order to reform not only bodies, but also politics. They find sanitation was not only a development in the administration of public health, but also a profoundly political endeavor in legitimizing colonial dominance.

Despite these contributions, medical historians have paid less attention to the ways native physicians negotiated the contradictions of medicine and colonial modernity. Where they consider Western medicine in non-Western societies, for instance, they conclude the latter accepted scientific modernity despite its implications of colonial authority and native inferiority (Arnold, 2000). To address the theoretical limitations of this determinism and the assumption colonization was a coherent process, scholars of U.S. colonization insist colonial subjects “negotiated” the terms of their subordination (Go, 2008: 9). Although they concede greater agency, most frequently, they conceptualize colonization narrowly in terms of the relationship between colonialists and natives and reproduce a homogenized understanding of how this agency was/is exercised. For instance, some scholars find nationalist discourse “replicated” colonial discourse (Quiroga, 1997: 116). This tendency limits the epistemic potential of their analyses.
This book contributes to the scholarships on medicalization/professional dominance, colonial medicine/tropical medicine and U.S. colonization by analyzing Puerto Rican physicians’ involvement in the “protracted and more or less concealed civil war” that characterizes the development of capitalism as a modern world system (Marx in De Genova, 2002: 424; Mignolo, 2002). As a new body of subaltern studies indicates, modernity and colonial expansion were complementary. This assertion implicates colonial politics in both global inequality and the ongoing, “undetermined struggle” between labor and capital (Holloway in De Genova, 2002: 424). By analyzing Puerto Rican physicians’ ideas, professional associations and work in the late-nineteenth and early-twentieth century, I found they were less managers who “aspired to replace” Spanish colonialists than they were locked into this war in which they sought to wrest collective benefits from a colonial modernity and promote national progress (Trigo, 2000: 82). Puerto Rican physicians were distinguished in this struggle because they dealt directly and concretely in matters and metaphors of life and death. Nonetheless, they were also part of a larger, unique status group that proffered its own modernizing project. As Francisco Scarano suggests, this intermediate elite of professionals both “abhorred the institutions and practices that gave [large landowners] their power and prestige...[and was] tormented by the contradictions of colonial life” (Scarano, 1998: 598). Physicians were also distinguished by their intimate clinical interactions with patients, their associations with a variety of medical practitioners on the island and their influence within the local and insular (island-wide) administrations. Puerto Rican physicians used these interactions, associations and influence to translate colonial interventions related to medicine and public health.

By paying close attention to variations within the native elite, the analysis in this book identified unique features of U.S. colonization that have important and broader implications for understanding the nature of U.S. global influence, particularly in terms of the political and social consequences of its [United States] claims about representation. Although my analysis did not ask whether U.S. Empire was distinct from other forms of colonization, Puerto Rican physicians saw the former distinct from a coercive colonial administration that limited the island’s modernization. The analysis of medicine and public health in Puerto Rico also revealed how U.S. colonial administrators mobilized unique cultural repertoires about democracy and modernity to define the public interest. As a former colony itself, the United States led economic expansion, but its mission was grounded in an ideology that “was not, and could not have been, European”