

**Heather McCrea**

**Gulf of Disease: Environment, Medicine, and State-Building in Cuba, Mexico and Panama, 1880–1940**

My project, “Gulf of Disease,” examines the interaction between foreign aid initiatives and domestic development processes designed to curb contagion and sanitize tropical environments. I aim to offer a unique and more nuanced understanding of the inter-related processes of state-building and identity formation in the tropical nations of Cuba, Mexico, and Panama. “Gulf of Disease” reexamines state-building in these countries by drawing environmental, medical, and political histories together in a way that exposes the contours of a transnational tropical identity deeply rooted within a shared sense of “place.” My examination of disease prevention in Cuba, Mexico, and Panama focuses on control of the environment as a means to diminish disease. To do so, I employ a comparative trans-Caribbean context, charting the development of global trade in agricultural commodities such as coffee, henequen fiber, bananas, and sugar as highly dependent on the construction of a healthy body politic. I argue the implementation of disease prevention measures, coupled with advice from a battery of scientific experts pulled populations living in endemic disease zones into the increasingly narrowed scope of “tropical medicine.” Ultimately, medical empiricism, environmental determinism and cultural mores united to create new discourses and policies about citizenship and participation in the larger body politic.

Demand for agricultural goods and raw materials from tropical treaty ports across the circum-Caribbean internationalized communities in Cuba, Mexico, and Panama and drew these nations into the world’s spotlight at the turn of the twentieth century. The acceleration of trade in agricultural goods placed port-dwellers, particularly those living near Havana, the Gulf of Mexico, and the Panama Canal, at the “front lines” of nation-building and sanitation campaigns. Ships carrying disease “vectors,” such as the *Aedes aegypti* mosquito that transmits yellow fever and the female *Anopheles* mosquito brought malaria-causing parasites, to tropical environs where they typically thrived. More importantly though mosquito vectors tended to congregate around water sources (sources like port cities where water was a way of life) and blood sources (both human and non-human). This means the vectors go where there is food. In fact, port communities provide a particularly enticing feeding ground, bringing together two essentials for the mosquito vector’s life cycle—water and blood.

The overwhelming need to drain, contain, syphon, and sanitize water functioned within a broad arc of programs that altered landscapes to improve export agriculture. Ocean and gulf waters

served as a means to move goods, peoples, and information between port cities. Rain water collected in *cenotes* (natural sink holes) provided irrigation in a land with no internal tributaries (like the Yucatán peninsula of southeastern Mexico), water cisterns in residential patios often served as mosquito breeding grounds, and water coursing through sewage on urban streets mobilized diseases like cholera. For many statesmen, the implementation of environmental sanitation programs served as a timely tool to control populations and facilitate implementation of broad-reaching civilizing and modernizing agendas.

Expansion of the analytical frame to include the role of environment, water, insects, and human and non-human bodies facilitates a distinctive analysis that will offer new perspectives on identity studies and nation building.<sup>1</sup> These processes offer a rich interaction of the critical link between culture and environment as identity formation and nation building bled into existing nineteenth and early twentieth-century philosophies about race, superiority, and subjugation.<sup>2</sup> Diseased identities bound together cultural assumptions about the victim's life; where they worked, where they lived, what they ate, their social class, and education, merging to construct an identity shaped by their shared experience with disease and environment.<sup>3</sup>

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1 Gerardo Fernández Juárez (ed.), *Salud e Interculturalidad en América Latina: Perspectivas Antropológicas*. (Quito: Ediciones Abya-Yala, 2004); Homi K. Bhaba, *The Location of Culture*. (Routledge, 1994).

2 Matthew Frye Jacobson. *Barbarian Virtues: The United States Encounters Foreign Peoples at Home and Abroad, 1876-1917*. (Hill and Wang, 2000).

3 Louis Dumont. *Essays on Individualism: Modern Ideology in Anthropological Perspective*. (University of Chicago Press, 1992); Edward Said. *Orientalism*. (Random House, 1978).