WASTING AWAY:
SUBSTANCE ABUSE AND HEALTH RISK OUTCOMES AMONG DOMINICAN DEPORTEES

By

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Abstract

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This is a mixed-methods study conducted among heroin-using deportees in the Dominican capital of Santo Domingo, from 2008 to 2010. The study illustrates how forced mobility in transnational groups can lead to sudden changes in cultural environment, which promote risk-seeking attitudes, such as substance abuse, in the absence of structural checks and balances on high-risk behavior. In this study I adapt Merrill Singer's Syndemics model to illustrate how social isolation, mental health issues, and substance abuse are synergistic forces that aggravate the deportee's risk for serious health conditions. Data were gathered through a combination of (a) participant observation (inside shooting galleries, private homes, and public spaces); (b) life-histories, open-ended (N= 12); and (c) semi-structured interviews (N=120). In order to obtain detailed information about the life trajectory of the returnees, I first conducted participatory observation in various marginalized neighborhoods of Santo Domingo, such as Guachupita, Capotillo, San Carlos, and Villa Juana. Qualitative data served

as the foundation for the semi-structured interview protocol. These research tools were used to illustrate pre- and post-removal protective and risk factors, and the subsequent health risk outcomes in the deportee life-course. According to the findings in this study, risk factors that may encourage risk seeking behavior and substance abuse are the lack of positive social networks, lack of financial means of subsistence, lack of adequate health care services, and institutional and structural stigmatization. Additionally, deportation-related trauma heightens the returnee's likelihood to suffer from mental health conditions.

PREFACE

This dissertation explores some of the negative aspects of the current phenomenon of mass removal of non-citizens from the United States, emphasizing substance abuse issues as one of the conspicuous, even if unintended, consequences. In this study I was interested in the myriad of meanings that Dominican deportees attach to their new contexts and living situations. I anticipated that those attached meanings, the interpretations of their new environment, would determine crucial aspects of their everyday lives, from coping mechanisms to a sense (or lack thereof) of belonging in the "rediscovered" homeland. My findings were consistent with such expectations, pointing at drug abuse as a response to the harsh living conditions encountered in the Dominican Republic upon the returnee's arrival.

How this study came to be was somehow serendipitous. In 2007, I was working as an independent consultant for a Prisoner Reentry service providing agency, the Fortune Society, in New York City. They hired me to conduct independent evaluations of some of their programs, which their funders require on a yearly basis. The Fortune Society had mostly conducted quantitative analysis of their services, looking at files and their clients' database to build reports on the scope of their programs. However, I suggested that we introduce a qualitative component in the upcoming evaluation. We needed to hear directly from the agency's client base if we were to understand the services that remained to be covered. I conducted approximately 20 in-depth interviews with Latino former inmates, many of who were under parole supervision. As I met with these clients for coffee in their neighborhoods, or even became a presence as a regular guest in some of their households, these men and women would comment on the invisible punishments (Travis, 2005; Travis and Waul, 2004; Mears and Travis, 2004) inflicted upon them. Some of these collateral punishments were: lack

of housing, extremely limited employment opportunities (Pager, 2007), ineligibility for public assistance, banishment from public housing after a felony conviction, and exclusion from financial aid for higher education. However, on numerous occasions my interviewees would add, "things could be worse." After all, they would tell me, they knew many others who had been permanently banished from their families through deportation.

As I conducted these interviews for the Fortune Society, it became increasingly clear that the threat of removal haunts the Latino community in New York City. Everyone I talked to (particularly those of Dominican, Colombian, or Salvadoran background), shared with me the story of a sibling, a close friend, a neighbor who had been deported. A large percentage of these deportee cases were due to minor criminal charges.

Simultaneously, I was in close contact with Professor David C. Brotherton, Chair of the Sociology Department at John Jay College of Criminal Justice, and Professor in the Doctoral Program in Sociology at the Graduate Center of the City University of New York. Professor Brotherton is a leading figure in deportee research, along with Professor Luis Barrios, also at John Jay College, CUNY. I served as Brotherton's research assistant during my second year in the doctoral program, a time during which I had the chance to transcribe several of the interviews Brotherton and Barrios had conducted among deportees returned to the Dominican Republic in 2002. Brotherton and Barrios' work in the Dominican Republic led to the publication of various important academic pieces on social stigma, structural violence and coping mechanisms of the returnee (2008; 2009; and 2011). However, there was a recurring element throughout the interviews that was conspicuously understudied: patterns of substance abuse among deportees.

A high percentage of the deportees in Brotherton and Barrios´study reported being heroin users upon their return to the Dominican Republic. Interestingly, though, heroin has never been *the drug of choice* among Dominicans in the United States, where traditionally pharmaceuticals and inhalants are cited as such[1]. In 2008, I decided to visit Santo Domingo and undertake some preliminary research, in order to gain a better understanding of the scope of the problem of substance abuse among deportees. I traveled to the Dominican capital in September and November of 2008, spending most of my time at a shooting gallery occupied by heroin-using deportees. I also became familiar with the different marginalized neighborhoods in which most of the deportees end up living- Capotillo, San Carlos, Villa Juana, Guachupita, and Cristo Rey, among others. Thanks to a Fulbright/ IIE Fellowship, I was able to spend a full academic year in Santo Domingo in 2009-2010. During that time, I conducted a more systematic study on issues of substance abuse among returnees.

Whether we are talking about documented or undocumented immigrants with criminal records, the combination of private and public shame brings about an overlapping series of interpersonal, institutional, and structural violence upon the potentially removable person. There is no greater trigger of violence than the feeling of shame (Barak, 2003). Looking into holistic explanations of violence and crime, Gilligan (1997) introduces the "germ theory", grounded in a public health approach to the study of violence. Gilligan talks about "emotional

[1] Although there is an alarming scarcity of reliable data in regards to substance abuse in the Dominican Republic, the U.S. Agency for International Development (USAID), Bureau for Research and Development conducted in 1992 a study on drug use in the Caribbean country –before the 1996 outset of mass deportation. The *Survey on Drug Prevalence and Attitudes in the Dominican Republic* found that marijuana, cocaine and crack have the greatest intensity of use. No heroin use was reported among the over 6,000 individuals interviewed for this study.

pathogens" as the main seeds of crime. Feelings of shame, in particular, are emotional pathogens (or seeds) that are placed in "society's sewer systems". Institutions like prisons and mental health hospitals act like "receptacles and conduits into which we as a society dump the human beings whom we treat like garbage and waste products" (1997:104). This epidemiology approach to the study of violence and crime alludes to forms of structural neglect, such as racism, poverty, and stereotyping (Barak, 2003:11). Immigrants who get detained, imprisoned, and later deported become part of this "social waste", with deportation proceedings standing as our society's ultimate sewage system. As a result, deportees experience a transition from a panoptic society (with a few government officials exercising surveillance over the large groups of immigrants) to a synoptic one where the large majority of regular Dominican citizens monitor the relatively small percentage of newly deported residents closely. This study only covers a small fraction of the deportees' experience and, as such, it should be considered a work in progress.

ACKNOWLEDGMENTS

Ethnographic research is a tasking process. It requires a great deal of time and resources, which were not immediately available to me, a graduate student attempting to write a doctoral dissertation that touches upon controversial issues. I was fortunate to count on the support of various grants, as well as my closest family and friends' emotional (and material) assistance. This research would never have been possible without an IIE Fulbright Student Fellowship (Western Hemisphere) in 2009-2010; a NIDA-NIH training award in 2009; and the institutional support from the Graduate School and University Center at the City University of New York. My first dissertation proposal was drafted thanks to guidance from the National Hispanic Science Network on Drug Abuse, during its Interdisciplinary Research Training Institute (IRTI) at the University of Houston (2008). Professors Merrill Singer, Avelardo Valdez, Alberto Mata, Bryan J. Page, and Alice Cepeda from the NHSN have all been key to this project, especially at its early stages.

At City University of New York, Professors David C. Brotherton, Richard Curtis, and Nancy Foner have helped me tremendously as my dissertation advisors, from bringing academic literature to my attention to establishing deadlines on my behalf. I am most grateful to Professor Brotherton in particular, my dissertation chair, for pushing me through every single doctoral milestone along the way. It would have been easy for me to drift away had it not been for your regular communications along the lines of "girl, where are you these days and when are you sending me something". Professor Curtis' work has been more than an inspiration to me from the moment I took his *Research Methods in Substance Abuse Research* back in 2007. He trusted me enough to get me involved in a couple of projects that made me realize the complexities of public health and substance abuse research. Ric, your passion for

our line of work is contagious. Professor Foner is the epitome of academic rigor and professionalism. If I did not keep in touch more often, it was not due to my lack of interest in what you had to say, but out of my permanent fear to disappoint you throughout the different writing stages; I am most grateful for your feedback, corrections, editorial suggestions, and dedication to your students. Professors Luis Barrios, Jodie Roure, and Jeanette Sucre at John Jay College of Criminal Justice provided me with examples on how to conduct hands-on research that really matters.

While in the Dominican Republic several men and women made this study possible. I am forever indebted to the research participants that generously took the time to meet up with me, even in repeated occasions. I was welcomed in private dwellings, work sites, and informal gatherings eventually turning into a fixture in many of these subjects' lives. For the sake of confidentiality I cannot thank each one of you here, but I hope you realize how grateful I am for your willingness to share your trials and tribulations with me. This is an ongoing project that will not be over until immigration and deportation laws begin to make more sense from a human justice perspective. At the Universidad Autónoma de Santo Domingo, Ana Lucia Parahoy saved my life a few times while in the field. Thank you for all your "heads ups" at crucial times. I was also fortunate to have as fellow Fulbright grantee April Mayes, who became not only a mentor, but also one of my dearest friends inside and outside academia. Pablo Mella, from Centro Bono, brightened up brainstorming sessions with all his local wisdom. Silvio Torres Saillant generously reviewed my earlier materials, and was always "there" to pick up my calls. Frank Moya Pons provided me with generous assistance and background information related to Dominican history and culture. Elish Sari and Kalie Gold have helped tremendously with their editorial suggestions. From my graduate program,

Amalia Leguizamón and Laura Limónic have been a driving force from the very first day of the PhD program, when we met during the new student orientation. Our conversations about how to navigate the program over a glass of wine kept myself going at the worst of times. Big shout out to my fellow members of the Transnational Hispaniola Collective, Carlos U. Decena, Kiran Jayaram, Yveline Alexis and, once again, April Mayes. *Transnational Hispaniola* represents all the reasons why I decided to go into academia in the first place. Thank you for your collegiality and exemplary work.

The Criminal Justice Program at Borough of Manhattan Community College, of the City University of New York, has become my home away from home. Thank you in particular to Professor Ron Clare, Director of the Criminal Justice Program, and SVP Sadie Bragg for believing in my potential at a time when so many of my colleagues are struggling to get settled in the midst of economic uncertainty. I hope to live up to your expectations. If I were to pinpoint one person who single-handedly got me through the doctoral program that would be Annie Law, whose patience and unconditional companionship did not allow me to back up and drop out when I believed I was not "PhD material". Annie, from tutoring me for the GREs to providing me with more emotional support that I ever thought would be possible; this dissertation is just as much yours as it is mine. Finally, my beloved husband, Alejandro Perez Morcate, and my children, Adrian and Claudia, are my biggest motivation to keep working hard, day after day. Thank you for not judging. Thank you for smiling at me when I need it the most. In any case, I apologize for the numerous occasions in which my research, my writing, or all the class prep kept me from being with you during "off" hours (is there such a thing in academia?)

This work has benefitted tremendously from the help of scholars, friends, and family members. Yet all factual or grammatical mistakes are solely my own.

DEDICATION

This dissertation is dedicated to the numerous men and women returned to the Dominican Republic who invited me into their lives in their search for visibility. I keep you in my thoughts. También dedico mi trabajo a mi familia en España (mis padres, Reca y Carmen, y hermanos,, Marimar, Lola, Gerardo, Rafa y Arancha), por mantenerme con los pies en la tierra y enseñarme a no dar nada por sentado, y a mi familia en Cuba (Flora, Mague y David) por acogerme con tanto cariño desde el principio.

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1.1.- Introduction

> *Why the hell was I doing drugs for? You feel isolated, you feel rejected. You feel helpless, hopeless… You have nothing. You don't have a job. You don't have papers, really, because you have to start getting your birth certificate, the cedula[2], this or that… It's like a shock to your system." (Gloria, 44. Personal interview; March 19, 2010)*

In fiscal year 2010, according to Immigration and Customs Enforcement (ICE) official statistics, a total of 392,862 non-citizens have been forcibly removed from the United States, both with and without criminal records. More than half of all deportees (253,500) had never committed a crime. Three out of every four of those deported with a criminal record were charge with non-violent offenses (mostly drug possession and minor dealing charges)[3]. At the Washington D.C. ICE headquarters, Department of Homeland Security Secretary Janet Napolitano and ICE Director John Morton presented this record number to the public at a news conference in October 6, 2010[4]. Among those immigrants expelled to their countries of

[2] The "cedula" is the national identification card, which is required for most basic social services, as well as for legal employment.

3 These numbers are consistent with the comprehensive report by Human Rights Watch "Forced Apart" (2007), in which only 14 percent of all offenses involved violence against persons for years 1996 through 2007. See full report at http://www.hrw.org/reports/2009/04/15/forced-apart-numbers-0

[4] http://www.ice.gov/news/releases/1010/101008washingtondc.htm

origin, 3,309 were sent from the United States to the Dominican Republic during the same year.

In this study I develop a close examination of the unintended consequences of the mass deportation of immigrants from the US to the Dominican Republic. Specifically, I explore the processes by which high numbers of deportees are caught up in the destructive, mutually interacting, confluence of stigmatization, mental health issues, and substance abuse.

Comparatively, deportee populations show notably high rates of substance abuse upon arrival to their home country (Stockman and Strathdee, 2010; Strathdee et al., 2008a, 2008b; Bucardo et al, 2005, among others). Historically, the health outcomes and drug consumption linkage has been extensively documented. However, over the last few decades the reasons to study substance abuse and health risk have multiplied. New blood-borne pathogens (i.e. HIV), as well as their linkages with older infectious diseases –tuberculosis, hepatitis, or botulism, among others, urge us to fully include a wider range of factors (Singer, 1996).

I am mainly concerned here with recurring triggers for substance abuse among deportees in the Dominican Republic, and exploring the reasons why heroin has become a major drug of choice among a high percentage of members of this community. Over a span of two years, more than 120 male and female deportees shared with me their physical pain, underlying anxieties, and constant disillusionments. In the meantime, I was also exposed to deportees' survival strategies and subcultures of resistance (namely, the ways in which deportees are able to construct an alternative system of social support, within the deportee community). I was able to observe and record patterns of performative practices: salient, reciprocated expressions of emotional support, as well as public manifestations of respect towards one another.

This is a mixed-methods study (Brannen, 2005), but it has a clear qualitative orientation. It is based on ethnographic research conducted among heroin-using deportees in the Dominican capital of Santo Domingo, from 2008 to 2010. The study illustrates how forced mobility in transnational groups can lead to family disintegration and sudden changes in cultural environment, which promote risk-seeking attitudes (in particular, substance abuse), in the absence of structural checks and balances on high-risk behavior.

For this study, data were gathered through a combination of (a) participant observation (inside shooting galleries and private homes); (b) life-histories, open-ended (N= 12); and (c) semi-structured interviews (N=120). In order to obtain detailed information about the life trajectory of the returnees, I first conducted participatory observation in various marginalized neighborhoods of Santo Domingo, such as Guachupita, Capotillo, San Carlos, and Villa Juana. Qualitative data served as the foundation for the semi-structured interview protocol. These research tools were used to illustrate pre- and post-removal protective and risk factors, and (when existing,) the subsequent health risk outcomes in the deportee life-course. The sample was divided in two groups, of 60 participants each:

a) Deportees with either no history of drug use, or long term (>24 months) abstinence.
b) Deportees with a current or recent (<24 months) drug use history.

Each sample was further split by gender -30 male and 30 female abstinent participants.

With the exception of some notable studies (such as Brotherton and Barrios, 2009 & 2011; Golash-Boza, 2011, on the stigma of the deportee experience; and Ehrenreich and Hochschild, 2003, on global care chains), scholars of transnationalism have largely focused their analyses

on the positive aspects of cross-border ties. Some of these aspects discuss how remittances and other forms of assistance circulate across borders, improving the homeland´s economy, widening social networks, or empowering women (Glick-Schiller, and Fouron 2001; Portes 2007; Smith 2006; Pessar and Graham 2001; Levitt 2001).

Little is known about how immigrants cope with this expulsion from the United States and arrival in a region full of conflict. Substance abuse, however, appears to be a regular problem upon return. Research that has been recently conducted with Mexican deportees (Brouwer et alia, 2008, Aral et al., 2007,) document drug use patterns among returnees along the U.S.-Mexico border. Stockman and Strathdee (2010) singled out certain subgroups of drug users as at high risk for HIV infection. These groups are female sex workers, men who have sex with men, prison inmates, and mobile population. The underlying preconditions for being at risk in these populations relate to "stigma, physical and sexual violence, mental illness, social marginalization, and economic vulnerability." (p.1) Therefore, my research expands on the existing scholarship in the fields of immigration and transnationalism, in order to explore some of those negative outcomes of the US Criminal Justice System that have been largely ignored by previous scholarship.

Within migrant populations, groups at higher risk for physical and mental health problems include seasonal migrants, political refugees, victims of human trafficking networks, as well as deportees (Strathdee et al., 2008b). This study identifies the risk factors encouraging drug-seeking behavior, thus, impeding adequate incorporation of deportees into the larger society:

(1) History of substance abuse;
(2) Lack of family or positive peer network support;
(3) Reduced employment opportunities due to social isolation;

(4) Chronic health conditions (HIV/AIDS, TB, or other STDs); and
(5) Residence in marginalized neighborhoods in the Santo Domingo area

This study also identifies some of the coping strategies developed among repatriates, such as subcultures of resistance and reciprocity. However, although deportee clusters help the individual develop a sense of belonging, and are an important form of coping against social stigmatization, these groupings lack most of the positive aspects of traditional enclaves such as employment networks, or opportunities for economic advancement (Portes and Jensen, 1987). In other words, there is a marked absence of social capital. Furthermore, my research illustrates how deportee clustering is, indeed, problematic. It delays effective incorporation and further increases risk for group stereotyping. In the case of drug-using deportees, clustering also serves to make the recovery processes difficult, since staying in that environment discourages rehabilitation from substance abuse. It is worth pointing out that, for the most part, deportees were not using drugs by the time of arrival in the Dominican Republic. After long periods of abstinence, it was the process of removal and traumatic arrival that triggered initiation or relapse. Ultimately, drug consumption becomes the main shared bond among these highly stigmatized forced migrants in the Dominican Republic.

One salient feature of deportees' adaptation to day-to-day life in the Dominican Republic was a fundamental concern for supporting each other in regards to their most basic needs. Contrary to what I had anticipated (given all the hardships encountered before, during, and after the deportation process), there was an immediate inclination to search for other deportees in a similar situation. As individuals who perceived themselves as de facto outcasts (Goffman, 1963; Wacquant, 2007, 2009; Brotherton & Kretsedemas, 2008; Flynn & Brotherton, 2008; Brotherton & Martin, 2009; Brotherton & Barrios, 2009; 2011),

encountering stigma as the overwhelming social response to their situation, deportees turned to each other in the search for sympathy, understanding, and basic economic assistance. However, the closer my participants got to other deportees, the more difficult it was for them to depart from their sub-standard living conditions. Based on my observations, this enhanced, semi-voluntary form of segregation from the larger Dominican society not only increased levels of social stigma, but also worsened substance abuse problems among users. Support networks are a sine-qua-non for an optimum incorporation of migrant populations (see Nee and Sanders, 2001; Itzigsohn and Saucedo, 2002; and Castles, 2003, among others). Yet, in the case of many deportees, this sort of homophily clustering becomes an acutely negative phenomenon, serving as an isolating force that virtually cuts the individual off from most social contact with outsiders (non-deportees).

Ferdinand Tönnies's typologies of *Gemeinschaft* and *Gesellschaft* (1887/1963), on the study of the nature of social relationships in community v. society, serve as a framework of the dynamics of deportee clustering. Tönnies's ideal type of Gemeinschaft referred to intimate, enduring, and reliable kinship-based relationships, based on ascriptive status versus achieved status. Several of my participants, even after an encounter with the law within the United States, had the mores and social expectations of their communities keeping them somehow "in check". With or without criminal records, immigrants who stay in contact with their law-abiding kinship networks benefited from positive exposure to informal means of social control. The family, either nuclear or extended, plays a central role as a financial and

emotional "cushion" for when things go awry (Sampson, 1989[5]). The community acts as moral custodian of its members, gearing them towards the right path (which may take a few attempts, as it is hardly a linear process). We know that first generation immigrants commit crimes at a much lower rate than the native population (Morin, 2009; Sampson; 2007; Ramirez, 2005; Lee, 2004). It is the community oversight and the reinforcement of their values as migrants that serve as protective factors for most Dominicans. Supportive families and established community networks have proven to be crucial factors in the prevention of recidivism (Mears and Travis, 2004; Clear et al., 2001; Sampson, 1997, among others). After deportation, the spatial dislocation experienced, the automatic disintegration of the individual's ties to the migrant community, and the disappearance of those basic informal mechanisms of social control leave the deportee feeling at a loss.

Furthermore, the returnee is frequently ignorant of local Dominican regulations and laws, leaving him or her at a higher risk of committing illicit acts without even being aware of it[6].

[5] An alternative theory is Browning and Dietz's article "The Paradox of Social Organization: Networks, Collective Efficacy, and Violent Crime in Urban Neighborhoods", Social Forces (2004:83.2), which argues that while social networks may contribute to neighborhood collective efficacy they also provide a source of social capital for offenders, potentially diminishing the regulatory effectiveness of collective efficacy.

[6] On November 29th, 2011, the DR Congress approved the legal reform of the Dominican Penal Code (Ley No. 24-97). The updated code allows, among other dubiously constitutional methods, for the preemptive use of military force when violence might be anticipated in urban neighborhoods. The ambiguity of the framing of Law 24-97 virtually enables the military to enforce zero tolerance policies, even in the absence of law-breaking activity. Similarly, the newly reformed Ley 136-03, "Code for the Protection of Fundamental Rights of Children and Adolescents" (Código para el Sistema de Protección y los Derechos Fundamentales de Niños, Niñas, y Adolescentes), increases maximum

As explained by Braithwaite and Roche (2001), there is a sense of "active accountability" that takes place when a former inmate is reintroduced back into his or her community –with higher probabilities of potentially positive networks, such as close relatives, to deter recidivism.

The deportee may not be completely unfamiliar with Dominican culture, given his or her ethnic upbringing. However, the representations of Dominicanness and interpretations of their parents' worldview may not correspond to the actual Dominican society encountered upon arrival in the "homeland." Anomie and alienation (Durkheim, 1893), driven by the sudden change of environment, exacerbate the individual's propensity for physical and mental health problems.

Deportee clustering, for the most part, is based on mutual interest developed out of the need to belong to a group in the midst of generalized hostility. It is, therefore, a modern time variation of Tönnies´ *Gesellschaft* model, based on contractual, impersonal relationships and rational calculations towards one main instrumental goal: survival. This is not to say that there were no real, meaningful friendships established among deportees. However, most of these relationships are created out of the most basic impulse to get by in an utterly alienating environment, and tend be dissolved whenever circumstances improve for either one of them (i.e. going into rehabilitation or finding independent financial means). In fact, during my fieldwork, deportee clustering was largely found among those men and women who lacked any sort of kinship-based networks in the Dominican Republic. Those who were able to

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prison term for underage delinquents, from two to five years. This new law resembles anti-gang legislation introduced in Central American countries, such as Guatemala and El Salvador.

maintain relationships with their parents, siblings, or part of the extended family, did not manifest such strong urge to isolate themselves through deportee network affiliations[7].

Traditional immigrant incorporation into the receiving society generally becomes effective over time (Goldstein & Suro, 2000) –even when the process occurs within a wide range of outcome variations, depending on degrees of human, cultural, and economic capital. In the Dominican Republic, though, rather than social isolation disappearing through incorporation over time, the deportee's sense of exclusion is progressively aggravated as the individual comes to terms with the harsh reality of being forced to live there. There is a process of segmented assimilation[8] (Portes, 2007; Portes and Borocz, 1989; Portes and Zhou, 1993; Zhou, 1997) –in this case, *compulsory* segmented assimilation, as deportees who have no choice but to remain in the Dominican Republic, find their access to social groups other than deportee networks severely restricted.

In the chapters that follow, I lay out the contextual, structural and institutional factors that contribute to deportees' likelihood of substance abuse and health risk outcomes. In the United

[7] At times, though, it is your own sibling or close relative that initiates the individual into drug abuse, a phenomenon widely documented outside the deportee community (Brook et al., 1991; Rodgers et al. 1992; Argys et al., 2006).

[8] As explained by Portes and Zhou (1993), Segmented Assimilation is the theoretical framework that aims to explain ways in which second generation immigrants (children of new immigrants) are incorporated into the stratification system of the host society. According to this theory, there are three possible outcomes: (a) acculturation and integration into the middle class; (b) assimilation into the underclass; and (c) rapid economic advancement along a retention of one's cultural values (Zhou, 1997:1). Segmented Assimilation looks at structural and cultural barriers that direct some immigrants into successful or unsuccessful incorporation into the receiving society. I add the term compulsory to Segmented Assimilation in order to emphasize the fact that deportees often experience downward assimilation not as a result of their voluntary relocation, but upon forced relocation.

States, these men and women are deemed criminal by the society in which they spent most of their lives, rendered invisible, despite employment history or veteran status, and forced to leave their families and communities behind. Upon arrival in the Dominican Republic, deportees are criminalized all over again, reduced to substandard living conditions, and stigmatized by the majority –except for other deportees. Homophily clustering is the only alternative to social isolation, yet such grouping discourages integrating oneself into other social support networks. A sense of disenchantment prior to deportation is followed by post removal anxiety and rising desperation. At first, participants express feelings of shock, of disbelief. Later on, when reality hits, depression takes over.

Without the benefit of any sort of mental health services or rehabilitation assistance, these individuals very easily slide into drug use. Substance abuse becomes the main activity to fill their days: collectively finding and getting "cured" with drugs is a daily challenge that occupies them from sunrise to sundown. In the words of my participants, heroin not only makes their pain disappear, but also serves as the bond amongst those who have been individually ostracized by law enforcement agencies, the public media, politicians, and their own neighbors.

In this study I use fragments of qualitative interviews, fieldnotes, and additional observations[9]. The life histories provide a human face to public policies that affect immigrant communities, either directly or through global connections. They discuss traumatic

[9] All names have been changed for confidentiality purposes. I conducted all the interviews, prepared all interview transcriptions (both in Spanish and English), and when possible, asked the participants to read my field notes for fact checking. I triangulated personal narratives, interviewing some of the participants' peers and relatives, if available. For more information about methodology and data analysis, see Chapter 2.

experiences, triggers for substance abuse, and additional snapshots of their own suffering. These case studies illustrate the effectiveness of the syndemics model (which I explain in the next section) used throughout this study in explaining the form in which social stigma and mental health issues (such as PTSD) aggravate health risk outcomes.

1.2.- Overview of Models of Substance Abuse

The issue of substance abuse among deportees calls for a multifaceted, comprehensive overview of a series of synergistic factors that overlap in the deportees´ experienced realities. Traditional models that have been used to study drug misuse typically do so through a narrow lens that only acknowledges single factors, corresponding with the researcher's academic field.

The different models are the following:

a) Psychological Model. This model emphasizes underlying mental problems as the only cause for drug involvement. The individual is perceived as a "damaged personality", with 48 to 90 percent of opiate abusers in drug treatment manifesting symptoms of anxiety, depression, or other psychiatric disorders (Grant, 1997; Rounsaville et al. 1982). The shortcomings of this approach are that it downplays social factors, such as learned behavior and social contexts, while overemphasizing endogenous causes.

b) Social Pathology or Deviance Model. Originally introduced by Becker (1963), the sociological theory of deviance looks at substance abuse in cultural context. Psychoactive drug consumption becomes a "group norm for these boys and a life trajectory acted out on the margins of society is set in motion." (Fleisher, 1995:119). While this model acknowledges exogenous social factors, it fails to include macro-structural arrangements of inequality, or broader social patterns that shape deviant behavior (Singer, 2006: 22).

c) Brain Disease Model. Developed recently within the field of neuroscience, this model treats substance abuse as a chronic disease that evolves out of initial voluntary drug use (Leshner, 2001). Psychoactive substances have been shown to alter the chemistry

and physical structure of the brain over time, which is the reason why the effects of substance abuse seem to persist in those that have been drug-free for years. Alan Leshner (2001:75) proves that "addiction comes about through an array of neuroadaptive changes and the laying down and strengthening of new memory connections in various circuits in the brain." This reordering of the brain biochemistry is the direct cause of uncontrollable craving. Neuroscientists who study drug-driven changes in the brain recognize societal factors that encourage some individuals to initiate or experiment. However, as Singer tells us, there have not been enough studies that explore the actual interplay "between biology, social experience, and the social conditions that underlie obsessive desire." (2006:23).

d) Subcultural Model. This model emphasizes the existence of a 'drug subculture', or an assortment of shared knowledge, values and worldview. Erich Good, for instance, talks about the 'marijuana subculture', the 'polydrug subculture', et cetera. Similar to the deviance model of substance abuse, the subcultural model tends to ignore the fluidity between drug-users and non-users, as if these were discrete categories. It also brings groups together that have nothing in common, except for the habit of consumption of one particular drug (i.e. cocaine users in the rural areas of Colombia and cocaine users in Wall Sreet).

e) Trend Theory Model. This approach aims to predict the trajectory of use of a particular drug across time, looking at the various factors that are repeatedly involved (Agar and Reisinger, 2002). This model could work with already existing drugs, but is bound to leave out those that are yet to be invented, or to account for new, unexpected forms of consumption.

f) Macrostructural Model. Developed by Thoumi (1995), the macrostructural theory puts all the emphasis on the socioeconomic and political arrangements that may predetermine patterns of drug misuse (1995:68).

In this study, I follow medical anthropologist Merrill Singer´s (2006) alternative explanatory model of drug use. This model summarizes traditional scholarly approaches to psychoactive drug research, while adding the components that he believes have been largely missing. These explanatory models have been frequently perceived as competing tools of analysis. My analysis is in line with Singer's claim that each one of these models has a bearing on how the ever-changing myriad of substance abuse patterns.

Singer's Critical Medical Approach (2006:25) looks at concurring multiple factors in four different areas of influence: (1) Structural; (2) Interpersonal; (3) Cultural; and (4) Biological. The Critical Medical Model brings together mutually interacting forces that have largely been treated as independent, self-contained explanations (Baer, Singer, and Susser, 2004; Singer, 1996). Until the mid-nineties, by concentrating on drug subcultures, drug researchers within social sciences (especially anthropology) neglected to account for the manner in which power differentials and structural inequality play a major role in the consumption of mind-altering drugs[10]. Health, in Singer's words, "is not an absolute state of being but rather an elastic quality that is highly sensitive to social context, social relationships, and state of mind." (2006:25). Along this line of thought, I was interested in studying the convergence of structural violence, extreme marginalization, and social inequality, leading to a multi-layered

[10] See Bourgois, (1995), or Waterston (1997), as some exemplary cases. At the other side of the spectrum is the work of Farmer (1999), or Castro and Singer (2004).

manifestation of human suffering that is bound to contribute to either initiation or aggravation of substance abuse patterns among deportees at a rate notably higher than that expected in the general population. Once the initial appeal of drugs is established among some individuals, to what degree does structural violence keep these initial users isolated and denied basic health care services? How are the U.S. and Dominican institutions (law enforcement, courts, and prisons) and their state control apparatuses criminalizing deportees, and pushing them into self-fulfilling prophecies? How does the stigmatizing deportee label facilitate group clustering, and how does such clustering lead to further health risk outcomes? (i.e. formation of drug subcultures; syringe exchange/sharing; or diminished access to health care due to an enhanced isolation from larger society). These are questions that call for a nuanced, holistic study of deportee suffering, as manifested through severe substance abuse.

Coined by Singer in 1994, and embedded within the realm of Critical Medical Anthropology, the term Syndemic refers to 'a set of interactive and mutually enhancing epidemics involving disease interactions at the biological level that develop and are sustained in a community or population because of harmful social conditions and injurious social connections' (Singer & Clair, 2003: 429). The term was first used to describe the three-way interaction between substance abuse, violence, and HIV/AIDS among the urban poor in the United States (Singer, 1994). Despite its short history as a conceptual framework in the fields of Public Health, and Medical Anthropology and Sociology, Syndemic has attracted a great deal of recognition by scholars and research physicians alike, and has been identified as a useful tool in the understanding and improvement of global public health (Littleton and Park, 2009). The Syndemics framework considers disease interaction in terms of social space, living conditions, and marginalization of some segments of the population. This concept has

been embraced by the Centers for Disease Control (Syndemics Prevention Network, 2005), in addition to a growing number of research universities and research hospitals.

1.3. Research Questions

Within migrant populations, groups at higher risk for physical and mental health problems include seasonal migrants, political refugees, and victims of human trafficking networks as well as deportees (Strathdee, 2009).

My own findings identify several as risk factors that impede adequate incorporation of deportees into the larger society:

(1) Previous history of substance abuse;

(2) Lack of family or peer network support;

(3) Reduced employment opportunities due to social isolation and stigma;

(4) Chronic health conditions (HIV/AIDS, TB, or other STDs); and residence in marginalized neighborhoods in the Santo Domingo area, characterized by the lack of social services available.

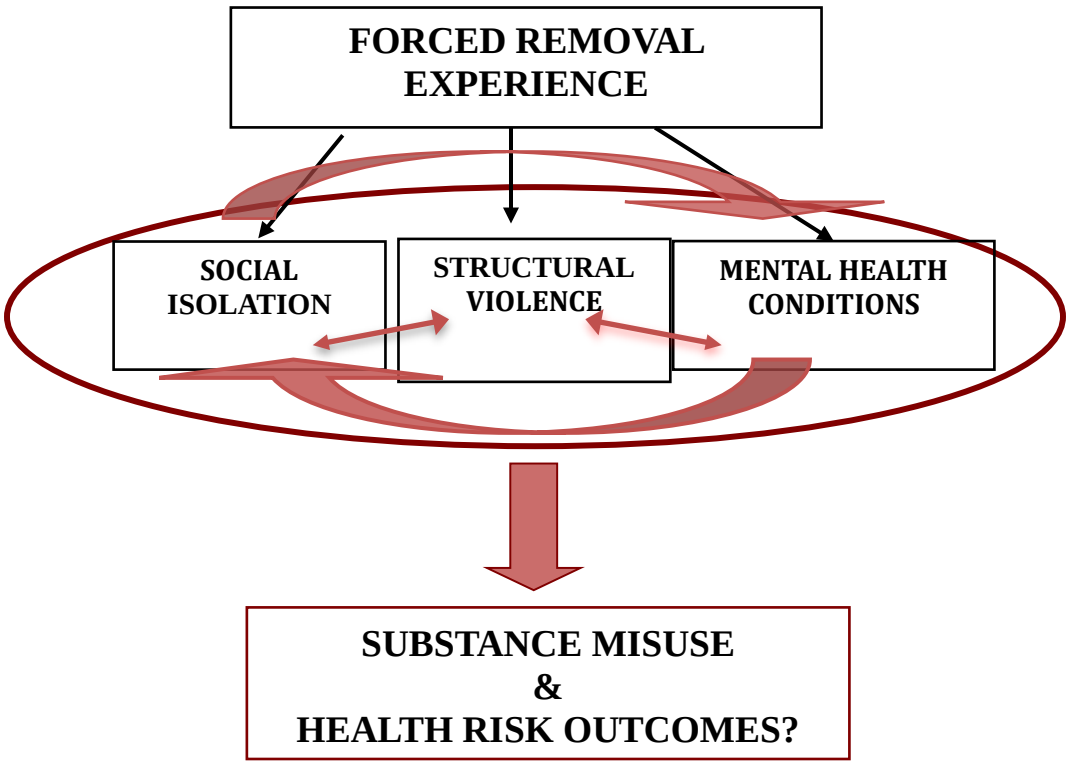
(5) Risk and protective factors that may either trigger or otherwise help prevent substance abuse;

(6) Psycho-social factors that framed Dominican deportees' substance abuse experiences.

Most of the data gathering was qualitative, conducted without scripted questions. There was, however, a semi-structured component, which included questions on demographic profile, employment history, scales of social support, history of drug abuse, self-reported mental health conditions, and contact with the criminal justice system.

1.4.- The Syndemics of Forced Mobilization of Immigrants: Social Isolation, Mental Health, and Health Risk Outcomes.

Figure 1. Conceptual Syndemic Model of deportation, social isolation, structural violence, and mental health conditions, resulting in substance abuse and health risk outcomes.



The graph displayed above is a basic visual representation of my research hypothesis. The deportation process is a crucial source of shame (stigma and social isolation), mental mood disorders (depression, anxiety), and predetermined conditions of structural and institutional violence. These elements converge in the life of the deportee, frequently encouraging acute substance abuse.

CHAPTER 2: METHODOLOGY

2.1.- Methodology Overview

In this chapter I introduce the study sample, providing demographic information; I provide an overview of the recruitment and interview process, and point at some of the limitations for this study. To a great extent, substance abuse research has been viewed within a positivistic, quantitative framework of analysis. Some exemplary exceptions are Maher, 2000; Furst et al., 2011; Curtis and Wendel, 2000; Curtis and Spunt, 2001; Curtis, 2010; Wendel, et al. 2007; Dombrowski et al. 2011, as well as Howard S. Becker's work. Consequently, following these dominant positivistic paradigms, epidemiology and public health researchers logically treat the individual as a necessary element of analysis. However, by lumping together interviewees´ insights into statistical data, researchers often fail to recognize the complexities and subtleties particular to each one of these participants. When working with hidden or hard to reach populations, assuming that research subjects will self-report on socially stigmatized practices is naïve at best. Therefore, without adequate qualitative data illustrating the everyday wants, needs, desires, and impulses of deportees, this study would have been skewed, shortsighted, and incomplete.

The use of life history methodologies has been widely questioned in relation to epistemological significance or scientific reliability. In this study, I embraced a pluralistic approach that recognizes value in certain aspects of quantitative research (for example, gathering demographic data from a large sample group). All this being said, however, I do believe that a qualitative methodology that incorporates the life history approach is the only

effective mean to capture individual motives and actions that respond to larger social forces.[11] Ultimately, I aim here to highlight not only the research questions that serve as the focus of this dissertation, but also the real-life situational interpretations that provide meaning to the data gathered.

In this study there is an underlying Symbolic Interactionism approach to human subjects research. I was not only interested in objective facts (for example, health records shared with me), but also in the myriad of meanings that deportees attach to their new contexts and living situations (Thomas and Znaniecki, 1918-20). I treat the individual as ever evolving in reaction to the environment, never as a static entity (Blumer, 1969; Mead, 1934). When studying deportee suffering, we ought to distinguish between *location* and *place*. *Location* refers to the geographic point, often described as coordinates. *Place* (or space) also relates to geographical location, but goes beyond the physical location. *Place* involves attaching meaning to the surroundings, and the spontaneous reactions that these meanings trigger a posteriori. Subjective interpretations of their new environment determined crucial aspects of the everyday lives of my participants, from the sense of belonging in the "rediscovered" homeland, to coping strategies.

One of the resources I found most effective was photo elicitation (Behar, 1993). Repatriates´ feeling of loneliness is so acute that they appreciate any chance to talk about their families or relatives left behind. Many of my subjects did not carry documents such as a photo ID, yet they made a point to keep in their wallets or pockets small photos of their children, wives, or parents. Photo elicitation –expressing interest in seeing their personal

[11] See Dhunpath, R. *Life History Methodology: ''Narradigm'' Regained*, Qualitative Studies in Education, 2000, Vol. 13, No. 5, 543-551.

photographs, always served as a positive "ice breaker". Photo elicitation also helped me bond with some of my interviewees, as we exchanged both photos and personal narratives about our own children. Parenting is a universal human experience, in this case with shared fears about health concerns, education struggles, or issues of respect and obedience. My own experience as a Spanish immigrant in the United States was another factor that helped me gain respondents´ trust. Starting in the late 90's, when the Spanish economy went through a real estate and service industry bubble, paired with historically low birth rates among Spanish citizens, the Spanish government proactively lowered immigration barriers. This pull factor came to an end around year 2010, due to the economic crash throughout the Euro Zone. Several of my respondents had close friends or relatives in Spain. Thus triangular, transnational personal relationships (residents who lived either in the U.S. or the Dominican Republic were now residing in Spain) made my country an attractive alternative among Dominicans. Instead of planning to return to the United States, risking a reentry charge, a large percentage of my participants hoped to get practical information about how to make it to my native country.

The picture below is a scanned copy of one of Andy's drawings for my son, Adrian. Andy earned money selling his drawings to tourists or to assist in school projects. For example, he would make anatomy drawings of the human body for medical school students. The second photograph is of one of Andy's jeans, painted with a teddy bear drawing and the name of his son. Personal connections were thus established with research participants, out of practical as well as emotional reasons. Ultimately, a collaborative relationship based on mutual trust and transparency was built and gradually reinforced. Far from affecting the validity of my data,

the numerous interviews held and the countless hours invested in conducting participatory observation provided richer and more nuanced insights as a result.

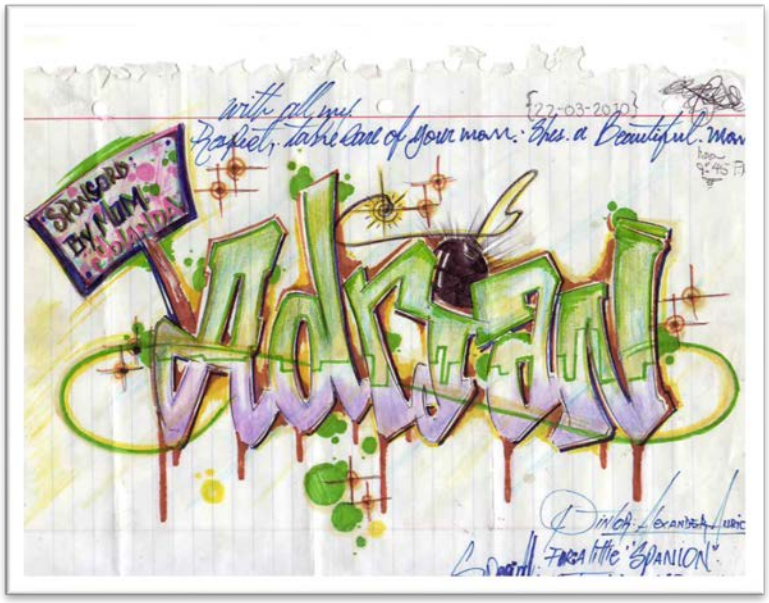


Image 1. Drawing with my son's name, gift from a participating returnee.

Image 2. Photo of participant's drawing on his clothing, with name of his own son.
(Photos by author)

In contrast to an empiricist standpoint, I embrace a global ethnographic approach. Following Buroway, I aim to highlight the mutual shaping of local issues and global structures. In particular, through such a lens, I study local problems that have a direct impact of large-scale practices, i.e. ways in which certain supranational processes, such as mobility of human capital, goods exchange, or economic imbalance, affect local everyday life across the world (Buroway et al., 2000, Ehrenreich and Hochschild, 2002). In my work, I treat the global and the local as symbiotic –global financial systems that perpetuate (or exacerbate) social inequality. This symbiosis is found in global anti-immigrant ideologies that institutionalize and normalize the perceived need to control "the other", and the resulting embodiment of social suffering, as expressed by my participants.

Additionally, the overarching research approach adopted in this study is a Critical Ethnography methodology. Critical ethnography, as explained by Brotherton and Barrios (2004:4), recognizes and aims to reduce power dynamics between the researcher and the subjects of research. This critical criminology approach is explained in detail in their study of the Almighty Latin King and Queen Nation (Brotherton and Barrios 2004:4):

> *"…our orientation begins from the premise that all social and cultural phenomena emerge out of tensions between the agents and interests of those who seek to control everyday life and those who have little option but to resist this relationship of domination. This…approach…seeks to uncover the processes by which seemingly normative relationships are contingent upon structured inequalities and reproduced by rituals, rules and a range of symbolic systems. Our approach… is an holistic one, collecting and analyzing multiple types of data and maintaining an openness to modes of analysis that cut across disciplinary turfs.*

…we have chosen a collaborative mode of inquiry…By this we mean the establishment of a mutually respectful and trusting relationship with a community or a collective of individuals which: (i) will lead to empirical data that humanizes the subjects, (ii) can potentially contribute to social reform and social justice, and (iii) can create the conditions for a dialogical relationship between the investigator(s) and the respondents."

2.2.- Data Collection and Sample Demographics

As mentioned earlier, I adopted a mixed methods approach, which was nevertheless dominated by an ethnographic standpoint. Data for this study were gathered through a combination of (A) participant observation (inside shooting galleries, workplaces, private homes, and public squares and parks); (B) open-ended life-histories (N= 12); and (C) semi-structured interviews (N=120). In order to obtain detailed information about the life trajectory of the returnees, I first conducted participatory observation in various marginalized neighborhoods of Santo Domingo, such as Guachupita, Capotillo, San Carlos, and Villa Juana. Qualitative data served as the foundation for the semi-structured interview protocol. These research tools provided material to illustrate pre- and post-removal protective and risk factors, and (when existing), the subsequent health risk outcomes in the deportee life-course. The semi-structured interview protocol was designed to include a set of preliminary questions related to the circumstances or motivations that led certain patients to visit the emergency room regularly. The interview protocol delved into (1) the patient's self-definition of their health, their personal narrative about the evolution of the health problem, and emotional problems developed as a result of their health issues; (2) social problems that the participants might face in life, like homelessness or poor housing conditions, unemployment, family responsibilities, lack of a system of social support; (3) reasons why patients would delay care; (4) need for additional services; (5) history of substance abuse; and (6) use/misuse of medication. (The interview outline is attached as Appendix, as well as the scales used to design the interview protocol).

Eligibility criteria for the study, both the semi-structured and open-ended interviews, included self-identifying as a Dominican-national expelled from the United States on criminal

charges; female, or male; Spanish or English speaking; and between the ages of 18 and 65. In order to examine protective factors, half the participants were selected among drug-using population, while the other half was of non-users (in the last 2 years). Participants were primarily recruited through community-based organizations in different settings, employment sites (calling centers) and inside shooting galleries throughout Santo Domingo, using snowball sampling recruitment strategies (an approach useful when trying to recruit hard to access populations, as explained by Salganik & Heckathorn, 2004). The sample was divided in two groups, of 60 participants each, deportees with either no history of drug use, or long term (>24 months) abstinence, whom I refer to as ¨Non-Substance Abusers, and those with recent (<24 months) substance abuse. These samples were further split by gender (30 each).[12.]

Among those in the sample with a recent history of substance misuse a total of 51 respondents (or 85 percent) had unstable housing situations (either lived in the streets or would be allowed to sleep in acquaintances' quarters for a day or two); only 9 out of 60 respondents (or 14 percent) from this subsample either lived with relatives or was a home owner. However, housing stability seems to be slightly more common among those not currently abusing drugs or had not been users in the past two years[13]: (11 non-using deportees,

[12] Ideally, we would have a Control Group formed by participants who returned voluntarily, to contrast data gathered in opposition to participants who were forcibly deported. However, given unemployment rates, perceived insecurity in the streets and, most importantly, strong roots developed in the United States, voluntary return only occurs in rare instances.

[13] The selection of participants who had never used drugs (including marijuana) proved very difficult among returnees with criminal records. Instead, I use a subsample of individuals who have never used drugs lumped together with those who report abstinence during the previous two years.

or 18 percent) in this subsample were homeowners (homeownership often attributed not to themselves, but their parents staying back in the United States); 30 participants (51 percent).

Table 1. Housing Status

No Current Substance Abuse (<2 years): Housing Status				Recent History of Substance Abuse: Housing Status			
Owner	Staying with Relatives	Sharing with Friends	Unstable	Owner	Staying with Relatives	Sharing with Friends	Unstable
11	30	11	8	2	7	23	28

With regards to age of the 60 interviewees who had no history of substance abuse in the past two years, over a third (22 of 60, or 36 percent) were deported at age 35 or above; 14 (23.3 percent) between the ages of 30 and 34; one fifth (13 out of 60, or 21 percent) between ages 25 and 29; only 18 percent were deported between 18 to 24. The second subsample, with a recent (< 24 months) history of substance abuse, had a larger proportion, 17 percent, were deported at 35 or above (10 out of 60); 8 percent (5 out of 60) at 30 to 34 years of age; 33 percent (20 out of 60) were individuals aged between 25 and 29; and 42 percent (25 out of 60) between 18 to 24.

Level of proficiency in Spanish skills greatly varied between these two subsamples. A total of 61 percent of non-abusers (or 36 out of 60) spoke Spanish at the time of removal; 26 percent (or 16 out of 60) had a basic command of the Spanish language; and 13 percent (8 out of 60) spoke no Spanish upon arrival in the Dominican Republic. Those with a recent history of

substance abuse had much lower average of Spanish skills at deportation: 24 out of 60 (40 percent) spoke no Spanish at all; 26 out of 60 (or 43 percent) only had basic knowledge of Spanish language; and a mere 10 out of 60 (18 percent) spoke Spanish well at the time of removal.

Table 2. Age at Time of Removal

No Recent History of Substance Abuse: Age at the Time of Removal		Recent History of Substance Abuse: Age at the Time of Removal	
18-24	N = 11	18-24	N = 25
25-29	N = 13	25-29	N = 20
30-34	N = 14	30-34	N = 5
35<	N = 22	35<	N = 10
TOTAL	N = 60	TOTAL	N = 60

Table 3. Spanish Proficiency at Time of Removal

No Recent History of Substance Abuse Spoke Spanish at Time of Removal			Recent History of Substance Abuse Spoke Spanish at Time of Removal		
No	Basic Level	Yes	No	Basic Level	Yes
N= 8	N= 16	N= 36	N= 24	N= 26	N= 10

Looking at rates of HIV and Tuberculosis testing among those respondents who reported a recent history of substance abuse, 42 out of 60 (25 percent) had been tested for HIV. In addition, 41 participants from this subsample had tested positive for tuberculosis. Providing results for these tests was optional in my questionnaire. None of these respondents disclosed on paper their HIV or TB status. One of the most surprising findings was the history of military service. After 1996, not even veteran status is considered grounds for deportation

waiver. A total of 14 deportees had served in the military (more on veteran returnees in Chapter 6).

Table 4. Overview of HIV/TB Testing, Incarceration, and Military Service.

TESTED FOR HIV?	YES 42	NO 18
TESTED FOR TB?	YES 41	NO 19
INCARCERATION IN US	YES 49	NO 11
INCARCERATION IN DR	YES 33	NO 27
PRISON PAST 6 MONTHS	YES 3	NO 57
DRUGS IN PRISON WHILE IN DR	YES 15	NO 45
SERVED IN THE US MILITARY?	YES 14	NO 36

Semi-structured interviews were conducted in a public space by myself alone (or other space designated by the participant) without any other researchers present. No interpreters or translators were required. As for the open-ended interviews with 12 deportees, these ranged between 45 and 120 minutes. All interviews, open-ended and semi-structured, gathered self-reported basic demographic and life history information, specifically focusing on risk and protective attitudes, orientations and behaviors related to health, and the life-history of the individual's substance use. To illuminate existing trends within the population of deportees, both among drug users and non-users, questions delved into drugs of choice, frequency and duration of use, modes of use, specific drug-related risk behaviors, and history of voluntary and/or mandated inpatient or outpatient drug or alcohol treatment. Qualitative narratives and semi-structured responses provided valuable insight into how the returnees perceive the

contours of their lives and the options that they see as available (or not) to them, and the choices that they subsequently make. Upon permission from the participant, open-ended interviews were digitally recorded for audio, and later transcribed, codified, and analyzed in search of recurring patterns. It should be noted that I tested the schedule for semi-structured interviews with a convenience sample of ten participants in Santo Domingo, in September of 2008.

Approval from the University's Institutional Review Board (IRB) was obtained prior to recruitment and data collection for the study. Throughout the data gathering process, a conventional qualitative content analysis approach was followed. Conventional qualitative content analysis is appropriate when there is limited research and theories about a phenomenon of interest and the researcher aims to obtain direct information from the study participants without imposing preconceived notions about the phenomenon of interest (Hsieh & Shannon, 2005). Thus, a naturalistic perspective served as the guiding strategy for the collection, analysis and presentation of the concepts that were relevant to the experiences deportees had with substance abuse, stigmatization and mental health issues (such as depression).

2.3.- Interview Process

Interviews were broadly designed as twofold explorations. First, I was interested in looking at topics commonly described in human subjects substance abuse research, such as a demographic profile of users and or past and current patterns of use. Second, I aimed to study issues particular to the deportee population in the Dominican Republic. These latter topics emerged during the first phases of preliminary research. For example, was there was a deportee subculture of resistance? What was their own understanding of their group's situation? What sort of idioms or linguistic expressions would set them apart from the general population? What are the meanings attached to drug consumption within their particular contexts? Does fear of HIV contagion alter their behavior at all?

For the sake of obtaining parsimonious and consistent data, demographic profile and history of substance abuse data were gathered via semi-structured interviews. However, I heavily relied on ethnographic tools. Detailed open-ended interviews and life histories with a small number of deportees allowed for unanticipated data to surface. As suggested by Adler (1985), unstructured interviews invite spontaneous, emotional reactions that can be more revealing responses to specific questions on norms or values. Following principals from existential sociology, (Adler and Adler, 1987), I recognized that particular feelings and moods manifested by my research participants were often determined by the circumstances, as well as the specific times in which those feelings are recorded. Conscious self-reflections and spontaneous impulses that I gathered through participant observation and open-ended techniques require appropriate contextualization. My data aim to reflect this sort of nuanced characteristics.

Participants were selected for both the semi-structured and open-ended interviews in order to inform observations, pursue issues of interest, and test hypotheses, and produce grounded theory (Glaser and Strauss, 1967). Following Agar (1993:524), two considerations guided my sampling: (a) due to the emphasis on ongoing high-rapport relationships, "random sampling makes no sense at all." In ethnography, we see ourselves geared towards working with people who are willing to spend their time and are open to sharing their experiences with an outsider researcher; (b) a large amount of variation is not learned until part of the research process has taken place. Ethnographic samples, especially among hidden populations, emerge as the research develops. Samples in this methodology approach are formed after, rather than before, the fact (Ibis, 1993:524). Comparisons with other population samples are made possible through a record of sample descriptions and observation notes. The likelihood that some of my participants would help me recruit other participants among their peers was not only accepted, but also expected and even seen as an advantage. Since gaining access to hidden populations is determined to a great extent by a sense of trust, insiders´ faith in both my work and my personal worthiness proved to be an invaluable asset. This technique not only was useful in reaching new participants, but also helped me get an overall understanding of the social networks of my initial participants.

All my subjects were offered anonymity, but they often preferred confidentiality. Namely, the participants would opt for providing me their full contact information and relying on me to protect their identities. About a third of all the participants actually encouraged me to disclose their identities, for the sake of bringing visibility to their cases. However, due to ethical concerns I refused to follow their wish for disclosing contact information. Those who chose to remain anonymous had a self-given alias tagged to an identification number, which

helped me track their responses back to the corresponding individual. Once the data were cleaned of potentially harmful identifiers, all recorded responses, interview transcripts were stored in a computer, in a scripted file.

Validating the participants´ status as deportees with or without a history of substance abuse was a challenge. As an ethnographer, I anticipated encountering individuals who would try to get the interview compensation (roughly RD$500, or US$15), without satisfying basic qualification requirements. Substance abuse was easily identifiable through arm tracks or marks throughout the body (legs, arms, neck). Deportee status was verified through a diversity of sources, such as triangulation of their narrative, or by looking at their personal documents and photographs. More often than not, cultural reference points and use of English language sufficed in reassuring me that these men and women had resided in the United States for considerable periods of time. A sense of nostalgia when they talked about life in the United States would always surface in the case of forced returnees. Thus, context analysis proved vital in certifying participants´ qualifications to be part of the study.

The use of a life history approach (see, among others, Thomas and Znaniecki, 1918-20; Behar, 1993 & 1997) came from a concern with understanding how risk behavior took shape over time. I looked at different time dimensions, including chronological age, as well as developmental milestones (i.e. age at time of entrance into the street economy). In a series of conversations the participants in the open ended interviews were invited to talk about their lives in their own terms. Although I had prepared an outline of the issues that I aimed to cover, I would usually let respondents steer the conversations in whichever directions they considered relevant. When they did not cover a topic that I was interested in exploring, I would prompt such discussion with a general question that geared them towards my sought

after topic. For instance, when looking for information on street economy activities, I would enquire about the ways in which participants managed to secure everyday life needs, such as food and shelter. In most of the cases, though, my participants brought up these topics of their own accord. Life history interviews allowed me to put participant observation data into perspective. These interviews also helped me gain a better understanding of the participants' socioeconomic background and rationale behind their reactions. This kind of information would have never been acquired through survey methodology, and data would have been unequivocally skewed.

Contrary to what is frequently anticipated among hard to reach populations, participants in my study seemed to appreciate the opportunity to discuss their situations in a non-threatening, relaxed, non-bureaucratic environment. The location was always of their choosing, and I managed to be perceived as someone who listened without preaching, and only offered help or information about recovery options when such assistance was requested. The participants were the *experts,* as they instructed me on what it meant to be a heroin user in the Dominican Republic. Similarly, they would often comment on how they had to instruct physicians in regards to how to treat heroin users, since heroin is such a relatively new drug in the island.

In this study I used a range of interviewing techniques, which complement each other in the quest for understanding the deportee experience as lived and interpreted by my subjects. Participant observation, informal interviews, semi-structured interviews and life histories provided me with the opportunity to gain a broader understanding of the meanings that deportees attach to their new context and struggles. These subjective meanings varied according to the degree of human suffering these men and women were exposed to, which was largely determined by intervening (protective or risk) factors.

Open-ended interviews were conducted as informal conversations during meals, strolls, or by merely "hanging out" at their places of choice, including shooting galleries street corners. Informal interviews were invaluable in gaining access to participants –some of whom spontaneously became my friends, as we looked out for each other at times when it naturally seemed the only alternative. Access to this population was facilitated by the previous work that Professors Brotherton and Barrios had conducted in the Dominican Republic among deportees. In particular, Luis Barrios pre-arranged my first interviews upon arrival on the island. After my first preliminary fieldtrip to the capital, I had the good fortune to meet new and interested participants through peer networks or social interactions in the barrios.

Despite implementing a set of mixed methods tools (open-ended interviews, and semi-structured), this research relies heavily on its ethnographic component. Several months were spent, side-by-side, with my study participants, while they went about their daily routines. These routines often involved them engaging in illegal activities, (such as the purchase, sale, or consumption of illicit substances). On other occasions, hours were spent at my participants´ workplaces, (when available); eating meals; or walking around the city. I got to meet some of their relatives, and they got to meet my then four-year-old child. I was never reluctant to share information about my own personal life. This form of openness on my part, I believe, nurtured a more balanced relationship with my subjects and helped in establishing mutual rapport. As months passed by, I grew increasingly attached to some of these men and women. Needless to say, power dynamics between researcher and participants are impossible to erase. Yet, my willingness to engage in open communication, to the point of disclosing

vulnerabilities and insecurities –just as they had chosen to do with me in return, helped in reducing the gap in the inevitably hierarchical relationship[14].

To many of my participants and their associates, I also became an improvised source of assistance for harm reduction goods, which were donated for that purpose by a harm reduction agency in the South Bronx[15]. As I became aware of the dire need for basic first aid items for substance users, my personal luggage became lighter and the amount of assistance goods I brought on my trips to the Dominican Republic increased accordingly. Without having planned it, serving as an informal provider of free health care items, such as individually wrapped alcohol towels, bandages, sterilized cotton, or female and male condoms, my identity as a social researcher took a backstage role. Participants for this study saw me, instead, as a friend and supporter. This sense of trust was very helpful in difficult times, such us when interviewing allegedly dangerous drug dealers in marginal barrios. Here are some of the notes I took after an interview with a female heroin dealer in her mid-seventies, who was at home with her husband in the neighborhood of Capotillo:

> *They both look at me with suspicion. La Vieja announces at that moment that she knew I was coming to her house from the moment I got up into la guagua (local bus) with Rafael: "you know, I have people telling me everything. So don't talk about our conversation, or I'll find out." I'm not sure how to react to that half-joke, half threat. I surprise myself by acting as cool as I can. "Don't you worry, ma'am. I won't talk to the cops." I introduce my study and trajectory in Santo*

[14] For insightful analysis of the value of "interactive conversations" instead in lieu of formal interviews in auto-ethnography, see Ellis' Heartful Ethnography (1999), and Reed-Danahay's Auto/Ethnography: Rewriting the self and the social (1997), among others.

[15] I am forever indebted to Richard Curtis and Belinda Taveras, at CitiWide Harm Reduction, for the assistance provided.

Domingo. Then, I show my university credentials (my faculty ID). They seem unconvinced. In the meantime, two guys I met at San Carlos about a year and a half ago stop by. Their names are Giorgio and Antonio. G & A both show they're enthusiastic about seeing me again. La Vieja turns in the direction of Giorgio (a dark-skinned, very thin man of about 30 years), and asks: "do you know her?" "Yes, mama, she's been great help to the guys in San Carlos. Brought stuff for us from NY, such as cotton and clean cookers. She's legit."
(note: the old woman is not really G's mom, but the guys use "mama" as a term of endearment.")

On several occasions, I served as a translator (when my participants struggled to communicate in Spanish with either physicians or law enforcement officials). Other times, I was a source of cash when these men and women needed to buy food, pay for medical expenses, for medication, or even purchase phone cards that would allow them to be in contact with their relatives in the United States. There were a few instances in which I realized I was used as a source of some kind of "legitimation" in front of relatives or community members, as if my mere presence brought them a sense of respect. Here is an example of such situations, as illustrated from my fieldnotes:

This afternoon, Robert asked me to let him use my phone to call his mother in Florida. He is dope sick, and his leg infection is rapidly worsening. There is an abnormal buildup of pus, an abscess in the right lower leg, which is dripping a thick yellow matter continuously. I offer to take Rob to the nearest clinic, as it´s obvious to me that he requires immediate medical attention. The abscess smells like a dead animal, and it takes some time to get used to it. Rob insists that by covering it up with some cloth, it will eventually get back to normal. He looks upset. I hear him complain about his mother refusing to send him any more money, unless Rob agrees to get into a rehab program. I let him use my cellphone, thinking it would be a regular social call. To my dismay, Rob tells his

mother that he wants to introduce me to her, "the American friend who´s helping him recover" (not true, since he is not interested in rehab). Rob puts the phone to my ear, and suggests I help him in his scheme –convincing his mother that Rob is indeed recovering, and that she may send that cash to him shortly. I do not want to deceive Rob´s mother, and all I say instead is that his son has a leg infection, but I will make sure that he gets medical attention soon. Rob gives me a disappointed look. (February 5, 2010 -3:15pm, fieldnotes –San Carlos, SD)

Other individuals asked me for help, financially or in other ways, -increasingly so as their medical needs grew more severe overtime. I anticipated this, and tried to meet these requests by carrying enough *menudo* (cash) with me at all times. I never felt endangered in the company of my participants. However, my apparent privileged position (as a European, US resident, and a Caucasian researcher) led to a series of very negative, completely unexpected, encounters with representatives of Dominican institutions: law enforcement officials, the military, physicians, and even a couple of university administrators. On several occasions, various so-called public servants requested that I provide either sexual favors, personal funds, or both, in exchange for adequate assistance at crucial moments. For instance, when Robert finally agreed to come with me to the local clinic, to get his leg abscess checked, the attending physician suggested that "since I was so interested in helping my ´friend´, it would only be fair that I 'helped' him [the physician] as well, grinning while looking at me in the eyes, and grabbing my hand as he said those words. Unfortunately, this was just one of several situations in which, however uncomfortable, helped me learn about Dominican institutional and sexual violence first hand.

In the case of my participants, I perceived their requests for money and goods as mere survival strategies. Dealing with bureaucrats or police officers allowed me to experience local

corruption first hand. On one side, it was fascinating to observe how my seemingly vulnerable presence -as a foreign, relatively young, female, inspired my participants to become highly protective towards me. On the other side, this very same profile could lead to openly predatory behavior (sexual harassment, monetary requests, denial of public services if uncooperative) on the part of representatives of the public institutions. I never experienced predatory abuse of this nature from participants in this study.

2.4.- Limitations

In addition to "giving my participants a voice", I embrace ethnographic methodology as a "form of recognition" (Taylor, 1992) that contributes to the construction of public spaces for the recollection of their own experience. The truth is, should I try to describe it, there is no easy way to convey the ever-changing complexities involved in the situation of the deportees I studied. Quantifiable measures tend to focus on economic indicators,[16] as if human suffering could only come from material deprivation. As explained by Pierre Bourdieu (1991), cost-benefit analyses in the realm of social sciences reduce the individual to a "problem" that needs to be optimized. There is suffering in geographical dislocation, community uprooting, and social isolation. Qualitative methodologies are key to understanding such core aspects of human suffering, especially supplementing quantitative data available. As a qualitative researcher, I recognize the inherent limitations that surface when attempting to describe the subjective experiences conveyed by my study participants. Post-removal suffering presents itself in as many variations as the number of men and women who have gone through such experience. Additionally, this study is not statistically representative of the larger deportee population, since the recruitment methodology was not randomized.

Therefore, this study does not claim to contain a linear or comprehensive depiction of such messy social problem. It does, however, present an account of some of the experiences found among members of this population. Similar to Kleiman (1999: 41), I experienced a growing sense of frustration, as I realized of the difficulties in reconstructing a holistic account of these men and women´s own renderings of their suffering. Ultimately, I did not

[16] One example would be the World Health Organizations metric of Disability Adjusted Life Years (DALYS)

see these limitations as a failure. Instead, representation limitations serve to appreciate the multifarious layers at the individual level that made my participants an inherently heterogeneous block.

I made a conscious effort to remain as objective as possible in my observations, notes, and interpretation of my participants' actions. However, after witnessing so much harm being inflicted on so many human beings I encountered, I confess to a somehow skewed, anti-system position. All along, I intended to make my writing reflexive, exposing as much as I could my own biases and predispositions (Brotherton, 2008; Wacquant, 2003; Conquergood, 1992). Nevertheless, as a critical ethnographer, I do acknowledge that cultural representations of any subject are linked to power relations. These representations are unavoidably partial (Emerson, Fretz, & Shaw, 1995), informed by the author´s own research interests –as well as the target audience in mind. For this reason, I committed myself to spending a considerable length of time with my participants, during different periods throughout a two-year span. I observed and recorded details of their daily lives, through field notes, audio, photographs, and video recordings. My goal all along was to avoid presenting and representing the individuals in my study through isolated snapshots, devoid of context, contradictory nature of social problems and agency.

CHAPTER 3: THE U.S. PUNITIVE TURN AND THE PHENOMENON OF MASS DEPORTATION

3.1.- Disparities in the U.S. Criminal Justice System

> *It's all a trap. It's a trap that they put in place for the black people. I've been in the system for a long time, and you see prisons full of black people. But now they're targeting Latinos too. They go against Mexicans, against Dominicans... It's ethnic cleansing, American style.*
> *(Miguel, 42. Personal Interview, 4/21/2010)*

By the end of year 2010, the United States Prison System registered over 7.2 million people under correctional supervision. The United States has the highest incarceration rate in the world, including totalitarian regimes known for their frequent human rights violations, such as Iran or China.

According to the U.S. Bureau of Justice Statistics (BJS), the U.S. has a total of[17]:

- 2,266,800 adults in U.S. Federal and State prisons, and county jails (by the end of year 2010);
- An additional 4,933,667 adults under parole or probation supervision (2009)
- 86,927 juveniles maintained in juvenile detention (2007)

Without accounting for inmates identifying as racially mixed, 39.4 percent of the prison and jail population in 2009 were African Americans, while they comprise 13.6 percent of the

[17] Correctional Population Trends; Correctional Populations in the United States, 2009; and Correctional Population in the United States, 2011.
http://bjs.ojp.usdoj.gov/content/glance/tables/corr2tab.cfm;
http://bjs.ojp.usdoj.gov/index.cfm?ty=tp&tid=11
http://bjs.ojp.usdoj.gov/content/pub/pdf/cpus10.pdf
(Retrieved March 24 2012).

U.S. general population. Hispanics (of all racial backgrounds) formed 20.6 percent of the total inmate population in 2009, while accounting for 16 percent of the total US population.

In 2007 alone, the United States spent more than $49 billion on corrections, up from $11 billion over the previous 20 years. Recidivism, however, is also at an all-time high, with half of all released inmates falling back into the Criminal Justice System within three years (Pew, 2008). As noted by the Pew Center, and contradicting media portrayals of the street criminal, there has not been a parallel increase in crime rates. Behind this incarceration craze is a set of "tough on crime" policies that send petty offenders to prison for non-violent crimes, with "three-strikes" measures and mandatory sentencing at the core of this phenomenon.

Hyper-incarceration is yet another form of de facto segregation experienced by people of color in the United States. The prison system and the "urban ghetto" are said to reflect a symbiotic connection (Wacquant, 2001), with a revolving door between both spaces. Contrary to public opinion, disparities in prison sentencing rates are not due to proportionate crime rates by African Americans or Latinos. Instead, we need to look at the correlation between prison disparities and biases in policing, arrests, and sentencing processes.

While tackling the issue from different perspectives, both Wacquant (2001) and Alexander (2010) suggest that the current ethno racial composition of the prisons, and the rapid increase of the prison population are not coincidental phenomena. According to Wacquant, our prison industrial system is a modern tool for social control. It is by looking at the prison racial makeup that Wacquant establishes the connection between the US Justice System and those institutions that have historically facilitated the means for exerting social control over minority populations (2001). In earlier times, the institutions of slavery and Jim Crow provided the means to keep "African Americans 'in their place,'' i.e., in a subordinate

and confined position in physical, social, and symbolic space. At present, the ghetto and the ever-expanding prison system in the United States constitute this country's solution to "emergent forms of urban relegation"…"to criminalize poverty via the punitive containment of the poor in the increasingly isolated and stigmatized neighbourhoods in which they are confined, on the one hand, and in jails and prisons which operate as their spillway, on the other" (Wacquant, 2008: 276-277) (see also Tonry 1995, and Wacquant 2004).

Legal scholar Michelle Alexander expands upon Wacquant's premise, but framing her critique of the prison system as a modern adaptation of former Jim Crow policies. According to Alexander, we have not ended racial caste in America, but merely redesigned it as legal racial segregation has been replaced by mass incarceration as a form of social control. More African Americans are under correctional control today than were enslaved in 1850. In an era of presumed racial-democracy and colorblindness, it is difficult to accept such provocative connections, yet the statistics are hard to ignore (Alexander, 2010). With over 2 million incarcerated individuals the criminal justice system operates as a tightly networked system of laws, policies, customs, and institutions that operate collectively to ensure the subordinate status of a group defined largely by race. Mass incarceration, a direct outcome of the War on Drugs, has produced a de facto lower caste that is banned from basic rights (public housing, financial aid for education, public employment, professional licenses, or voting rights). The New Jim Crow, argues Alexander, is the direct result of the War on Drugs and Tough on Crime policies.

This new Jim Crow, echoing Alexander, reflects also the symbiotic relationship between the urban "ghetto" and the prison system (Wacquant, 2007:84). The link between the structural (geo-spatial) distribution, and the prison system permeates everyday life in the inner

city: high school students enduring time consuming, metal detector-lead checks at public school lobbies; children that are taught at school to be obedient rather than independent thinkers; camera surveillance in the streets; residential overcrowding; lack of adequate social services; and redlining at its worst underlying residential segregation[18].

One of my female study participants, Maggie (30 years old), a program manager at a rehab center at the time of this interview, described the lack of empathy manifested by many white Americans towards people from other countries as one major cause of the routine outcasting of non-nationals, especially people of color:

> *You know, the Americans are not able to empathize with other people's suffering. I watch the news… the immigration laws getting tougher and toughter everyday. It's just the feeling of being unwanted… it's just an awful feeling… unwanted. We go there, we pay taxes… take an American to Iraq, take an American to Colombia, take an American… here. Take them to a detention center, have their rights stripped off–not rights as Americans, because we're not citizens, but their humanity, their human rights stripped off, and see how it feels like. Because Americans don't care about what the Iraqies feel, what the Dominican feels, what the Colombian feels… they only care about their own people. They won't understand how all the people decapitated in Iraq [feel] until one of them gets decapitated. You know that movie, a "Time to kill"? Where they rape a little White girl and the attorney wins the case after saying "imagine a little girl getting raped, with semen all over her, getting dragged onto dirt, tied to a truck, with her childhood and innocence stripped off her." And then he says "imagine that little*

[18] Earlier, Oliver Cromwell Cox, in Race, Caste and Class (1948), argued that the United States was a "caste society". Particularly relevant here are also theories of "othering" and "vindictiveness" delineated by Jock Young, David Brotherton and Luis Barrios (2009, 2011, 2012).

girl being white". Exactly. Imagine a person being stripped of his rights, being deported to their country of origin where they haven't been to in years, leaving their family, leaving their job, leaving their livelihood, leaving their culture... because I don't have a Dominican culture... then imagine that the person is an American. That's when they care. It doesn't happen until it happens to a white American. Open a crack house in fucking suburbia in Alabama: "oh, my God". Open a crack house in the ghetto: "let them kill themselves". That's what they say. It doens't happen to anybody until it happens to a white American.
I have too many stories already. Now I want a life. I just want to be normal. I don't want to be an outcast. I just want to be normal.

Non-nationals, such as Maggie, having to deal with institutionalized racism, are aware of the difficulties presented to their communities. The large-scale imprisonment of people of color in the United States has a significantly negative impact on the number of social service programs available in these communities. One key collateral effect of the prison and deportation industrial systems is the under-designation of economic resources to underserved communities, according to census-based allocation of local social services budgets. Displacement of individuals, either due to incarceration or to deportation, leads to a decrease in the population census count for their districts, thereby significantly reducing the quantity and quality of public resources allocated. Diminished social services are bound to boost poverty rates, increasing the likelihood that immigrants will turn to illegal activities as a survival mechanism. Thus, in a vicious cycle, incarceration and deportation lead to ever-

shrinking social services for immigrants, increasing the number of non-citizen removals Brotherton and Barrios, 2011)[19].

19 Juliet P. Stumpf, in The Crimmigration Crisis: Immigrants, Crime, & Sovereign Power (2006), discusses the convergence of Immigration and Criminal Law today, "marking out the boundaries of who is accepted in our society" (p.1)

3.2.- Dominican Migration to the United States

Large-scale Dominican immigration to the United States began in the early 1960's, linked to US policies geared to fight potentially communist governments throughout Latin America. Following the election of Juan Bosch, an intellectual with leftist orientations, as President of the Dominican Republic in 1963, the US government feared the spread of Cuban style communism throughout the region. This led to implementation of an informal open-border policy in regards to the Dominican Republic, easing restrictions in the visa-granting process. Bosch was removed from power in a US-supported coup d'état in September 1963 after only seven months in office, leading to a civil war in 1965. Joaquín Balaguer, famous for his authoritarian ruling style, became head of the government in 1966-78, and then again in 1986-96 (Moya Pons, 2008). During the first period (1966-78) opponents were incarcerated and frequently "made to disappear," independent media outlets were crushed, and entire communities lived in a constant state of fear. Since the 1960's, push-pull factors of economic and living conditions have driven Dominican migration to the United States (Bach, 1983; Georges, 1992; Pessar, 1987; Pantoja, 2005)

Furthermore, the US Embassy in Santo Domingo referred to the Dominican history of political and social instability as the origins of current unsettling living conditions:

> *[The] Dominican Republic (DR) history is a series of dramatic events, filled with revolution and political unrest. After centuries of foreign rule, the DR gained independence in 1865 at a severe cost to the civil peace. Since then, the people have experienced political and civil disorder, ethnic tensions and long periods of military rule, occupation, oppressive dictatorships, military interventions and standing battles with corruption*[20].

[20] Cable 09SANTODOMINGO4, titled Annual OSAC Crime/Safety Report (January, 2009)

Although The United States discusses violence in the Dominican Republic as completely detached from US interventionism, the US administration played a central role in the acute increase of the culture of violence in the Dominican Republic. The US government allied with Balaguer in order to deport several hundred intellectual figures from the Dominican Republic to the United States. Once a considerably large community had settled in New York City, family reunification policies transformed the Dominican community into one of the most significant immigrant groups in the Northeast. The Immigration and Nationality Act of 1965, which dropped national origin quotas in favor of family ties, led to high numbers of Dominican green card holders. By 1999, almost one million persons (921,883) of Dominican ancestry lived in the United States, with 65 percent residing in New York City. In fact, the Dominican Republic was the top sending country for documented immigrants arriving in New York for 23 out the last 25 years of the 20th century, sending an estimated 345,000 individuals during that period[21]. At that time, the Dominican Republic already ranked twelfth among all countries sending immigrants to the United States (Levitt, 2001).

According to US Census data, the official population of US residents of Dominican descent (including both native and foreign born) was 764,945 in the year 2000. By 2010 there had been an 84.9 percent increase to an estimated total of 1.41 million people. Dominicans are the fourth largest Latino immigrant group in the United States, after the Mexican, Puerto

[21] Kugel, Seth; "Transfixed by New York; Whether as Dream or Nightmare, the City Looms Uncommonly Large in the Minds of Dominicans, New York's Largest Immigrant Group", The New York Times, November 28, 1999. http://www.nytimes.com/1999/11/28/nyregion/transfixed-new-york-whether-dream-nightmare-city-looms-uncommonly-large-minds.html?pagewanted=print&src=pm. *(Accessed May 10, 2012).*

Rican, and Cuban populations. The Dominican population is notably the second fastest growing Latino group in the US (after the Mexican population).

To put these numbers into perspective, in 2010, the total Latino population in the United States reached nearly 50.5 million (16.3 percent out of a total population of 308,745,538). Only a decade earlier, Latinos in the US constituted merely12.5 percent (or 35.3 million out of 281,421,906). In the 1960s, in contrast, for the "Not Hispanic or Latino" category, the population increase was 4.9 percent. Regional distribution of Dominicans in the U.S. is unbalanced, with 78.1 percent (1,104,802 out of 1,414,703) people of Dominican descent living in the Northeast; 18.3 percent (258,383) in the South; with the Midwest and West regions showing only 1.8 percent (over 25,000 each). Dominicans highly concentrated in New York State, with 674,787 people of Dominican descent (or 48 percent of all Dominicans in the US). New Jersey stands as the second largest Dominican population in the US (197,922), followed by Florida (172,451), Massachusetts (103,292), and Pennsylvania (62,348). Below are some descriptive 2010 U.S. Census tables, in relation to geographical and ethnic distribution. Tables 5 and 6 provide data from the 2010 census on the Latino Population in the United States; Tables 7-9 provide data on those of Dominican origin.

Table 5: Hispanic or Latino Population for the United States, Regions, and States, and for Puerto Rico -2000-2010

Hispanic or Latino Population for the United States, Regions, and States, and for Puerto Rico: 2000 and 2010

(For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2010/doc/sf1.pdf)

Area	2000			2010			Population change, 2000 to 2010			
		Hispanic or Latino			Hispanic or Latino		Total		Hispanic or Latino	
	Total	Number	Percent of total population	Total	Number	Percent of total population	Number	Percent	Number	Percent
United States	281,421,906	35,305,818	12.5	308,745,538	50,477,594	16.3	27,323,632	9.7	15,171,776	43.0
REGION										
Northeast	53,594,378	5,254,087	9.8	55,317,240	6,991,969	12.6	1,722,862	3.2	1,737,882	33.1
Midwest	64,392,776	3,124,532	4.9	66,927,001	4,661,678	7.0	2,534,225	3.9	1,537,146	49.2
South	100,236,820	11,586,696	11.6	114,555,744	16,227,508	15.9	14,318,924	14.3	6,640,812	57.3
West	63,197,932	15,340,503	24.3	71,945,553	20,596,439	28.6	8,747,621	13.8	5,255,936	34.3
STATE										
Alabama	4,447,100	75,830	1.7	4,779,736	185,602	3.9	332,636	7.5	109,772	144.8
Alaska	626,932	25,852	4.1	710,231	39,249	5.5	83,299	13.3	13,397	51.8
Arizona	5,130,632	1,295,617	25.3	6,392,017	1,895,149	29.6	1,261,385	24.6	599,532	46.3
Arkansas	2,673,400	86,866	3.2	2,915,918	186,050	6.4	242,518	9.1	99,184	114.2
California	33,871,648	10,966,556	32.4	37,253,956	14,013,719	37.6	3,382,308	10.0	3,047,163	27.8
Colorado	4,301,261	735,601	17.1	5,029,196	1,038,687	20.7	727,935	16.9	303,086	41.2
Connecticut	3,405,565	320,323	9.4	3,574,097	479,087	13.4	168,532	4.9	158,764	49.6
Delaware	783,600	37,277	4.8	897,934	73,221	8.2	114,334	14.6	35,944	96.4
District of Columbia	572,059	44,953	7.9	601,723	54,749	9.1	29,664	5.2	9,796	21.8
Florida	15,982,378	2,682,715	16.8	18,801,310	4,223,806	22.5	2,818,932	17.6	1,541,091	57.4
Georgia	8,186,453	435,227	5.3	9,687,653	853,689	8.8	1,501,200	18.3	418,462	96.1
Hawaii	1,211,537	87,699	7.2	1,360,301	120,842	8.9	148,764	12.3	33,143	37.8
Idaho	1,293,953	101,690	7.9	1,567,582	175,901	11.2	273,629	21.1	74,211	73.0
Illinois	12,419,293	1,530,262	12.3	12,830,632	2,027,578	15.8	411,339	3.3	497,316	32.5
Indiana	6,080,485	214,536	3.5	6,483,802	389,707	6.0	403,317	6.6	175,171	81.7
Iowa	2,926,324	82,473	2.8	3,046,355	151,544	5.0	120,031	4.1	69,071	83.7
Kansas	2,688,418	188,252	7.0	2,853,118	300,042	10.5	164,700	6.1	111,790	59.4
Kentucky	4,041,769	59,939	1.5	4,339,367	132,836	3.1	297,598	7.4	72,897	121.6
Louisiana	4,468,976	107,738	2.4	4,533,372	192,560	4.2	64,396	1.4	84,822	78.7
Maine	1,274,923	9,360	0.7	1,328,361	16,935	1.3	53,438	4.2	7,575	80.9
Maryland	5,296,486	227,916	4.3	5,773,552	470,532	8.2	477,066	9.0	242,716	106.5
Massachusetts	6,349,097	428,729	6.8	6,547,629	627,654	9.6	198,532	3.1	198,925	46.4
Michigan	9,938,444	323,877	3.3	9,883,640	436,358	4.4	-54,804	-0.6	112,481	34.7
Minnesota	4,919,479	143,382	2.9	5,303,925	250,258	4.7	384,446	7.8	106,876	74.5
Mississippi	2,844,658	39,569	1.4	2,967,297	81,481	2.7	122,639	4.3	41,912	105.9
Missouri	5,595,211	118,592	2.1	5,988,927	212,470	3.5	393,716	7.0	93,878	79.2
Montana	902,195	18,081	2.0	989,415	28,565	2.9	87,220	9.7	10,484	58.0
Nebraska	1,711,263	94,425	5.5	1,826,341	167,405	9.2	115,078	6.7	72,980	77.3
Nevada	1,998,257	393,970	19.7	2,700,551	716,501	26.5	702,294	35.1	322,531	81.9
New Hampshire	1,235,786	20,489	1.7	1,316,470	36,704	2.8	80,684	6.5	16,215	79.1
New Jersey	8,414,350	1,117,191	13.3	8,791,894	1,555,144	17.7	377,544	4.5	437,953	39.2
New Mexico	1,819,046	765,386	42.1	2,059,179	953,403	46.3	240,133	13.2	188,017	24.6
New York	18,976,457	2,867,583	15.1	19,378,102	3,416,922	17.6	401,645	2.1	549,339	19.2
North Carolina	8,049,313	378,963	4.7	9,535,483	800,120	8.4	1,486,170	18.5	421,157	111.1
North Dakota	642,200	7,786	1.2	672,591	13,467	2.0	30,391	4.7	5,681	73.0
Ohio	11,353,140	217,123	1.9	11,536,504	354,674	3.1	183,364	1.6	137,551	63.4
Oklahoma	3,450,654	179,304	5.2	3,751,351	332,007	8.9	300,697	8.7	152,703	85.2
Oregon	3,421,399	275,314	8.0	3,831,074	450,062	11.7	409,675	12.0	174,748	63.5
Pennsylvania	12,281,054	394,088	3.2	12,702,379	719,660	5.7	421,325	3.4	325,572	82.6
Rhode Island	1,048,319	90,820	8.7	1,052,567	130,655	12.4	4,248	0.4	39,835	43.9
South Carolina	4,012,012	95,076	2.4	4,625,364	235,682	5.1	613,352	15.3	140,606	147.9
South Dakota	754,844	10,903	1.4	814,180	22,119	2.7	59,336	7.9	11,216	102.9
Tennessee	5,689,283	123,838	2.2	6,346,105	290,059	4.6	656,822	11.5	166,221	134.2
Texas	20,851,820	6,669,666	32.0	25,145,561	9,460,921	37.6	4,293,741	20.6	2,791,255	41.8
Utah	2,233,169	201,559	9.0	2,763,885	358,340	13.0	530,716	23.8	156,781	77.8
Vermont	608,827	5,504	0.9	625,741	9,208	1.5	16,914	2.8	3,704	67.3
Virginia	7,078,515	329,540	4.7	8,001,024	631,825	7.9	922,509	13.0	302,285	91.7
Washington	5,894,121	441,509	7.5	6,724,540	755,790	11.2	830,419	14.1	314,281	71.2
West Virginia	1,808,344	12,279	0.7	1,852,994	22,268	1.2	44,650	2.5	9,989	81.4
Wisconsin	5,363,675	192,921	3.6	5,686,986	336,056	5.9	323,311	6.0	143,135	74.2
Wyoming	493,782	31,669	6.4	563,626	50,231	8.9	69,844	14.1	18,562	58.6
Puerto Rico	3,808,610	3,762,746	98.8	3,725,789	3,688,455	99.0	-82,821	-2.2	-74,291	-2.0

Source: U.S. Census Bureau, Census 2000 Summary File 1 and 2010 Census Summary File 1.

Table 6: Ten Places with the Highest Number and Percentage of Hispanics or Latinos: 2010

Ten Places With the Highest Number and Percentage of Hispanics or Latinos: 2010

(For information on confidentiality protection, nonsampling error, and definitions, see *www.census.gov/prod/cen2010/doc/sf1.pdf*)

Place	Total population	Hispanic or Latino population	
		Rank	Number
NUMBER			
New York, NY	8,175,133	1	2,336,076
Los Angeles, CA	3,792,621	2	1,838,822
Houston, TX	2,099,451	3	919,668
San Antonio, TX	1,327,407	4	838,952
Chicago, IL	2,695,598	5	778,862
Phoenix, AZ	1,445,632	6	589,877
El Paso, TX	649,121	7	523,721
Dallas, TX	1,197,816	8	507,309
San Diego, CA	1,307,402	9	376,020
San Jose, CA	945,942	10	313,636

Place[1]	Total population	Rank	Percent of total population
PERCENT			
East Los Angeles, CA[2]	126,496	1	97.1
Laredo, TX	236,091	2	95.6
Hialeah, FL	224,669	3	94.7
Brownsville, TX	175,023	4	93.2
McAllen, TX	129,877	5	84.6
El Paso, TX	649,121	6	80.7
Santa Ana, CA	324,528	7	78.2
Salinas, CA	150,441	8	75.0
Oxnard, CA	197,899	9	73.5
Downey, CA	111,772	10	70.7

[1] Places of 100,000 or more total population. The 2010 Census showed 282 places in the United States with 100,000 or more population. They included 273 incorporated places (including 5 consolidated cities) and 9 census designated places that were not legally incorporated.

[2] East Los Angeles, CA, is a census designated place and is not legally incorporated.

Source: U.S. Census Bureau, *2010 Census Summary File 1.*

Table 7: Hispanic or Latino Population by Type of Origin and Race: 2010

Hispanic or Latino Population by Type of Origin and Race: 2010

(For information on confidentiality protection, nonsampling error, and definitions, see *www.census.gov/prod/cen2010/doc/sf1.pdf*)

Origin	Total Hispanic or Latino population	One Race							Two or More Races
		Total	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	
NUMBER									
Total Hispanic	50,477,594	47,435,002	26,735,713	1,243,471	685,150	209,128	58,437	18,503,103	3,042,592
Central American	35,796,538	33,920,977	18,491,777	425,389	523,432	113,846	34,096	14,332,437	1,875,561
Mexican	31,798,258	30,221,886	16,794,111	296,778	460,098	101,654	24,600	12,544,645	1,576,372
Guatemalan	1,044,209	969,462	401,763	11,471	31,197	2,386	7,251	515,394	74,747
Salvadoran	1,648,968	1,535,703	663,224	16,150	17,682	4,737	1,105	832,805	113,265
Other Central American[1]	1,305,103	1,193,926	632,679	100,990	14,455	5,069	1,140	439,593	111,177
South American[2]	2,769,434	2,587,683	1,825,468	37,786	21,053	12,224	1,079	690,073	181,751
Caribbean	7,823,966	7,217,371	4,400,071	667,775	64,689	32,759	12,814	2,039,263	606,595
Cuban	1,785,547	1,719,585	1,525,521	82,398	3,002	4,391	774	103,499	65,962
Dominican	1,414,703	1,276,878	419,016	182,005	19,183	4,056	1,279	651,339	137,825
Puerto Rican	4,623,716	4,220,908	2,455,534	403,372	42,504	24,312	10,761	1,284,425	402,808
All other Hispanic[3]	4,087,656	3,708,971	2,018,397	112,521	75,976	50,299	10,448	1,441,330	378,685
PERCENT									
Total Hispanic	100.0	94.0	53.0	2.5	1.4	0.4	0.1	36.7	6.0
Central American	100.0	94.8	51.7	1.2	1.5	0.3	0.1	40.0	5.2
Mexican	100.0	95.0	52.8	0.9	1.4	0.3	0.1	39.5	5.0
Guatemalan	100.0	92.8	38.5	1.1	3.0	0.2	0.7	49.4	7.2
Salvadoran	100.0	93.1	40.2	1.0	1.1	0.3	0.1	50.5	6.9
Other Central American[1]	100.0	91.5	48.5	7.7	1.1	0.4	0.1	33.7	8.5
South American[2]	100.0	93.4	65.9	1.4	0.8	0.4	–	24.9	6.6
Caribbean	100.0	92.2	56.2	8.5	0.8	0.4	0.2	26.1	7.8
Cuban	100.0	96.3	85.4	4.6	0.2	0.2	–	5.8	3.7
Dominican	100.0	90.3	29.6	12.9	1.4	0.3	0.1	46.0	9.7
Puerto Rican	100.0	91.3	53.1	8.7	0.9	0.5	0.2	27.8	8.7
All other Hispanic[3]	100.0	90.7	49.4	2.8	1.9	1.2	0.3	35.3	9.3

– Percentage rounds to 0.0

[1] This category includes people who reported "Costa Rican," "Honduran," "Nicaraguan," "Panamanian," Central American Indian groups, "Canal Zone," and "Central American."

[2] This category includes people who reported "Argentinean," "Bolivian," "Chilean," "Colombian," "Ecuadorian," "Paraguayan," "Peruvian," "Uruguayan," "Venezuelan," South American Indian groups, and "South American."

[3] This category includes people who reported "Spaniard," as well as "Hispanic" or "Latino" and other general terms.

Source: U.S. Census Bureau, 2010 Census special tabulation.

Table 8: Hispanic or Latino Origin Population by Type: 2000 and 2010

Hispanic or Latino Origin Population by Type: 2000 and 2010

(For information on confidentiality protection, nonsampling error, and definitions, see *www.census.gov/prod/cen2010/doc/sf1.pdf*)

Origin and type	2000		2010		Change, 2000 to 2010[1]	
	Number	Percent of total	Number	Percent of total	Number	Percent
HISPANIC OR LATINO ORIGIN						
Total	**281,421,906**	**100.0**	**308,745,538**	**100.0**	**27,323,632**	**9.7**
Hispanic or Latino	35,305,818	12.5	50,477,594	16.3	15,171,776	43.0
Not Hispanic or Latino	246,116,088	87.5	258,267,944	83.7	12,151,856	4.9
HISPANIC OR LATINO BY TYPE						
Total	**35,305,818**	**100.0**	**50,477,594**	**100.0**	**15,171,776**	**43.0**
Mexican	20,640,711	58.5	31,798,258	63.0	11,157,547	54.1
Puerto Rican	3,406,178	9.6	4,623,716	9.2	1,217,538	35.7
Cuban	1,241,685	3.5	1,785,547	3.5	543,862	43.8
Other Hispanic or Latino	10,017,244	28.4	12,270,073	24.3	2,252,829	22.5
Dominican (Dominican Republic)	764,945	2.2	1,414,703	2.8	649,758	84.9
Central American (excludes Mexican)	1,686,937	4.8	3,998,280	7.9	2,311,343	137.0
Costa Rican	68,589	0.2	126,418	0.3	57,830	84.3
Guatemalan	372,487	1.1	1,044,209	2.1	671,722	180.3
Honduran	217,569	0.6	633,401	1.3	415,832	191.1
Nicaraguan	177,684	0.5	348,202	0.7	170,518	96.0
Panamanian	91,723	0.3	165,456	0.3	73,733	80.4
Salvadoran	655,165	1.9	1,648,968	3.3	993,803	151.7
Other Central American[2]	103,721	0.3	31,626	0.1	–72,095	–69.5
South American	1,353,562	3.8	2,769,434	5.5	1,415,872	104.6
Argentinean	100,864	0.3	224,952	0.4	124,088	123.0
Bolivian	42,068	0.1	99,210	0.2	57,142	135.8
Chilean	68,849	0.2	126,810	0.3	57,961	84.2
Colombian	470,684	1.3	908,734	1.8	438,050	93.1
Ecuadorian	260,559	0.7	564,631	1.1	304,072	116.7
Paraguayan	8,769	–	20,023	–	11,254	128.3
Peruvian	233,926	0.7	531,358	1.1	297,432	127.1
Uruguayan	18,804	0.1	56,884	0.1	38,080	202.5
Venezuelan	91,507	0.3	215,023	0.4	123,516	135.0
Other South American[3]	57,532	0.2	21,809	–	–35,723	–62.1
Spaniard	100,135	0.3	635,253	1.3	535,118	534.4
All other Hispanic or Latino[4]	6,111,665	17.3	3,452,403	6.8	–2,659,262	–43.5

– Percentage rounds to 0.0.

[1] The observed changes in Hispanic origin counts between Census 2000 and the 2010 Census could be attributed to a number of factors. Demographic change since 2000, which includes births and deaths in a geographic area and migration in and out of a geographic area, will have an impact on the resulting 2010 Census counts. Some changes in the Hispanic origin question's wording and format since Census 2000 could have influenced reporting patterns in the 2010 Census. Additionally, changes to the Hispanic origin edit and coding procedures could have impacted the 2010 counts. These factors should especially be considered when observing changes for detailed Hispanic groups.

[2] This category includes people who reported Central American Indian groups, "Canal Zone," and "Central American."

[3] This category includes people who reported South American Indian groups and "South American."

Table 9: Detailed Hispanic or Latino Origin Groups with a Population Size of One Million or More for the United States and Regions: 2010.

Detailed Hispanic or Latino Origin Groups With a Population Size of One Million or More for the United States and Regions: 2010

(For information on confidentiality protection, nonsampling error, and definitions, see *www.census.gov/prod/cen2010/doc/sf1.pdf*)

Origin	United States		Northeast		Midwest		South		West	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Hispanic	**50,477,594**	**100.0**	**6,991,969**	**13.9**	**4,661,678**	**9.2**	**18,227,508**	**36.1**	**20,596,439**	**40.8**
Central American	35,796,538	100.0	1,644,749	4.6	3,700,814	10.3	12,642,799	35.3	17,808,176	49.7
Mexican	31,798,258	100.0	918,188	2.9	3,470,726	10.9	10,945,244	34.4	16,464,100	51.8
Guatemalan	1,044,209	100.0	203,931	19.5	95,588	9.2	348,287	33.4	396,403	38.0
Salvadoran	1,648,968	100.0	270,509	16.4	61,894	3.8	655,184	39.7	661,381	40.1
Other Central American[1]	1,305,103	100.0	252,121	19.3	72,606	5.6	694,084	53.2	286,292	21.9
South American[2]	2,769,434	100.0	1,033,473	37.3	158,768	5.7	1,150,536	41.5	426,657	15.4
Caribbean	7,823,966	100.0	3,745,150	47.9	523,524	6.7	3,008,377	38.5	546,915	7.0
Cuban	1,785,547	100.0	197,173	11.0	62,990	3.5	1,376,453	77.1	148,931	8.3
Dominican	1,414,703	100.0	1,104,802	78.1	25,799	1.8	258,383	18.3	25,719	1.8
Puerto Rican	4,623,716	100.0	2,443,175	52.8	434,735	9.4	1,373,541	29.7	372,265	8.1
All other Hispanic[3]	4,087,656	100.0	568,597	13.9	278,572	6.8	1,425,796	34.9	1,814,691	44.4

[1] This category includes people who reported "Costa Rican," "Honduran," "Nicaraguan," "Panamanian," Central American Indian groups, "Canal Zone," and "Central American."

[2] This category includes people who reported "Argentinean," "Bolivian," "Chilean," "Colombian," "Ecuadorian," "Paraguayan," "Peruvian," "Uruguayan," "Venezuelan," South American Indian groups, and "South American."

[3] This category includes people who reported "Spaniard," as well as "Hispanic" or "Latino" and other general terms.

Source: U.S. Census Bureau, 2010 Census special tabulation.

Table 10: Top Five States for Detailed Hispanic or Latino Origin Groups with a Population Size of One Million or More in the United States: 2010.

Top Five States for Detailed Hispanic or Latino Origin Groups With a Population Size of One Million or More in the United States: 2010

(For information on confidentiality protection, nonsampling error, and definitions, see *www.census.gov/prod/cen2010/doc/sf1.pdf*)

Origin	Total	Rank				
		First	Second	Third	Fourth	Fifth
MEXICAN						
Area	United States	California	Texas	Arizona	Illinois	Colorado
Population	31,798,258	11,423,146	7,951,193	1,657,668	1,602,403	757,181
PUERTO RICAN						
Area	United States	New York	Florida	New Jersey	Pennsylvania	Massachusetts
Population	4,623,716	1,070,558	847,550	434,092	366,082	266,125
CUBAN						
Area	United States	Florida	California	New Jersey	New York	Texas
Population	1,785,547	1,213,438	88,607	83,362	70,803	46,541
DOMINICAN						
Area	United States	New York	New Jersey	Florida	Massachusetts	Pennsylvania
Population	1,414,703	674,787	197,922	172,451	103,292	62,348
GUATEMALAN						
Area	United States	California	Florida	New York	Texas	New Jersey
Population	1,044,209	332,737	83,882	73,806	66,244	48,869
SALVADORAN						
Area	United States	California	Texas	New York	Virginia	Maryland
Population	1,648,968	573,956	222,599	152,130	123,800	123,789
OTHER HISPANIC[1]						
Area	United States	California	Florida	Texas	New York	New Jersey
Population	8,162,193	1,393,873	1,221,623	1,030,415	917,550	516,652

[1] This category includes all remaining Hispanic groups with population size less than 1 million.

Source: U.S. Census Bureau, *2010 Census Summary File 1*.

3.3.- Challenges to the Transnationalism Framework and the Figure of the Deportee

> *The United States breaks up apart and throws us over here, to this country that we don't even know. I mean… we grow up… we have education from the States. When we come here we go like this [acting in shock, eyes wide open], wait a minute… I didn't even know how to walk around. ("The Engineer", Caucasian male, 48)*

The figure of the deportee challenges public perceptions of what it means to be an American of immigrant origin. Approximately two thirds of my interviewees had arrived in the United States between infancy and age 12 –what is often called the 1.5 generation- spending much of their formative years absorbing and internalizing American values and norms. If we were to consider issues of belonging exclusively, as opposed to citizenship status, deportees raised in the United States act and feel like full-fledged U.S. American citizens. At the same time, Dominicans in New York City have established themselves as members of a highly transnational community (Guarnizo, 2004; Grasmuck and Pessar, 1991), with frequent visits to their homeland and sending remittances. Therefore, risk behaviors of the returnees not only have serious implications for themselves, but also for members of their social networks back in the United States. By focusing on substance use patterns and health risk behaviors among deportees, this study has the potential to shed light on the public health aspect of the Dominican immigrant experience in the United States.

With the exception of some notable studies (such as Brotherton, 2003; Brotherton & Kretsedemas, 2008; Flynn & Brotherton, 2008; Brotherton & Martin, 2009; Brotherton & Barrios, 2011; Golash-Boza, 2011; 2012, on the stigma of the deportee experience;

Ehrenreich and Hochschild, 1999; 2003, on global care chains; and Lonegan, 2007; Brabeck and Xu, 2010; and Arias, 2011, on family breakdown), scholars of transnationalism have largely focused their analyses on the positive aspects of cross-border ties, discussing how remittances and other forms of assistance circulate across borders, improving the homeland's economy, widening social networks, or empowering women (Glick-Schiller, and Fouron 2001; Portes 2007; Smith 2006; Pessar and Graham 2001; Levitt 2001). However, a study by Aral et al. (2007) points out how mobility in transnational groups can lead to family disintegration and sudden changes in cultural environment, which promote risk-seeking attitudes in the absence of structural and normative checks and balances on high-risk behavior. Members of the deportee community are officially free members of the community upon arrival to the Dominican Republic. Yet, these individuals did not share a sense of belonging towards their newly found homeland, nor are they able to enact "strategic mobilities" (Nonini, 1997) that would enable them to relocate to places of their choice. Questions of what constitutes *freedom* among persons who find themselves caged within an alienating system of perceived anomie arise. When scholars of the Criminal Justice System deconstruct the effects of lack of freedom upon the individual, they typically confine their critique within prison boundaries. For my participants, their forced repatriation has permanently shattered to pieces their freedom to remain in the U.S., which they consider home, upon release from prison or from an immigration detention center. These men and women are in fact "banished to the homeland" (Brotherton and Barrios, 2011), a place they do not recognize as their homeland. Ultimately, my research expands on the existing scholarship in the field of transnationalism in order to explore some of the negative outcomes in transnational mobility of people that have been largely ignored previously.

The Dominican trajectory in the US, in the socio-economic and cultural arenas, has become increasingly transnational, with creolization, social patterns, and cultural hybridity becoming predominant. Dominican migrant affiliations, societal influences, and issues of national belonging denote "a collective memory about another place and time and create new maps of desire and attachment." (Appadurai and Breckenridge 1989). Dominicans have been presented as the prime example of actors within transnational social fields, and characterized as the ultimate transnational villagers (Levitt, 2001). Migration scholars have frequently noted that modern day immigrants often define their relocation as temporary, with expectations of a return to the homeland (Pessar, Grasmuck and Pessar, 1991; Cinel, 1990; Georges, 1990; Ohndorf, 1986; Bretell, 1979), sometimes developing "circular migration" traditions (Thomas-Hope, 1985). In addition, Dominican migration has been documented to affect "almost every sphere of national life –economic, social, and cultural" in the Dominican Republic (Guarnizo, 1997:46; see also Grasmuck and Pessar, 1991; and Levitt, 2001).

For more than four decades, since the 1965 civil war, Dominicans have learned to often look beyond their national borders for solutions to economic problems inside (Brennan, 2003:158). Eugenia Georges, in 1990, summed it up this way: "In the Dominican Republic there are there are three kinds of people: the rich, the poor, and those who travel to New York"[22]. Transnational Dominicans have become a de-facto category in its own right. Transnationalism is a core component of the deportee experience, characterized by a "heightened social, economic, and political interconnectedness across national borders and

[22] The Making of a Transnational Community: Migration, Development, and Cultural Change in the Dominican Republic, 1990.

cultures," (Levitt and Waters, 2002.) Peggy Levitt (2001) makes a distinction between (1) individuals who travel across nations regularly for professional or personal reasons; (2) those whose are settled in a particular geospatial setting but whose resources or networks come from another primary nation; and (3) those who live within a highly transnationalized space (2001: 9.) Belonging to the second category mentioned by Levitt, deportees create and sustain transnational social fields that link the American and Dominican societies across borders, which makes them closely connected to the United States after removal. There are concrete, material ways in which transnational connections have an impact on the lives of the deportees.

Manifestations of transnationalism at the micro level are conspicuous in Dominican society, particularly visible through cultural and commercial exchange, as well as cash remittances. But the DR/US transnational connection is not only found in the continuous flow of immigrants and material exports. The Dominican Republic follows closely US social policy in regards to multiple arenas –such as the economy, urban planning and criminal justice, among others. Within the last decade, one clear example is the get *tough on crime* rhetoric, one of the policies that the Dominican government has implemented after the US model. The *tough on crime* approach comes largely as a result of the War on Drugs in the United States, focusing mostly on the supply of illegal substances, instead of investing on decreasing the demand side by providing more treatment services (Goode, 2008:113.) In this Caribbean country, sentencing for minor drug charges has become grounds for serious civil rights violations and lack of due process. In 2010, there was a failed proposal for a penal code reform in which youth were to be tried in adult courts, and mandatory sentencing was introduced (Pichardo, 2010).

Hence, in this study I approach substance abuse in the case of the deportee from a transnational perspective, understanding transnationalism as involving a longstanding form of dual social consciousness, spanning international borders, as well as nation-state narratives.

Transnationalism is not a new phenomenon, by any means (Foner, 2002; Glick Schiller and Szanton Blanc, 1994). Yet, although some migration scholars had predicted a sort of "deterritorialization" of nation states, due to translocal networks facilitated by modern communications and technologies, recent migration trends to the United States have problematized such a premise. Following the rewriting of the 1965 Immigration and Nationality Act along with elimination of national-origin quotas, immigrants allowed entry to US territory have been notably darker skinned, racialized individuals (Basch et al. (1994). Due to structural violence exercised against minority populations in the United States, post-1965 migrants have not been fully incorporated as full-fledged citizens (Ong, 1999; Steinberg, 1995).

There is no doubt that Dominican migrants over the past two decades have been able to develop a series of social networks that span multiple countries[23]. However, it is doubtful that our understanding of transnational social fields would adequately apply to immigrants who have spent most or all their formative years continuously in the United States, such those

[23] Dominican migration to Spain, for example, has increased rapidly over the past fifteen years. Even among deportees, it has become a popular alternative to staying in the Dominican Republic. Spain does not track deportees' records, thus stigmatization on the basis of criminal record is virtually non-existent. There is discrimination towards all immigrants (most notably of African and Latin American origin), but such backlash is independent from criminal status in the United States or the Dominican Republic.

within the "1.5 generation", (migrants who arrived before or by age 12)[24]. Interestingly, the vast majority of my participants had not engaged in transnational relations or social fields (Guarnizo, 1997) prior to their deportation. Most had spent most of their formative years in the United States, had not returned to the Dominican Republic in those years, and identified as US citizens (regardless lack of such legal status). It was only after deportation that they often become dependent on sporadic remittances sent by their families in the United States.

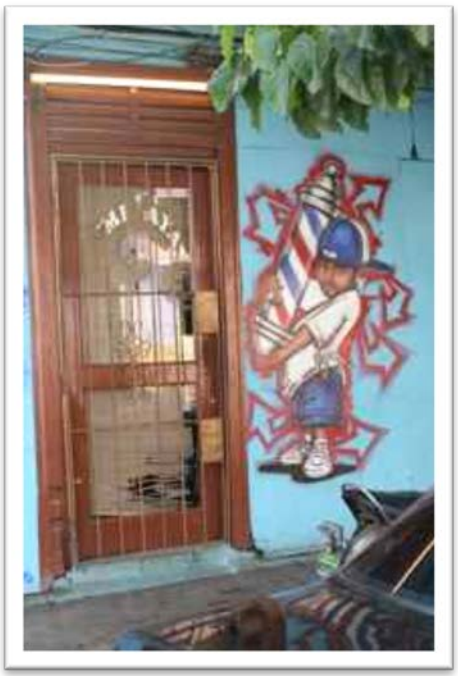


Image 3: Barbershop Graffitti

Image 4: Graffitti on Wall

Images 3, 4: The images above show some cultural manifestations of transnationalism within urban art. Dominican artists, business owners, and youth imitate graffiti of the type that is often found in US urban centers[25].

[24] see, Rumbaut, 1994; Gans, 1992.

[25] All photos by author

Why does length of residency in the United States before forced removal matter? Subjective attachments of meaning to a place occur most naturally when language acquisition is related to that place. Childhood and adolescence in a given country tend to lead to internalizing its national identity at a subjective level. Regardless of self-identification as Dominican in the United States (Duany, 1994), those raised here did not have the opportunity to fully internalize social norms upheld in the Dominican Republic. These pre-adolescent migrants tended to have only a vague, often idealized, memory of Dominican life.

Adaptation to life in the Dominican Republic, after decades living in a developed country, is bound to require a long process of re-adjustment. For deportees, who tend to lack any guidance, are proscribed as human waste by the government, and suffer from the forced repatriation trauma, reincorporation is challenging at best. Their experience is so unique that traditional theories of immigrant incorporation are hardly applicable. This is not to say that for deportees actions and events in different locales are not connected or do not impact each other. As Marcus explains within the context of Global Ethnography, "connected contexts occurring at the same time have implications for and direct effects on each other" (1998:52). Immigrant criminalization in the United States casts a shadow over perception, reception, and treatment of these deportees, as well as their social networks back in the Dominican Republic. More often than not, the relatives of the deported immigrant avoid being associated with such stigmatized individuals. Deportees have been held as a negative reference point (connected to those derogatively called "Dominicanyorks"), similar to common stereotypes held about Haitian immigrants arriving from the neighboring country (see Zilberg, 2011). Deportees automatically lose all social standing upon arrival. Only on rare occasions will Dominicans

question issues such as fairness in US sentencing processes, or social circumstances surrounding the commission of a crime.

Nevertheless, this outcome of stigmatization is changing over time. As more Dominican immigrant families are affected by U.S. deportation policies, and the number of deportees has increased, is a growing segment of the Dominican population in the U.S. has begun to denounce and reject stereotypes about arrestees or deportees. As public awareness of the inequities of the United States expands, more U.S.-based organizations are mobilizing against massive repatriations (notable examples in New York are the Northern Manhattan Coalition for Immigrant Rights, established in 2009, as well as Families for Freedom). Dominicans in the island, however, tend to ignore the ways in which the US Criminal Justice System operates, embracing assumptions about the "criminal mind" of the deportee.

Little is known about how immigrants cope with expulsion from the United States and arrival in a region full of conflict. Substance abuse, however, appears to be a regular problem upon return. Research recently conducted with Mexican deportees (Brouwer et alia, 2008, for example,) documents drug use patterns among returnees along the U.S.-Mexico border. This study indicates that deportees in the Mexican region of Tijuana showed higher patterns of drug abuse than migrants who returned voluntarily, concluding that deported individuals changed the "structure of drug using networks." Brouwer also suggests that deportees were less knowledgeable about HIV and other STDs risks than voluntary returnees, and were less likely to be tested for HIV or receive drug treatment. In another study, Aral (2007) argues that trans-border and transnational mobility among Mexicans serve as an important risk factor in the contagion of multiple communicable diseases, including HIV.

In a recent article by Stockman and Strathdee (2010) certain subgroups of drug users in

Tijuana were singled out as at high risk for HIV infection. These groups are female sex workers, men who have sex with men, prison inmates, and mobile populations. The underlying preconditions for being at risk in mobile populations relate to "stigma, physical and sexual violence, mental illness, social marginalization, and economic vulnerability" (2010:1). As with other hard-to-reach populations, specific estimates of illicit drug use prevalence among deportees are very hard to obtain. However, forced migration has been reported to be a cause for injection drug use and needle sharing (Strathdee, 2010), as The Engineer's quote at the beginning of the chapter reflects. This man, who was almost fifty at the time of our first interview, had two children who were US citizens, attended engineering school at New England Tech and he knows how to pilot an airplane. He was deported after being stopped at a traffic light for a minor traffic violation.

Jock Young, in *Vertigo of Late Modernity* (2007)[26] explores in great length what he calls a bulimic process of concurrent systems of inclusion and exclusion (push and pull factors that exclude immigrants even after incorporating them into the US norms and values (see also Arias, 2011). The bulimic aspect of the deportation phenomenon tacitly implies the convergence of various sources of shame: family shame towards the deportee; institutional shame, via doing time in detention centers; and structural shame, after being denied basic human rights upon arrival in the Dominican Republic. I would argue that it is through the earlier process of acculturation into U.S. mannerisms, idioms, and outlook that deportees sentence themselves to stigma and isolation when deported back to the island. The social system that encourages Dominican youth in the US to become "real Americans" (with all the connotations embedded into that identity), works against them in the Dominican Republic.

[26] See also Young (1999) and Brotherton and Barrios (2011) on systems of exclusion.

Code switching, gender-ambiguous dress codes (i.e. earrings, long hair), individualistic attitudes, and embracing African ancestry and identity, happen to be traits that challenge what Dominican identity allegedly stands for (Abercrombie, 2000:180). Returning migrants, especially forced returnees, complicate the construction of Dominican identity. Social class, race, and cultural values mark the individual's sense of belonging in the Dominican Republic, even more so than citizenship status per se (Howard, 2001; Betances and Spalding, 1997; Pessar, 1997). Deportations of long-term residents directly challenge notions of full-fledged citizenship in a system of historical regimes of social oppression in regards to gender, race, sexual orientation, and socioeconomic status.

3.4.- Legislative Punitive Turn: Institutional Violence and Anti-Immigrant Sentiments.

The U.S. Government is currently expelling more immigrants, with or without criminal records, than ever before in history (Kanstroom, 2007). This "War on the Immigrant," however, is not a new phenomenon. Already in 1963, Joseph Gusfield denounced the "symbolic crusade" of the vilification of immigrants as crime-prone. The tide of new immigrants in the early 20th Century generated a great deal of anxiety among Protestants in rural America. Immigrants were perceived as a threatening group, capable of destabilizing the established social order, and Haitians in particular were seen as crime-ridden. Opposition to growing immigration was related to fear against the possibility of a "de facto" incorporation of an immigrant who did not share the English language, and whose phenotype was markedly different. During the first half of the twentieth century, political moral entrepreneurs (Becker, 1963) seized the opportunity to lay out the alleged immigration and crime nexus for the first time. This was a rhetorical discourse that went unchallenged at first, and was taken for granted shortly thereafter (Tonry, 1997).

Sayad (2004.170) emphasizes the role of the state in the institutionalization of an anti-immigrant rhetoric linking new immigrants to crime. There is an official distrust in the immigrant condition that has been historically accepted by and policy-makers (Sayad, 2004:278-85). In spite of this nexus being proven wrong (Rumbaut and Ewing, 2007; Martinez and Valenzuela, 2006; Morenoff and Astor, 2006), how government officials still continue implementing what has been defined as symbolic violence (Bourdieu and Passeron, 1990:5), against any influx of immigrants.

According to Sayad, however, we should not approach symbolic anti-immigrant crusades from an exclusive perspective of race or status politics. The core of the problem is that every state makes a point to discriminate among various categories of residents. Immigrants, by nature, "disturb the mythical purity or perfection of [the national] order." (2004:280). This is particularly the case in even historically homogenous countries, such as France –a country in which President Sarkozy is deporting Roma immigrants from Eastern Europe, challenging EU freedom of movement across borders (Fichtner, 2010) Within a certain degree of variation, all nations discriminate between native and immigrant populations within their borders, often limiting the civil rights of the latter. The figure of the immigrant (and its perceived potential for upsetting the social establishment) becomes an easy framework for nationalistic and exclusionary politics. There is an unwritten code of behavior for foreigners, who are held to higher standards than non-immigrants. Breaking that code of behavior, in the case of non-nationals (or those whose phenotypes might suggest foreign background), lead to harsher consequences than when dealing with national offenders. From selective searches to longer sentencing, immigrants often experience tougher law enforcement processes (Morin, 2010). Ultimately, the result is further stereotyping of the immigrant as crime-prone.

Igor, 39, was repatriated after 27 years in the United States, on drug possession charges. His narrative about culture shock upon arrival at the Dominican capital's airport, reflects systematic exercise of inter-personal and institutional violence against deportees –which, without a doubt, leads to structural violence for this segment of the population as a whole:

> *Deportees need someone to give them one hand upon arrival. Hand them sandwiches, some juices, assistance to get to their hometowns... they don't even have means to get to their relatives, as often they don't have anybody picking*

them up from the airport. I paid a cab for a few of them to go to Caribe Tours, to get the bus to their towns. They need someone to let them call their families. The officers charge two dollars a minute for a quick phone call. Most of us arrive empty-handed, and then we can't even call their relatives alerting them about the arrival. There are many necessities... no bathroom at the immigration office... you know how that feels like? Ah, and they [the guards] all steal the little belongings you may bring... they open the suitcases and search whatever valuables you have. Then, you have no rights to complain. You're not allowed to breathe: they want to charge you for everything, and if you complain, the hit you. They'll hit you if you open your mouth. You are a no-body to them, worse that a dog. Listen to me... there is a violation of the Constitution. Only in Colombia and the DR you are fingerprinted when you are deported. Other countries don't make you go through it. And Colombia fingerprints you, but they do it at the airport, they don't organize all the staging that you see here... (Igor, 39, Personal Interview, 12/11/10).

Institutional violence is exerted upon deportees as soon as their airplane arrives into the Dominican Republic. These men and women are physically and emotionally abused by the guards, who have become proactive agents in the process of dehumanization of deportees. Without probing , about half of all interviewees mentioned some form of denigrating and abusive practice upon arrival to the airport, such as physical aggression, demeaning language, and threats that made them fear for my participants' safety. Institutional violence, however, does not stop here. Repatriates are subject to further institutional abuse throughout every stage of their reincorporation process –abuse that is largely ignored by government officials who are supposed to oversee the Dominican criminal justice system.

One clear example of institutional abuse against the deportee is their treatment inside Dominican prisons. Unfortunately, several of my participants had gone through the prison

system. Recidivism rates among deportees are very low (3 percent), yet due to proactive targeting of members of this group, they are often arrested and later let go. Prisons and detention centers, just like in the United States, have become part of the "urban ghetto", a continuum formed by marginal neighborhoods and the prison (Wacquant, 2007; 2009; 2010). In my fieldnotes, I reflect upon their experiences in different passages. Here is one, from a visit to San Carlos, close to the Historic District:

> *I've been hanging out with my "guys" at San Carlos -Andy, Robert (the two brothers with white hair, aka 'white top brothers'), and a few others that regularly stay in their house –Alex, Pedro, Rafael, and Pan Quemado. I hardly recognized Andy, as he's in bare bones, after going back to the Najayo prison for a few months. His feet are swollen and have large blisters. In Najayo, correctional officers put some kind of caustic powder on his wounds. (Torture in DR prisons has been documented before, so this doesn't surprise me). The Engineer tells me that unless you have money on you, or a way of getting it, you will not eat during your time in detention; will not have access to medication or health care services; and will not have the chance of a fair trial (chances are, though, you won't even see a judge). Robert mentions that Najayo has a sort of revolving door, with many of their friends going back and forth every other month, depending on the need for popular votes [political campaigning does seem ubiquitous in this country. Political posters and electoral events are a permanent fixture.]. Andy was looking better, wearing a new shirt and his usual wide smile. Apparently things in San Carlos have calmed down considerably. They're trying to clean the area of drugs, as some city council member comes from San Carlos and has made it his own personal mission to wipe out trafficking there. The prison population, on the other side, is swelling, very much like in the United States. Yesterday it was night-time when I was there - something like 8pm to 9:30pm. But I can tell that those streets were anything but drug-free. I saw cars driving into the neighborhood, with drivers who*

lowered the car window to exchange some cash in return to whatever was sought. At the same time, though, the majority of the houses don't have electricity most of the time (conspicuous black-outs). Since the working class neighborhoods don't have street lightning, it's hard to capture details up close. Besides the informal commercial exchanges that I see taking place around me, all I can see is lots of guys "hanging out" in the corner, with a few colmados selling beer and blasting their bachata music. (Fieldnotes, 10/02/09)

One of the study participants passed away on New Year's Eve of 2009. Although Andy´s brother and friends were vague in regards to the reason of death, it was obvious to me that his system had been overcome by lack of bare necessities. Andy had lost so much weight (down to approximately 85 pounds) that he could barely walk towards the end -he died *wasted away* by drugs and, probably, a series of undiagnosed health conditions. Andy did not even have a cédula (personal ID), since local officials could not find him in the system as Dominican national. Consequently, his siblings had difficulties getting paperwork in order for a proper burial, which did not happen until over a week later.

Bureaucratic "branding" is another form of institutional violence. During one of our conversations, Miguel, who was repatriated on drug charges, touches upon this issue within the framework of the Dominican Republic and U.S. in the Criminal Justice Systems. Miguel was arrested on drug charges, after a telephone conversation with an undercover officer, who set him up. Miguel discusses here as well how the US law is differentially applied for immigrants:

MR: Here, [in the DR] deportees are treated as terrorists... If you saw my papers, you'd be like 'but, son, what is this they got you for?' My case? I make

a phone call to a wired phone, to a guy that is working for the Feds. He asked me for a kilo... They recorded that phone call and, without even me calling him back, I was taken to the judge the following day. I was arrested the following day. They didn't find anything on me, but I went to court. It's all a joined business between the judge, the fiscal office... they had come to an agreement about the time I'd be getting, before I even got there. They gave me 12 years. First they wanted to give me life sentence. Then they reduced it to 25, and finally 12.

YM: But why do you think you got 12 years, if you had nothing on you?
MR: If you go to court, the judge will make a decision depending on who you are. The American doesn't sell drugs... they just "smell" it, [laughs]. They use it, so they're vicious people only (according to the judge). So yeah, let's just put them in a program. But if you're a Latino... Colombian, Dominican, then you're always guilty... they just assume you kill so many people and you deserve prison time or worse.

The phenomenon of criminalization of immigrant and deportee populations, though, is not exclusive to the United States and Dominican Republic. In times of economic crisis in particular, there is a universal backlash against both domestic or international migration waves. Wacquant uses the case of France as a European example of the demonization of migrants (2005:41). As in the United States, non-citizens in France suffer much harsher treatment by the Criminal Justice System than their citizen counterparts (1999, 2005). In general, immigrants in France are perceived as "darker skinned, uneducated, unattached and uncouth, prone to crime and violence" (2005:46). In the United States, non-citizens are perceived in very much the same light, becoming clear targets for law enforcement officials (Simon, 1998).

Excessive and unjust sentencing for immigrants is found in other European countries as well (Marshall, 1997). However, the United States is remarkably biased and discriminatory towards people of color in general, and immigrants, especially throughout the last decade (see also Golash-Boza, 2012).

Luis, a deportee who had been in prison in Spain as well as in the United States, draws some illustrative comparisons about both prison systems, during an interview we had at the Distrito of the Americas, a residential neighborhood in Santo Domingo mostly housing members of the national military:

> *I've been to prison both in Spain and the US. The main difference I would say is that in the United States you get out of prison being much more violent and deviant that you were before being locked up. They dehumanize you in such a way that you don't care anymore about other people.*
> *(Personal Interview, November 13, 2010).*

The combination of all these force –the assumption that immigrants naturally incline towards criminality; the massive prison industrial system that feeds mostly from the African American and Latino population (Hagan, 1993); and the public discourse connecting immigration and crime-- leads to the construction of "symbolic violence" against non-citizens. This symbolic violence is reflected in current social, legal, and political ideologies that stigmatize immigrants, becoming an effective tool to keep some non-citizens "in their place" within the existing social structure, and the status quo protected (Bourdieu, 1998; Henry and Milovanovic, 1991).

3.5. How did we get here? : Legislative Enabling of the Immigrant Prison Trap

> *They lie to you. For example, I was with a Colombian one day, and he had some drugs and a gun in a paper bag, but I didn't know it. When the cops came, they checked the gun and said I knew about it, as if it were mine. They recommended that I made a deal with them: 'you take the plea. Cop out to the gun, and in 15 days you go home…" They threatened me to give me two years for the drugs if I didn't cop out. What they didn't tell me was that if you agree, you have immigration on you. All I was thinking was 'fifteen days and I'm going home.' And I never saw home again. Having a gun is a Class C Felony and they were going to deport me. It was my own lawyer. Your own lawyer is who'll do this. He doesn't care about me. He has ten cases and wants everybody to cop out, cop out, cop out…*
>
> *(Cruz P., Female, 43. Personal Interview. November 8, 2010).*

This excerpt is from a personal interview with a female repatriate who had lived in the United States since age 5. Cruz could hardly speak any Spanish at the time of this interview. During our conversation, she chose to highlight the issue of inadequate legal counseling for immigrants, as well as the tendency to encourage non-citizens to plead guilty for crimes they might not even have committed–under the threat of receiving much harsher penalties if they refused to plea bargain. These non-citizen detainees are not told about the full consequences that their guilt plea will bring upon themselves –banishment from the only country many of them have ever called "home".

Over the past three decades, there have been a series of key legislative changes dramatically affecting immigrant groups:

(1) The Anti-Drug Abuse Act (ADAA) of 1988;

(2) The Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA);

(3) The Anti-Terrorism and Effective Death Penalty Act (AEDPA) of 1996;

(4) The Border Protection, Anti-terrorism and Illegal Immigration Control Act of 2005;

(5) The Patriot Act (acronym for Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism) of 2001.

The 1996 amendments to the immigration laws made a212(c) waiver no longer possible. These changes came into place due to the Congressional enactments, the Antiterrorism and Effective Death Penalty Act (AEDPA), which came into effect on April 24, 1996, and the Illegal Immigration Reform and Immigrant Responsibility Act, in effect on April 1, 1997. Up until 1996, a long-term permanent resident (LPR) immigrant who became eligible for deportation on criminal charges could apply to an Immigration Judge for a waiver of deportation (known as 212(c) waiver, as defined by the previous Immigration and Nationality Act for these purposes). An Immigration Judge had the discretion to authorize a 212(c) waiver in cases where the individual could demonstrate long term residence, strong ties to the community, family commitments, having served in the military or economic hardship upon his or her dependents.

For this study, I primarily look at the IIRIRA, which is one of the most damaging pieces of legislation passed against the immigrant community since the term "alien" was first used in 1798[27]. The IIRIRA's elimination of discretionary "relief" system on humanitarian or other grounds has left innumerable families torn apart (Arias, 2011). According to the Code 8 USCA §1227(a)(2), on Deportable Aliens, it does not make any difference to deportation decisions how long the resident has lived in the United States, or the type of family ties that

[27] Alien and Sedition Act of 1798.

have been established. A person convicted (not necessarily sentenced) on an aggravated felony charge will be repatriated, whether the individual has US-born children, a US citizen spouse, or has worked towards personal rehabilitation (Kanstroom, 2007: 229).

Most deported Dominicans are legal permanent residents (LPRs), thus rarely repatriated on grounds of immigration status alone (Arias, 2011). When immigration laws became retroactive, applying deportation proceedings to crimes committed before the 1996 IIRIRA, immigrant communities were caught by surprise. The ¨moral turpitude¨ category was routinely used to expel from the United States hundreds of Dominicans every year for crimes that previously did not qualify for deportation (i.e. misdemeanors were turned into aggravated felonies for immigrants: these charges were applied retroactively[28]). Additionally, the US justice system stripped thousands of legal residents of any circumstantial relief (Brotherton and Barrios, 2012; Arias, 2011).

The Anti-Drug Abuse Act of 1986[29] created the Aggravated Felony category. But the IIRIRA of 1996 expanded the list of offenses defined as aggravated felonies to a total of fifty. Today, a simple conviction for petty larceny or shoplifting is treated as an aggravated felony for non-citizens (Morawetz, 1999). Aggravated felony serves to define a very broad category

[28] The Supreme Court challenged retroactive application of the IIRIRA in 2001. This ruling determined that judges have the discretion to treat pre-1996 removal relief for individuals whose cases were decided before 1996, through plea agreement, without going to trial, in the case that the person were permanent resident of the United States and served less than five years of prison time. Before 2001, there was no relief for aggravated felons. Meaning, some of the deportees expelled between 1997 and 2001 could have stayed .(INS v. St.Cyr 533 U.S. 289 [2001]) Nevertheless, immigration judges grant relief to deportation-bound non-citizens in only 10 percent of all immigration hearings (Siulc, 2008).

[29] Pub. L. No. 100-690, 102 Stat. 4181.

of illicit acts that carry harsh consequences for non-citizens. Every foreign-born person seeking asylum, or applying for permanent residency status, or hoping to get a waiver for deportation proceedings will be denied these opportunities if charged with a felony charge. After the IIRIRA, certain crimes of a sentence of over a year put a non-citizen on deportation proceedings, even when the sentence is suspended a posteriori. Immigrants who are convicted of aggravated felonies are detained while awaiting removal.

In addition to the grounds of deportability, the Immigration and Nationality Act lays out grounds of inadmissibility[30]. Inadmissibility rules are perceived as only concerning prospective immigrants who have not been lawfully admitted into the U.S. territory. However, they may also be applied to lawfully admitted individuals when such individuals travel abroad and seek readmission.

Some of the Inadmissibility grounds prescribed by the law include: (1) Conviction or admitted commission of any drug offense, regardless whether it is a charge of misdemeanor or felony, with no exception for one-time possession of less than 30 grams of marijuana; (2) Reason to believe (according to the Department of Homeland Security) that the individual is a drug trafficker; (3) Conviction or admitted commission of a crime involving moral turpitude, whether felony or misdemeanor (subject to a petty offense exception); (4) Conviction of two or more offenses of any type with aggregate sentences to imprisonment of at least five years; (5) Prostitution and commercialized vice (Morin, 2010).

Under the current law, 8 U.S.C. §1101(a)(43), the definition of what constitutes an aggravated felony has stretched in such a way since its inception in 1988 that a crime does not need to be aggravated, nor a felony, to trigger the outcomes of this crime category. For

[30] Immigration and Nationality Act, 8 U.S.C. 1182(a).

example, an immigrant who returns to the United States after deportation will be charged with an illicit re-entry, if arrested. The crime of re-entry carries a prison term of three years. When deportation was the result of an aggravated felony conviction, the two-year term for the re-entry increases to 20 years. This means that a non-citizen convicted under any law related to a controlled substance, even marijuana possession, is given mandatory sentencing and subsequently deported. If he or she ever attempted to return to the United States, the reentry is a conviction of 20 more years.

Once convicted of aggravated felonies, non-citizens are held in a detention facility for an indefinite period. It does not matter how long ago the individual committed the crime, or whether the crime qualified for deportation at the time it was committed. Retroactive application of the law is commonplace. After it was ruled in Court that deportation is "inherently prospective", it was subsumed under civil law, instead of criminal law (Kanstroom, 2007). Another troublesome category included in the Code of Deportable Aliens is that defined as Crimes of Moral Turpitude. The Moral Turpitude section is very ambiguous and open to subjective interpretations that include activities that for citizens would only generate a warning or a small fine -such as jumping the subway turnstile, or engaging in small welfare fraud.

As per the law[31], an immigrant whose sentence has been suspended, reduced, mitigated, or commuted, or has been granted probation or parole, or has been relieved in whole of the prison term imposed, will be treated as convicted for immigration purposes. There are two fundamentally different characteristics that separate the categories of moral turpitude from aggravated felonies. Aggravated felonies, unlike moral turpitude crimes, do not require a

[31] 9FAM 40.21(a) N3.6 (CT:VISA-1318; 09-24-2009)

sentence after the conviction. Only being convicted would suffice to be put on deportation proceedings. A second important difference is the expiration date. For aggravated felonies, the crime does not need to be committed within five years after admission into US territory. A green card holder, who entered US territory as an infant, but committed an aggravated felony crime fifty years later, would be put on deportation proceedings.

The September 11, 2011 terrorist attack led to the enactment of the PATRIOT ACT. This act was officially designed to protect the US territory against terrorism. One of the unintended consequences of this law, however, was the systematic targeting of residents of Arab descent. Nonimmigrant male Muslims or Arabs over the age of 16 were required to voluntarily report to immigration officials[32]. This special registration requirement increased the perception of an impending immigrant threat –the figure of a dark skinned foreigner coming to deplete American resources, defeat American forces and, ultimately, do away with the "American way of life".

In summary, post-1965 immigration policy and public opinion have been framed largely within ethical terms. Immigrants, mostly depicted in the public imaginary as undocumented Mexicans, have been rendered problematic subjects who consistently fail to know how to behave themselves (Inda, 2006:125). We divide our immigrant population among the worthy and the unworthy; the deserving and the undeserving. Anathematized as crime prone, the security of the nation rests a great deal on the government's ability to keep non-citizens in "their place." Over the last few decades, markedly since the Reagan administration, the Immigration Reform and Control Act of 1986, for the first time, criminalized the act of knowingly providing employment to an undocumented immigrant. It established financial

[32] ILRC, 2008; Section 21

penalties to employers who failed to submit the I-9 form for employment eligibility. The result, in Morawetz's words is "an inflexible and sclerotic immigration bureaucracy" [33] (2012). Crime and punishment have become the official way of dealing with the "immigrant problem" (Inda, 2006:126). Tough on crime regimes, based on quality of life rhetoric, have done away with formerly popular reentry and rehabilitation programs.

In December of 2011, through a widely debated opinion presented by Justice Elena Kagan, the US Supreme Court unanimously denounced the fact that, when it comes to the application of the law in immigration cases, lower courts are routinely failing to meet basic standards of justice[34]. This opinion refers in particular to the Judulang v. Holder case, which rejected the Board of Immigration Appeal's "comparable grounds" test for § 212© relief, calling it "capricious and arbitrary", offering alternative means to avoid deportation for green-card holders. Until now, the BIA's standards for deportation relief have not been better than random luck. In the words of Justice Kagan, "We must reverse an agency policy when we cannot discern a reason for it." Until now, the "comparable grounds" test made relief unavailable to individuals who would have been inadmissible to the US if caught while trying to enter our borders, being ineligible for a §212© "waiver of inadmissibility," based on the fact that the Department of Homeland Security has arrested and charged them with grounds for deportation.

[33] The New York Times, "U.S. Error Costs Bronx Resident from Yemen His Citizenship", February [27], 2012)

[34] Judulang v. Holder, No. 10-694, 565 US ___, 2011 US LEXIS 9018 (Dec. 12, 2011)

The system is failing to recognize basic rights of immigrants, before, during, and after the deportation process. Upon arrival in the Dominican Republic, for instance, deportees often find themselves in a place that is completely alien to them. Returnees frequently fall prey to further abuse and marginalization and are routinely accused of importing a culture of crime from the United States. As a result, deportees feel that they are being punished in three different occasions: first, prison time; second, forced repatriation; finally, struggling to adjust to life in the Dominican Republic (Brotherton and Barrios, 2011).

3.6.- Overview of Deportation Statistics

Aggregate statistics released annually by the Immigration and Customs Enforcement agency reveal that between fiscal years 1997 and 2011 more than 1,437,000 immigrants have been expelled from the United States on criminal charges (ICE, 2012)[35], prompted by the Illegal Immigration Reform and Immigrant Responsibility Act (IRIRA) of 1996, and the Patriot Act of 2001. In a wider context, the number of forced repatriations rose from 30,039 in 1990, to 188,047 in 2000, and 358,886 in 2008. Funding for border patrol, for instance, increased 519 percent between 1986 and 2002, from $212 million to $1.6 billion. In 2008, the budget for Border Patrol operations exceeded $3.5 billion (Migration Policy Institute, 2009). Moreover, in recent officially released statistics, we observe a record number of immigrants removed on undocumented status grounds only –without criminal violations of any sort. In Table I below, we see how out of the almost 393,000 deportees expelled in total in year 2010, more than half (253,500) did not have a criminal record at all. By May of 2011, there was already a record number of 33,336 of non-citizens being detained daily on average. Overall, President Obama deported over one million non-citizens in the first two and a half years in office. At this pace, President Obama will have deported more immigrants during his first term than President G.W.Bush in two terms (1.57 million in 8 years during Bush´ Presidency). (O´Toole, 2011).

In fiscal year 2011, almost 45 percent of all deportees (N= 396,606) had no criminal record. These individuals had been placed within non-criminal categories that President Obama has deemed priority (such as immigration violations, those intercepted close to the

[35] ICE Removal statistics, accessed January 2012. www.ice.gov/removal-statistics/

border, or non-nationals who had not reported to authority following a deportation order). If we look at the Dominican Republic, the Department of Justice data on arriving deportees with criminal records, the vast majority of deportees (73.79 percent) were expelled due to drug offenses. The second category on the list is illegal residence (5.76 percent, about 68 percent lower than drug charges statistics), followed by minor infractions, such as traffic violations (3 percent) (Venator, 2003). The Table below shows a breakdown of all the categories, as registered by the Dominican Department of Justice by 2003:

Table 11: Total Population in the Dominican Republic[36]

Year 2010: 9,927,300
Year 2009: 9,796,900
Year 2008: 9,664,900
Year 2007: 9,532,000
Year 2006: 9,398,300
Year 2005: 9,264,300
Year 2004: 9,130,000

[36] National Population Data from Worldbank.org: http://www.worldbank.org/en/country/dominicanrepublic. (Accessed June 1, 2012).

Table 12: Leading Countries of Nationality of Aliens Removed from the United States: Dominican Republic. (2004-2010)[37]

YEAR	TOTAL REMOVED	TOTAL WITH CRIMINAL RECORDS
2010	**3,309**	**2,215**
2009	**3,464**	**2,133**
2008	**3,258**	**2,128**
2007	**2,990**	**2,108**
2006	**2,986**	**2,250**
2005	**2,929**	**2,301**
2004	**3,506**	**2,514**

[37] Source: U.S. Department of Homeland Security, Deportable Alien Control System (DACS), and Enforcement Case Tracking System (ENFORCE).

Table 13: Registered Deportees in the Dominican Republic by Offense, 1995-2003[38]; Dominican Department of Justice, 2003. (Venator, 2006)

Offense	Number	Percentage
Drugs	14,321	73.79%
Illegal Residence	1,041	5.76%
Burglary	836	4.19%
Firearms	746	3.91%
Domestic Violence	555	2.92%
Homicide	478	2.50%
Assault & Battery	324	1.38%
Auto Theft	177	0.98%
Stowaways	165	0.91%
Forgery	145	0.78%
Traffic Violations	93	0.51%
Fights	69	0.35%
Arson	58	0.32%
Street Violence (Gangs)	56	0.29%
Trafficking in Humans	52	0.29%
Kidnapping	45	0.22%
Weapons	29	0.16%
Money Laundering	35	0.17%
Crimes of Passion	20	0.11%
Total	**19,406**	**100.0**

[38] There are no official statistics on deportee arrivals. Charles Venator, Professor at University of Connecticut, obtained this data on an individual basis. Venator's report remains unpublished.

Table 14. Total Annual Deportations from the U.S.: 2007-2011.

Criminal & Non-Criminal	**FY2007**	**291,060**
	FY2008	**369,221**
	FY2009	**389,834**
	FY2010	**392,862**
	FY2011	**396,077**
Convicted Criminal	**FY2007**	**102,024**
	FY2008	**114,415**
	FY2009	**136,343**
	FY2010	**195,772**
	FY2011	**216,698**
Non-Criminal Immigration Violators	**FY2007**	**189,036**
	FY2008	**254,806**
	FY2009	**253,491**
	FY2010	**197,090**
	FY2011	**179,379**

(Source: ICE Removal Statistics, 2012)

Table 15. Average Daily Persons in Detention

FISCAL YEAR	ADP
FY2007	**30,295**
FY2008	**31,771**
FY2009	**32,098**
FY2010	**30,885**
FY2011	**33,366**

(Source: ICE Removal Statistics, 2012)

In the case of the Dominican population, it has notably high deportation rates in the country with 3,500 persons every year expelled from New York City alone. According to unofficial estimates, since 1996 more than 50,000 Dominicans have been forcibly removed from the United States. The Dominican Republic is the Caribbean country most affected by the inflow of deportees (Northern Manhattan Coalition for Immigrant Rights, 2009). These

numbers contrast with the highly publicized Department of State's Secure Communities Program, which was originally designed to return the most dangerous non-citizens to their homeland. Secure Communities, introduced in 2008 by President George W. Bush, is a partnership program among federal, state, and local law enforcement agencies, under the direction of the Department of Homeland Security.

In 2011, President Barack Obama expanded the Secure Communities Program from 14 to 1,210 jurisdictions, with the goal of reaching a total of 3,141 jurisdictions by the year 2013. While SC was reputedly intended to expel violent criminals from US territory, it has been highly criticized for its use as a tool for the removal of non-criminal undocumented residents (Preston, 2011). President Obama introduced a partial change in deportation policies for non-criminal foreign residents in August of 2011, whereby law enforcement officials were mandated to prioritize those with criminal records for deportation proceedings. However, a recent report by the American Immigration Lawyers Association and the American Immigration Council exposes how non-violent, undocumented residents still continue being repatriated massively. Nothing has in fact changed to stop the catastrophic outcomes facilitated by the Secure Communities Program (Preston, 2011). The immigration industrial complex (Golash-Boza, 2009; Fernandes, 2007) is the natural outcome of various private and public agencies benefitting from ever increasing immigration and border enforcement and anti-immigrant rhetoric rendering law-abiding non-citizens as permanently on probation.

Foucault (1979) alerted us to modernity's most salient characteristic: generalized surveillance. He argued that the government's close scrutinizing of the individual would gradually be absolute. Contemporary surveillance, in particular incentives for "snitching" among minorities, has led to loss of freedom, time in prison, or at worst, deportation, for

many innocent victims. The considerable disparities in race and ethnicity are not due to the incidence of crime in communities of color, but correlate with biases that have an impact on the operations of the justice system. Of course, disparities per se do not prove discrimination, but when controlling for numerous factors other than bias, institutional discrimination often appears as one that explains the differences found between the treatment of people of color and that of Whites within the criminal justice system. After accounting for differences in crime rates in communities (Spitzer 1999) or varying levels of respect for police (Walker et al. 2005 an all-consuming life-style), the only factor left that accounts for the disparities in treatment in the justice system appears to be discrimination (Morin, 2010).

CHAPTER 4: CONTEXT MATTERS: ECONOMIC AND SOCIAL TRIGGERS OF SUBSTANCE ABUSE AMONG DOMINICAN DEPORTEES

4.1.- Financial Instability

This study adopts a social epidemiological methodology to the study of health risk issues that looks at the classic interactive confluence of "host, agent, and environment", adding elements of social causes (Poundstone, Strathdee, and Celentano, 2004). This triangular, holistic approach contrasts with predominant public health studies, which limit themselves to individual causes of disease, the person´s traits and social behavior in anticipating tendencies for substance abuse or subsequent HIV infection (Fisher and Misovich, 1990; Fee and Krieger, 1993). The approach I adopt tries to understand how people are affected by either risk or protective factors, and to what extent health risk outcomes result from symbolic and structural violence. In the case of my study participants, the most salient risk factors for substance abuse outcomes were financial hardships, exposure to or being a victim of violence, lack of supportive social networks, and experiencing social stigma.

Echoing Bruce Link (1995), I define social conditions as elements that influence the individual's interaction with others around him or her. These social conditions may involve institutional arrangements of a community, interpersonal relationships with others, or roles within social structures. Socio-economic status, racial or ethnic background, and gender, all are obvious social determinants of life options. However, health is also affected by exogenous factors, such as childhood abuse, chronic unemployment, or becoming a victim of crime –all stress-ridden life episodes. Association between health and socioeconomic status has been documented by a great deal of research, with lower SES correlated with higher mortality

rates, higher rates of infant mortality, and lower life expectancy (Buck 1981; Illsley and Mullen 1985; Adler et al. 1994; Pappas et al. 1993; Link and Phelan, 1995). In fact, low socioeconomic status is associated with each one of the fourteen main cause-of-death types in the International Classification of Diseases (Illsley and Mullen 1985), as well as major mental disorders (Dohrenwend et al. 1980; Kessler, 1994).

The Dominican Republic, a developing country with 45.3 percent of the urban population living under poverty level[39], is unable to offer a wide range of social services to the general population[40]. Besides the lack of resources, crime statistics are at an all-time high. Contrary to stereotypical images of the Caribbean islands, the region is among the most urbanized on earth, and named as one of the most violent areas outside "war zones".[41] Murder statistics in the Dominican Republic are among the highest in the Caribbean region, with a rate of 24.9 intentional homicides per 100,000 inhabitants in 2010 (or a total of 2,472), up from 12.7 in 1995. In comparison, there was a murder rate of 6.9 per 100,000 (or a total of 689) in Haiti for that same year (UNODC, 2011).[42] [43]

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[39] UN Data, Millennium Development Goals Database, 2011

[40] Official poverty statistics do not account for the thousands of residents of Haitian descent who are denied documented status, despite being born in the DR, due to their Haitian ancestry.

[41] Note that this data refers to the Caribbean Region, a category separate from Central America.

[42] United Nations Office on Drug and Crime. Global Study on Homicide, 2011. (p. 92) http://www.unodc.org/documents/data-and-analysis/statistics/Homicide/Globa_study_on_homicide_2011_web.pdf. (Accessed April 30, 2012). The UNODC report explains that since the drug trade in the DR has become more volatile, it has been associated with increasing levels of homicide.

[43] Note that, in 2005, the Carnegie Endowment's Fund for Peace placed the Dominican Republic among the top-twenty "failed states" list, among countries like Somalia, Sudan, and Haiti.

Despite historical efforts to maintain socio-economic independence from the United States, the Dominican Republic has given both to one of the most transnational communities in the United States, with a large degree of bi-national exchange of commercial goods and labor. In the last couple of decades, however, tourism and the free trade zones have turned the service sector into the nation's main employer, leaving agriculture behind. As of 2010, the Dominican economy is highly dependent upon the United States, which is currently the recipient of 60 percent of all its exported goods. In addition to tourism and free trade zones, remittances from the US alone total about a tenth of the country's GDP (or the equivalent to half of all nation's exports)[44]. Social inequality is very marked, with the lower half of the population living on less than 20 percent of the country's GDP, while the wealthiest 10 percent enjoys about 40 percent of GDP.

In a personal interview, Virgilio Almanzar, President of the National Committee for Human Rights (Comisión National de los Derechos Humanos -CNDH), described the current situation as one of general disenchantment and desperation:

> *Subsidies for those unemployed, when given out at all (which doesn't happen often) is 600 pesos [about US$20] per month. You can't live on that. The annual budget for education is 2%. Very small, and then we use part of that money to build the subway.*
> *Dominicans have lost their ability to be surprised, shocked. Nothing shocks us*

[44] According to a May 2012 report by the Inter-American Development Bank (IDB), a total of US$ 3.1 billion were sent in remittances to Dominican Republic in 2011, a 7.7 percent increase from the previous year. This study presents remittances as one of the Dominican economy's three main pillars, along with tourism and free zone exports. For more information see http://www.iadb.org/en/news/news-releases/2012-03-08/report-remittances-to-latin-america-rose-in-2011,9899.html

anymore. We're so used to corruption and fraud that it's become normalized. Many families only give sugared water to their children for dinner, as a way to fill up their stomachs. (October 17, 2010)

Lack of economic resources among and the denial of employment opportunities to deportees prevent members from this community from getting back on their feet. My interview protocol touched upon their employment situation. Overall, those that reported no history of substance abuse within the previous 24 months had more stable employment rates than those reporting drug use (either were currently employed or somehow had been able to hold stable jobs over the past two years). The most common occupations among employed non-abusers were in Hospitality (N = 20, or 33 percent); as informal Tourist Guides (N = 19, or 31 percent); or working Calling Centers (N = 12, or 21 percent). Among substance abusers, a high percentage of respondents who would resorted to serving as informal tourist guides (N = 16, or 26 percent), or had worked in hospitality centers (14 participants, or 24 percent , mostly working in inexpensive hotels and restaurants). However, those that reported recent substance abuse discussed how practically impossible it had been for them to maintain those jobs, often due to their drug consumption habits.

Table 16. Type of Employment:

No Recent History of Substance Abuse: Type of Employment					**Recent History of Substance Abuse: Type of Employment**				
Calling Centers	**Tourist Guides**	**Hospitality**	**Service Industry**	**Manufacturing**	**Calling Centers**	**Tourist Guides**	**Hospitality**	**Service Industry**	**Manufacturing**
N = 12	**N = 19**	**N = 20**	**N = 2**	**N = 6**	**N = 4**	**N = 16**	**N = 14**	**N = 11**	**N = 11**

One of my male subjects, interviewed at the Las Americas branch of Hogar Crea (a rehabilitation center) in Santo Domingo, complained about his inability to use social capital upon return:

> *Jobs? This is not like the U.S. There, if you have your papers, your green card, you can get a job. If you can't speak in English, then it's a bit more difficult, but if you do, you can always find a job. Here it's different… you need to have contacts, friends who own small businesses or know of someone who could hire you. Here it's all about connections. Still, there will be times when they find out that you are a deportee and they won't want to hire you. I have suffered a great deal. Do you remember when the twin towers fell? That is exactly how I felt when I was deported. Everything fell apart, for my family and me.*
> *(Matias, mid-forties, Personal Interview. March 2010)*

Similarly, Maggie, a female returnee age 30, connected the difficulty of getting a job with her status as deportee:

> *It's very hard for me to get a job. I'm full of tattoos, the way I talk… everybody is like "shit, this girl scares me". I have a degree in literature from Florida International University. I have a degree in Business Administration from Florida State University.… so I'm not dumb. I'm like "degree, degree, degree…" but all they see is my tattoos and the way I dress. I can't get a job. I have a different outlook.*
> *(Maggie, 30)*

Below, a deportee I will call "the engineer" (he went to New England Tech), spoke of his emotional frustration and economic instability, all leading up to abusing heroin for the first

time in years. *The Engineer* is a Caucasian male, with green eyes and dark hair. He had lost his left eye when a group of robbers attacked him at a park in Santo Domingo, while suffering from withdrawal syndrome a couple of years earlier. From that moment on, *The Engineer* slept with a wooden stick by his side, in what used to be a closet space (now a doorless hole in the wall). His wife, a U.S.-born teacher of English in Santo Domingo, had divorced him due to his substance abuse problem. They have two small children, a daughter and a son, whom *The Engineer* tries to see from time to time. Here are some excerpts from our conversation:

> *TE: I saved all my money, and returned to the DR to open up a rice business. Bought land and invested in rice, but Hurricane George wiped out everything and I lost my investments... I found out these drugs were here, and I lost it."*
> *YM: What do you mean, you "lost it"?*
> *TE: I started to work at a telecommunications… telemarketing company and I saw some colleagues "nodding" and I said, "it's diesel" –we call it diesel so that nobody will know what we're talking about. There's no diesel in this country, I said. "You want a pass?" "yes, bring me some. how much is it?" "100 pesos", and then I believed him less, because it's so cheap, cheaper than in the United States. So he comes back with ten [bags]. From that day until today, that was four years ago, my life been downhill. I've tried, and tried, and tried, to get rid of it, but there's no medication, no nothing. Just straight-up… you have to quit straight-up, and you can't, because when you get the chills, and the sickness… it's not possible.*
> *YM: So you've tried with programs?*
> *TE: I've tried seven times. But at the third day… No methadone in this country.*

The next person I interviewed, Altagracia illustrates the sense of desperation that pushed her into using drugs after deportation. She also discusses her social interactions with other deportees she met at her workplace, a call center inside Santo Domingo's main Free Trade

Zone. Altagracia, a war veteran who served in the US military points to close socialization with other deportees as the cause of her re-initiation into substance abuse:

> *I started using again because I had nobody here. I feel lonely. I feel empty. I feel used and abused. I started hanging around with the people of la Zona Franca. Most of the people at la Zona Franca get into drug abuse, even if they never had a record in their lives. Once you get stamped in the US, you get stamped everywhere. You get treated like a criminal here. I'm 51 years old, too old to look for a job, no matter how many degrees or certificates you have. I love to read… I spent my life trying to be somebody… for what? You know that American Dream they sell? It's full of crap. It's a lie. It hurts because you believe it, and for a little while, it's ok. But then they want to get rid of you. I had to fight so much in the Army. Ok, I'm being deported, but all those years working, am I entitled to social security? That means I'm gonna have nothing, after paying all that money [to the state].*

After a short while in the Dominican Republic, employment patterns among deportees became clear. Stigma was rampant due to their criminal label, which led many to exclusion from the formal economy. However, calling centers were mentioned directly or indirectly by about three quarters of my respondents as one of the few employment alternatives made available to them. In fact, U.S. corporations located within Dominican Republic Free Trade Zones substantially profit from the phenomenon of mass deportation. Deportees' native-like English skills make these individuals ideal candidates for faceless customer service positions. Why does it matter? Corporations within Free Trade Zones do not have to meet national minimum wage requirements (approximately US$150 per month). In addition to receiving tax incentives, corporate investors profit from an average low-level employee salary of $110

monthly (in 2010). A combination of lack of health or pension benefits, substandard wages, and fiscal subsidizing make employing English-speaking deportees between 35 and 45 times less costly than employing an American on the mainland for a similar position. Deportees can be "recycled" into the *global north* service industry production chain, at below minimum wage for their labor.

The Dominican Republic serves as a convenient framework for this human recycling process. The immigration crisis is serving capitalism by providing the ultimate form of "disposable industrial reserve army". One could argue that in order to avoid over accumulation and increase gains, a large number of workers must be regularly thrown out of the system of wage labor, only to reintegrate them at a lower cost (Marx [1867] 1992). It is within the realm of Marxian political economy that the deportee problem can be seen as an effective tool for neoliberal core-periphery economies:

> *Mira, at the Zona Franca in San Isidro, there's a company called Stream, there is lots of deportees who use heroin. They hire a lot of deportados. In the United States, they have companies with calling centers here. You have to go to the lunchroom, the cafeteria, and you're gonna meet lots of them during the breaks. In this country, where are they gonna pay $300 per month to overworked people, who do over 50+ hours in the United States? So they overlook drugs here. When people call to a company, they talk to someone with no Spanish accent. Because nobody is more racist than the Americans: "where am I calling? The Caribbean?… well, I want to talk to an American!" [screaming, imitating grave upset male voice]. There is another one called Rococó, right in front of Stream, en La Zona Franca de San Isidro. Don´t speak to anybody that doesn´t speak English [giggles]. Whoever speaks English, you know he´s a deported person. You can go there any time. I used to*

work there at 4 o'clock in the morning. Those places are 24/7. (Maggie, 30. Personal Interview, February, 2010).

The Syndemics framework, introduced by Merrill Singer, involves looking at living conditions generating or aggravating disease as well as mental health problems. Lack of employment opportunities led to the majority of my participants to live in terrible conditions. During data gathering, my main fieldsite was one of the shooting galleries in the San Carlos neighborhood. This location was an old apartment, owned by two brothers, who had been deported while in their forties. Their living environment was harsh and inhospitable, conditions that I would frequently observe whenever I visited other participants at their living quarters. Here is a brief description of the gallery, as recorded on my fieldnotes:

Luis and Andres's apartment is a one-bedroom home, with a short, dark hallway that led into the small living room. By my own calculations, the space measures approximately 400 square feet. There is no running water, no functioning bathroom, no kitchen, and the walls are covered by random graffiti and drawings made by some of the regular visitors, on top of the chipping away olive green wall paint.

All the appliances and furniture items that once furnished the brothers' home had been sold out for quick cash, or thrown away due to its poor state. The light inside the shooting gallery is dim, with a total of four small, glassless, windows (half covered by cement shades) and a small backdoor, which led to a free fall onto the neighbors' garbage-filled backyard. The air inside the shooting gallery is hard to breath; thick because of cigarettes smoke, and full of intense, indistinguishable odors. There are multiple plastic bottles filled with the men's urine left on the floor, by the living room walls. It's July, and the rates of expected temperatures and humidity are both high, but the heat feels already unbearable at 8:25am. The tin roof above my head intensifies the high temperatures. I realize there is sweat falling on my face.

The guys offer me fresh coffee brought from the local bodega downstairs (they get some food and juices in exchange for carrying buckets of water and other manual jobs). But the thought of having hot coffee, even if just a small shot, makes me sweat even more. Two single-size stained mattresses, covered by smelly rags, occupy one living room corner and what probably was a closet once (now only a door-less hole in the wall). The atmosphere is casual and relaxed, in the midst of a high level of activity: customers are coming and leaving; others approach me to see if they qualify for an interview (they tell me they have heard I might be handing out some cash in return). Pan Quemado, a deportee whose tanned skin has gained him that nickname (burned bread), is guarding the entrance and directing visitors to shoot up at the "appropriate" corners. I spend a couple of hours there, mostly in the living room, watching their morning rituals while engaging in some conversations with the two owners. Towards the end of my stay, I want to reply to a comment made by Luis, in the context of a very vivid conversation on the civil rights movement. I become aware that I am about to faint, when I realize I cannot articulate a word. Cold sweat falls on my face and neck. Two of the visitors, Manuel and Francisco, take me outside to get some fresh air. They buy me some home-made chinola juice, which helps me regain strength. I go back inside about ten minutes afterwards. Alex, Pedro, and Andrés are dozing out after "getting cured". I leave the apartment with a knot in my stomach.

I thought my upbringing in a marginal neighborhood, in the height of the 70´s heroin epidemic, had prepared me for all sorts of situations. Today´s visit to the gallery has shaken up my preconceived assumptions about my own possible reactions within certain fieldwork conditions. [September 6, 2008)

These notes were written during my first trip to Santo Domingo, in early September 2008. It was the second time I met with a small group of prospective participants. After each of my visits to this gallery, from the very first moment, I would experience feelings of angst and

restlessness, even after returning to my own apartment. There was no doubt that the living conditions I was witnessing were affecting my participants´ state of mind.

Below is a set of images taken inside one of the shooting galleries and its surroundings. These images show the substandard circumstances in which some of the participants in this study lived and interacted with each other. Yet, we also find in the images details that reflect their eagerness to hold on to treasured family memories and values (such as a Spiderman painting, the favorite superhero of the child of one of the participants).

Images: Inside Shooting Gallery in San Carlos neighborhood (Santo Domingo).

Image 5: Entrance to the Shooting Gallery
(photo by author)

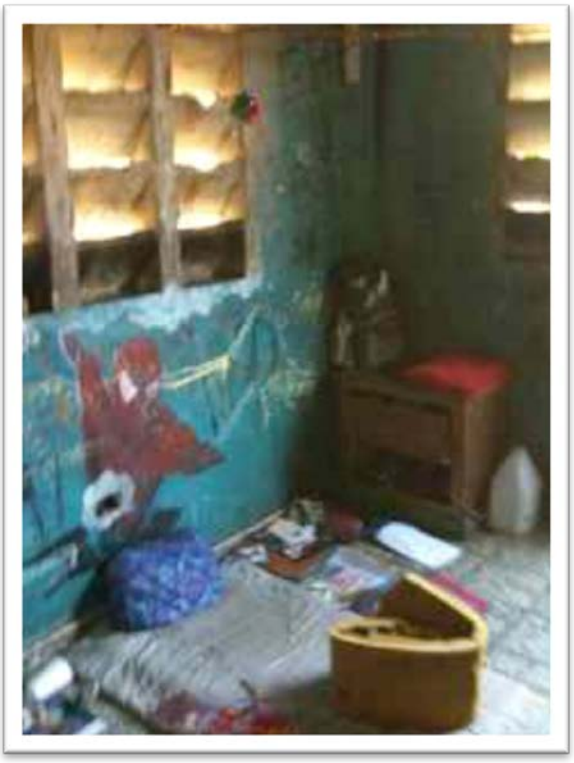

Image 6: Living Room
(photo by author)

Photo 7: Living Room
(photo by author)

Photo 8: Back room with bottles of urine on the floor
(photo by author)

Image 9: Living Room with door to back side
(photo by author)

Image 10: Graffitti in living room walls
(photo by author)

4.2.- Social Isolation

One major determining factor of the health risk outcomes among deportees is stigma. Stigma, or shame, is directly connected to social prestige (Goode 1978), understood as one's standing in society. Prestige is a source of social capital, facilitating access to a well of material and emotional support. Prestige is usually linked to financial resources as well, which provides direct access to public health services. Being stigmatized is a certain pathway to negative health risk outcomes, due to the systematic denial of prestige-driven social benefits.

As Paul Farmer (1996) has pointed out with regard to the spread of HIV/AIDS, the "only well-demonstrated cofactors are social inequalities, which have structured not only the extent of the AIDS pandemic, but also the course of the disease once a patient is infected" (p. 264). In the case of my participants (as with many other deportees not included in this study), stigma was rampant, and routinely led to poor nutrition, sleep deprivation, housing instability, unemployment, poverty, finding oneself in the midst of criminal activity and street violence, mood disorders and depression, and adoption of self-destructive behaviors (alcoholism, substance dependency, and even self-mutilation), as a form of self-medication. My participants' abilities to avoid disease contagion were dramatically reduced due to alcohol and illegal substance abuse. The lack of physical or mental capacity to seek health services, or to adhere to treatment, in combination with the structural limitations access to those services, is a recipe for disaster in the lives of the forced migrants I interviewed.

Substance abuse is a chronic illness that affects the individual and those around him or her at many levels. Chronic users of psychoactive drugs frequently engage in risk behavior in order to avoid withdrawal symptoms, often falling into a pattern of self-destructive actions

linked to further social isolation. Memories of their lives in the United States, combined with their present harsh environment, generated significant suffering. This suffering manifested itself via physical injuries, health complications associated with lack of hygiene, malnutrition, anxiety, depression, or plain hopelessness. These men and women had been expelled from U.S. territory because they were perceived as a threat, as outsiders whose mere presence was potentially harmful.

> *Here, it was very hard at the beginning. Very hard. My father had to drive me around, he had to teach me the currency coins, telling me "this is five pesos, and so on", you know what I mean? My dad had to be with me so that people wouldn't assault me, you know? I didn't know anybody. The people that I knew before were dead or gone. And the people that that I did recognize, they would close the door when I went to see them. They saw my tattooes, and would think "una tecata más", I was one more tecata. I only had a few people in my family. It was never unconditional support. I always had to explain myself all the time –why tattooes, why the piercing, why my way of being, because, hmm… all the friends that I went to school with, they´re sometidas by their husbands, and I say "why did you let him?" Now I think differently, if some assholes talks to me disrespectfully, I say, "ok, bye". I was really misunderstood here. Even my dad's wife, my stepmother, when she's sick, and she gets up to make dinner, I say "what are you doing? Go back to bed" [laughs]. People also have problems with the fact that I don't have kids at 30, that I'm not married… there's a lot of pressure. Here, at 17, two kids already. And then their kids have kids at a premature age… anyway, if I have a kid, he's going to be an outcast… he or she will be the child of "Maggie, the drug addict", because I'll always be a drug addict for people here in this country, for the tattooes and all of that. I will never be "Maggie, the rehabilitated", or just "Maggie". I'll always be "Maggie, the*

junkie" [wiping tears off her face]. Returning to the DR is not easy. Not easy.
(Maggie, 30. Personal Interview, January 2010).

Socio-economic status is an important determinant of life options everywhere. In the Dominican Republic, with a large inequality gap, SES is an even more effective predictor of possibilities for re-incorporation into society. My participants would often comment about the ways in which economic disparities upon arrival impact public health outcomes. As Yessenia, a 28 year old female heroin user whom I met in a shooting gallery in the marginal barrio of Capotillo, explained to me: "*I came back and I have nobody to help me out. I only find drugs to fill my emptiness. I have no place to go…* (Personal Interview. April 19, 2010)

Yessenia has large almond-shaped eyes, and long, wavy brown hair. She used to be a school-teacher in the United States, but she was arrested on conspiracy charges when her boyfriend was caught trying to sell drugs to an undercover officer. She was 24. At the time of the arrest, Yessenia was visiting her boyfriend's apartment, when he stepped out to do the sell. The officer not only arrested him on the spot, but also raided the apartment. Yessenia, a green-card holder who had lived in the United States since age five, was deported to the Dominican Republic a few months after. All her close relatives remained in New York.

Miguel, a deportee who had spent nine years in prison for attempting to sell heroin to another undercover police officer, fared much better than Yessenia. Miguel had managed to maintain some of his pre-prison savings, which allowed him to buy a large fishing boat in the region of Samaná. His new, successful career in the fishing industry had kept Miguel in good "social standing", eroding the effects of the deportee label that had also been attached to him from the beginning. Miguel was an outlier, one of the exceptions among deportees I met who

was able to escape negative judgments by the larger society. From that position of relative privilege, he was known for helping other newly arriving deportees. From his dual position, as a deportee who had experienced stigma of carrying that label, and as a Dominican who had been able to navigate the bureaucratic system (paying for his criminal record to be "lost¨, getting his *cédula*, and fishing permit), Miguel had a valuable perspective:

> *Deportees need someone to give them a hand upon arrival. Hand them sandwiches, some juices, assistance to get to their hometowns... they don't even have a way to get to their relatives, as often they don't have anybody picking them up from the airport. I paid a cab for a few of them to go to Caribe Tours, to get the bus to their towns. They need someone to let them call their families. The officers charge two dollars per minute or a quick phone call. Many bring empty-handed, and then they can't even call their relatives alerting them about their arrival. There are many necessities... no bathroom at the immigration office... you know how that feels like? (Miguel, 37, Personal Interview. May 16, 2010)*

Social support was crucial for my participants' advancement. In the semi-structured interview, I asked whether they felt that they had a social support system they could rely upon. Among those with no recent history of substance abuse (< 24 months of abstinence), a total of 43 subjects out of 60 (or 72 percent) believed they indeed had a system of social support; the remaining 17 (28 percent) did not have such system of support. However, among those reporting recent history of substance misuse, only 10 (or 17 percent) counted on an established system of social support.

Table 17. Social Support Systems

No Recent History of Substance Abuse: *Do you Have Any Social Support Systems? (Family or Friends)?*		Recent History of Substance Abuse: *Do you Have Any Social Support Systems? (Family or Friends)?*	
YES	NO	YES	NO
N = 43	N = 17	N = 10	N = 50

A second question about social support looked at the need to communicate with others in times of trouble. I specifically asked my participants whether they could talk to a friend or relative whenever they were having a serious problem. The possible responses were a) Definitely Yes; b) Probably Yes; c) Yes; d) Probably No; e) Definitely No. Among those reporting a recent (<24 months) history of substance abuse, 41 respondents (almost 70 percent) said they did not have anyone to talk to in times of personal crisis. In contrast, among those reporting no drug misuse within the previous 24 months, 48 out of 60 (or 80 percent) were confident they had a significant friend or relative with whom they could share their thoughts in times of trouble (responded "Definitely Yes", "Probably Yes", or "Yes" to this question).

Table 18. Social Support ("Someone to Talk to in Times of Crisis")

No Recent History of Substance Abuse: *Someone to Talk to (if Having a Problem)?*					Recent History of Substance Abuse: *Someone to Talk to (if Having a Problem)?*				
Definitely YES	Probably YES	YES	Probably NO	Definitely NO	Definitely YES	Probably YES	YES	Probably NO	Definitely NO
N = 16	N = 23	N = 9	N = 10	N = 2	N = 1	N = 1	N = 5	N = 41	N =12

Deportees often complained about lack of access to health care services, which was a particular problem given their usually serious health conditions (depression, frequent injuries and infections, among many others). For that reason, I was interested in exploring the perceived degree to which they had a close friend or relative to rely upon in time of sickness. The possible responses were "Definitely Yes", "Probably Yes", "Yes", "Probably No", "Definitely No". This question showed the ability to count on a significant other to take care of them in case of health crisis was highly correlated with drug abusing patterns. 65.5 percent (N= 39 out of 60) among those who had not reported substance misuse within the previous 24 months said that they could *probably* call on someone to help take care of them in case of sickness. Conversely, only one respondent from the drug-abusing subsample said they could probably call someone in times of health need, while a revealing 95 percent of those with recent substance abuse history (N = 58 out of 60) stated they probably or definitely did not have someone to rely upon during a health condition. It was not clear whether social support had been discontinued after engaging in substance abuse, or whether substance abuse was an outcome partially determined by the lack of social support. My observations and open-ended interview data support the latter hypothesis.

Table 19. Social Support ("Someone to Take Care of You When Feeling Sick")

No Use (<2 years) of Substance Abuse: *Someone that Would Take Care of You (if Feeling Sick)?*					Recent History of Substance Abuse: *Someone that Would Take Care of You (if Feeling Sick)?*				
Definitely YES	Probably YES	YES	Probably NO	Definitely NO	Definitely YES	Probably YES	YES	Probably NO	Definitely NO
1	39	9	7	4	0	1	1	37	21

Leo, the cook at a rehabilitation center (Hogar Crea) was a male in his late thirties, about 6 feet tall, 185 pounds. He had a rounded hairless head that, along with his robust body, made him resemble the image of a Laughing Buddha. Leo had a perennial, embracing smile that made him well loved by his peers. During one of our open ended interviews, Leo discussed the central role of his wife and children, who live in New York, in helping him get his life together again:

> *I was planning on leaving illegally for NY [after being deported], but it didn´t work out at the end. I had lost my job [in the Dominican Republic] because of the trip that didn´t happen. That´s when I started to use compulsively… I was alone, without my children and wife… it had been a whole year here in Santo Domingo… I couldn't stop thinking about my children, and all the memories, you know… my wife came on a trip [from New York, because people told her what I was doing. I would lie to her, I asked her not to come giving excuses. But she came to see what was happening to me. She told me to choose between the street or them. She threatened me because she couldn´t live fearing for me. Before she left, she checked me into Hogar Crea. I was given 5 years until I could request a pardon [by the US government], so we are going to wait and try. My wife was my motivation. She cried when she saw me and made sure to get me into a program. My wife and my daughter. She comes two or three times per year. We have been together for twenty-something years and we have three kids. I'm going to start to work as soon as I can. I'm going to start preparing my legal case with an immigration attorney over there [in the U.S.] in a few months. I have spent a lot of money in lawyers already, and I start to doubt that this will ever work out.*

In this interview excerpt, Leo also emphasizes the degree to which the scarcity of employment opportunities pushed him into drug abuse. Leo was working full time in the

United States while on bail, but had his rights revoked upon passage of the 1996 Anti-terrorism and Effective Death Penalty Act (AEDPA) and Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA). He was able to secure an immigration attorney, but this lawyer neglected his case. Structural Violence is manifested as well through the lack of proper counseling to non-citizens arrested for drug charges:

> *I turned 21 inside prison. I arrived to this country [the Dominican Republic] in '98. I was at Fort Dix*[45]*, working outside prison, in the community. It was a low security center, and I wore a bracelet. That's when they told me that I was eligible to be deported. One day they called me and said that I couldn't go out anymore, that my bail had been revoked for a new law, the antiterrorism one. They called me to tell me that my right for bail had been removed. They told me that I couldn't go out to work, that I now had a detainer, that I qualified for deportation, and that they couldn't let me go out. I had to work inside prison from that moment on. I called my lawyer… I never got to see him. I would call and call, but he would never pick up the phone. He was never available. Now, he wasn´t a private attorney, but a government one. When I was in Louisiana, I hired an attorney, his last name is Vega. I can´t remember the first name. My mom sent him $500 for him to help me out with deportation-related paperwork. He grabbed the money, but never helped. He let them deport me. I was told by the court that he didn´t even request an appeal. He didn´t even file the motion. I did the appeal. But the judge told me that it would be one to three years for the appeal only, and I was tired. Two weeks later I asked to be sent back to my country. I arrived here, with my siblings. I had been clean for three years…(sigh) clean for three years. What pushed me into it was the negation of jobs, because I*

[45] Fort Dix is the popular name of the Joint Base McGuire-Dix-Lakehurst, U.S. Army base located in Trenton, New Jersey.

would go to offices, with my job application and everything, but after such a long time without work history, that's when came the… how do you say it? The questioning about where I had been: -"where have you been?… where have you been?" – "oh, I was in the US" – "Do you have residency?" – "I had it, but I lost it…" that's when they immediately they figure it out that it had to be because of something bad.

Leo benefitted from his family's support, both on arrival in the Dominican Republic and after falling into using drugs. It was the influence of his peers that led him to resort to substance abuse upon being deported. The thought of seeing his 15 year old twins again, along with their mother's and his siblings' assistance [living in the United States], are motivating him to get his life back in order gradually. As with most of my participants, recovery is not a linear process. Yet we see how both positive and negative social relationships, as well as frustrated attempts for employment, marked his experience in the Dominican Republic. Leo's individual situation was aggravated by a previously unidentified mental health condition, for which he is now receiving proper treatment. Thus, the conflation of social stigma, limited life options, and mental health conditions are likely precursors of Leo's history of recurring relapse:

I was like this (looking for a job) for about a year and fifteen days. My siblings gave me cash every day, for transportation, for food… I felt awful about it. That's when I met an old friend of mine from New York, who arrived to the country deported as well. He said: "come, let's have a smoke". I left with him, because for me it was normal. There I fell, smoking marijuana, crack, and I started stealing from my siblings at home, going to other homes to trade. I would trade my shoes for drugs… everything I owned. My mom was in the U.S., but I wouldn't say anything to her, because she was very dependent on me.

When she found out that I was using, she got very sick. She suffers from the heart. She has a problem, and it's that she gets very emotional. My siblings took me to seek help, and I ended up here. I had to get out to the world, and I was very weak at that moment. I didn't have any support anymore. I'm 37 now. Everything got bad as soon as I arrived here, to this country, because of the discrimination that they give to deportees. We don't have a voice in this country. For everyone we're the biggest delinquents there is.

- Do you have an ID here?

- Yes, I have my cedula. I got it thanks to my mom. I had to process a new copy of my birth certificate. I had to go to the Civil Registry and get there a birth certificate, because I couldn't find the original one after such a long time there [in the US]. My mom came to the DR to process my papers.

I've been told that there is a new law that helps the deportees, although I don't know if there's any truth to it. I have twins, two 15 year old children that I wish I could see. They call me every week. I have their mother's telephone number, and I call to hear about the kids' grades, what they do or don't do… they worry me a lot because they're small –not small in size; they're larger than you. What worries me is them getting in trouble. My mom helps me a great deal [with them]. She tells them that their dad is here, but that I will be going back soon. This is my fifth time here (at Hogar Crea). There are ups and downs. I finished the program the third time. I relapsed because of problems with getting accepted by society. I was feeling bad, knowing that if I went to the bathroom my sister would follow me. She would gather her necklaces, her rings… they wouldn't trust me. I relapsed again, I recovered, and relapsed again. Now it's been seven years, but I am feeling a bit better. The doctor here told me that I had mental health issues, psychological, and she gave me some medication. I had never wanted to recognize that I had mental problems. But the doctor helped me a lot. Here I am the cook, and I hope to work as a cook in restaurants. It keeps me busy and I don't think in negative stuff when I'm at the kitchen. I learned from my mom. Mom is a very good cook. When she comes to

this country all three siblings get together. My oldest sister gives me a lot of support now. My sister is who pays for all the medication and expenses such as soap, deodorant, brush… I call her: "sis, I need such thing", and she sends it to me. She got surgery in the back, so sometimes I go and take care of her. I love her very much. I leave for a break every fifteen days. Now I feel changed. I didn't think I had a future earlier.

-Well, thank you so much for your time, and thank you for the food. It's the best rice and beans that I've ever had.

- It's southern rice, with beans and coconut water, roasted pork and tayota.

The figure of the mother was a central one in the lives of my participants. In the semi-structured interview I included one question that delved into frequency with which respondents maintained contact with their mothers within the previous 90 days. Even when the father was somehow present in the lives of these men and women, they expressed a stronger bond with a maternal figure (often it was not the biological mother, but a grandmother or an aunt that they regarded as someone who would take care of them). The possible responses ranged from "No Contact" and "Once or Twice Monthly"; to "Approximately Daily". Among those who reported abstinence during the previous two years a high percentage had regular contact with their mother or mother figure (83 percent, or 50 out of 60). Conversely, among interviewees who reported regular substance abuse within the previous 24 months, 38 persons (64 percent) had no contact with their mother figure at all; 36 percent (or 22 out of of 66) had an average of one or two phone calls with their mother or mother figure; and none of the participants from this subsample had daily or almost daily contact with a mother figure.

Table 20. Social Support ("Contact with Mother Within Previous 90 Days")

No Recent History of Substance Abuse: *Contact with Mother? (Previous 90 Days)*			Recent History of Substance Abuse: *Contact with Mother? (Previous 90 Days)*		
None	Once or Twice Monthly	Approx. Daily	None	Once or Twice Monthly	Approx. Daily
10	48	2	38	22	0

En general, personal relationships were not often a source of problems. Among those currently abusing illegal substances, a fairly high number reported being introduced to drugs by friends[46] (N = 25, or 41 percent); four participants stated that their drug abuse had been encouraged or initiated by a sibling (6.6 percent); and a total of 17 respondents (or 28 percent) had been initiated into substance abuse by a coworker. Looking at health risk behavior, I was interested in finding out whether substance abusers shared needles or drug paraphernalia. A total of 17 responded that they sometimes shared needles or paraphernalia; two respondents said that they would usually share needles or paraphernalia; and 42 replied that they never shared needles. Among those who stated they would sometimes or usually share needles or paraphernalia, eight would do it with their spouses, 7 with a friend, and 4 with a roommate. My ethnographic data reveal that these figures may be too low; my sense is that, there was a higher probability that deportees shared needles than was reported in the semi-structured interviews.

[46] Simmons and Singer (2006) describe in nuanced details ways in which individuals engaged in romantic relationships perceive heroin sharing as a bonding experience (driven by withdrawal avoidance).

Table 21. Health Risk Behavior –Substance Abuse

Who Introduced you to Drugs?	Friend 25	Sibling 4	Co-Worker 17
Do you Share Needles or Works?	Sometimes 17	Usually 2	Never 42
With Whom Do You Share?	Spouse 8	Friend 7	Roommate 4

CHAPTER 5: STRUCTURAL VIOLENCE IN THE CASE OF DOMINICAN DEPORTEES

5.1.- Structural Violence Against Deportees

An important type of violence that many people, most notably the poor and working classes, people of color, women, and sexual minorities, experience is structural violence. The major institutions in society perpetuate this form of violence against subordinated populations. Introduced by the Norwegian peace researcher Johan Galtung (1969) and adopted by liberation theologians first, and health and social scientists later, the term refers to socially imposed constraints on human potential caused by prevailing political and economic structures, such as unequal access to resources needed to sustain life or to provide a reasonable quality of life, restrains on the acquisition of political power, denial of equal opportunity for education and the acquisition of helpful information, unequal legal status, and discrimination in housing or other spheres of daily life. "The idea of structural violence is linked very closely to social injustice and the social machinery of oppression." (Farmer, Nizeye, Stulac, and Keshavjee, 2006).

Investigation of structural violence includes analysis of the elements necessary to uncover clear links between victims and those being benefitted (Farmer, 2004, 307). The specific expressions of structural violence overlap (i.e. the effects of poverty and of ethnic discrimination are usually interconnected). Stress is one of the main pathways through which the structural violence of social inequality affects health. Short-term stress responses (for example, fight-or-flight changes in the body that release energy to the muscles in times of perceived threat) have evolved as survival resources. However, enduring stress responses,

caused by prolonged exposure to such social stressors as discrimination or marginalization, are highly destructive and can lead to immune system damage.

The Juan Montalvo Center, a Jesuit University in the Dominican capital, described the issue of structural violence in the country in the following terms[47]:

> *Se responde a los barrios ante el creciente problema de violencia con un programa de militarización y "asistencia social". Sin embargo, se ignora el proceso de violencia estructural que marca día tras día a la población que vive en los llamados "barrios calientes" de la zona norte del Distrito Nacional. Y nos preguntamos : ¿acaso no es violencia un barrio como La Zurza que tiene un 16 % de analfabetismo ? ¿No es violencia que en Domingo Savio, con 4,600 jóvenes en edad de educación media, no haya ninguna escuela que cubra este nivel ? ¿Será que no es violencia que el 39.51% de toda la zona norte del Distrito Nacional viva en estado de hacinamiento ? ¿Acaso no es violencia una población de 358,068 habitantes en dónde más del 60% de las personas en edad de trabajar tiene un empleo informal ? ¿Ignoramos que ese 60% del sector informal no tiene seguro médico y por tanto son excluidos de los servicios de salud?*
>
> *[the government] has responded to the growing problem of violence in the neighborhoods with a militarization and "social assistance" programs. However, we keep ignoring the issue of structural violence that marks, day after day, the population residing in the so-called "hot neighborhoods" from the North Area within the National District. And we ask ourselves: isn't it violence a neighborhood such as La Zurza, with a 16 percent rate of illiterate population? Isnt' it violence having at Domingo Savio a total of*

[47] http://centrojuanmontalvo.org.do/spip/spip.php?article50. (Accessed June 10, 2012).

4,600 youths in middle school age who have no school facility to go to at that level? Isn't it violence having a 39.51 percent of residents from the North Area of Santo Domingo living in overcrowded quarters? Isn't it violence, from a total of 358,068 persons in employment age, more than 60 percent work in the informal economy? Should we ignore the fact that those individuals lack health insurance, hence they are excluded from health care services?

Amnesty International released a report in October of 2011, based on research conducted from 2005 to 2011, on police brutality in the Dominican Republic, appropriately titled "Shut Up if You Don't Want to Be Killed! -Human Rights Violations by Police in the Dominican Republic." The introduction discusses how "Hundreds of People are shot and killed every year by members of the National Police. Officers are responsible, on average, for 15 per cent of all homicides in the Dominican Republic, according to statistics provided by the Office of the Prosecutor General.[48] (p.7). These murders are euphemistically called "exchange of gunfire" with criminals, yet the killings are most often not found unlawful. No investigations are normally conducted against police officials, either due to corruption, flawed procedures, or because of tacit compliance by the government. Police abuse has escalated to the point of forced "disappearance" of arrestees, last saw in the company of police agents.

Particularly problematic is the military influence in the whole Caribbean and Central American region. The extent of U.S. Drug Enforcement Agency (DEA) operations in foreign

[48] Amnesty International, "Shut Up if You Don't Want to Be Killed! Human Rights Violation by Police in the Dominican Republic". October, 2011. http://www.amnesty.org/en/library/asset/AMR27/002/2011/en/6ead3e9d-0684-40ae-aa71-73c3dc5382dc/amr270022011en.pdf (Accessed April 24, 2012)

countries should not be overestimated. In the Dominican Republic, not only the U.S. military physically present, but it has also served as strategic advisor in the Dominican Republic war against drug trafficking. The drug war is a metaphor that was originally meant to help make sense of a very complex and messy approach to policing. However, the expression War on Drugs is no longer a metaphor, to be used figuratively, but a literal description of what is developing both in the United States and beyond (Gaines and Kraska, 1997). As a testimony of this shift, in 2009 The New York Times reported that major drug traffickers had been included in the "kill or capture" list in Afghanistan[49]. Since the drug problem is treated as an on-going battle within the international community, "the just war way of thinking remains a developing tradition, a method of moral reasoning that has evolved, amidst considerable debate, to meet the political, technological and military challenges placed before it by history" (Weigel, 2007:20). According to Orend, "A state resorts to war justly only if it satisfies each of the six major rules: just cause, right intention, public declaration by proper authority, last resort, probability of success, and proportionality" (2006:32). As noted by official DEA statistics, this U.S. agency had an annual budget for fiscal year 2011 of $2.02 billion. DEA has a total of 226 offices throughout the U.S. territory, and 83 additional offices spread around 63 foreign countries. There are about 10,000 DEA employees, including 5,000 special agents, and 800 Intelligence Research Specialists[50].

In a personal interview, Virgilio Almanzar –President of the National Committee for Human Rights (CNDH), links the problem of deportees in the Dominican Republic to a

[49] "General Sees Long Term for Afghanistan Buildup", *The New York Times*; February 19, 2009.

[50] http://www.justice.gov/dea/1107_fact-sheet.pdf. Accessed March 4, 2012.

human rights issue, stigmatized and discriminated against from the moment of arrival to the Dominican airport:

> *The problem of the deportees is not a criminal justice issue. It's a Human Rights issue. These individuals have already paid for their crime, yet we're treating them like criminals as soon as they arrive here. We need to come up with re-insertion programs, not with measures that will stigmatize them even further. Both US and Dominican societies are failing to take advantage of these repatriates' professional and personal skills. We're failing to treat them as equal members of our communities. We have heard about a case in which one deportee was killed by a police officer only because the police officer liked the deportee's car and wanted to take it away. Since the victim was a deportee, no investigation was ever done. The presumption of guilt is always on the side of the deportee. We should drop the label of the "deportee" altogether. We need to find out a way to do that, because they're being discriminated as soon as they're identified as such, even if they behave as law-abiding citizens.*
> *We were hoping that with Leonel things would change, because he was supposed to be the president "of the people." But our president moved radically to the right and now is more concerned with pleasing large corporations than helping the masses.*
>
> *(Personal Interview; October 17, 2009).*

Barrio Seguro (Secure Communities), a police reform program included in the Plan de Seguridad Democrática (or Democratic Security Plan), is a government initiative that aims to address deficiencies of the agencies designed to prevent crime. However, Barrio Seguro has failed due to corruption fueled by Latin American drug cartels, as well as lack of coordination among the governmental agencies involved (Secretary of Interior and Police, and the National Police Department). Widespread heroin consumption is a relatively new phenomenon in the Dominican Republic. The rapidly increasing presence of heroin (as well as powder cocaine

and marijuana) is a direct result of demand by Europeans and US residents alike (Blumenfeld, 2011: 156). The Caribbean has become a major gateway for drugs into other countries, and more drugs are staying on the island. Domestic consumption has risen due to wide availability and fairly low prices (as reported by my own participants, one vial bag of heroin costs about US$7). While deportees are blamed for the island´s "heroin problem", numerous government officials and law enforcement agents are using drug trafficking as personal investments. Patrol officers from the police force make a little over RD$3,500 per month, in addition to basic healthcare and food for their families (Blumenfeld, 2011:157). This is slightly under $100 –an extremely humble salary, even for a developing nation. Drug dealing related corruption should not come as a surprise to anyone. Programs for improving law enforcement such as Barrio Seguro are useless, unless the government addresses structural inequality and blatant discrimination against the existing populations of deportees, Haitians and Haitian-Dominicans.

Regardless of the US or Dominican political rhetoric, the so-called war on drugs does not fit into the actual definition of war, even though use of physical force sometimes has been used by drug trafficking networks. There is no valid justification for the deployment of troops against Dominican drug networks, especially if those are U.S. troops in a foreign land (Blumenfeld, 2011). Joint operations in the Caribbean, led by U.S. military, have become widespread practice too. Yet, relationships between Caribbean or Central American countries and the United States have never been balanced. History show how the United States has exercised military abuse in these Latin American regions, for the sole purpose of extending

logistic control within foreign borders[51].

The Dominican government finds itself in a paradoxical situation, aiming to fight narco-trafficking networks that have found a home within Dominican public institutions. As a response to generalized violence and corruption, the Dominican Republic has turned to a US Style War on Drugs. The Drug War, though, is an imported response to an imported problem. Tullis (1995) uses the example of Colombia and Bolivia to illustrate the ways in which corruption erodes traditional values of the community, leading to a generalized acceptance of violence as the normal state of affairs (170). Puerto Rico is a good example of anti-drug policies gone wrong in the 1990s. The electoral candidate to the presidency there, Pedro Rosselló[52], ran under the slogan "strong hand against crime and drugs" (Beruff, 2000:167), advocating harsher sentencing, expanded law enforcement annual budgets, and the use of the military to tackle the drug business. He was mimicking U.S. War on Drugs zero tolerance policies, originally mentioned by President Nixon, but introduced de facto by the Reagan administration (and, later, vastly increased by President Clinton). We know now these policies failed, leading to mass incarceration and a widespread attack on civil liberties, and the criminalization of drug users (Brotherton and Martin, 2009; Wacquant, 2002; 1999; Fagan and Wilkinson, 1998). The newly elected Puerto Rican president proceeded to send troops into public housing complexes. Violence increased exponentially. Drug trafficking simply

[51] Among other valuable sources, see Grandin, *Empire's Workshop* (2007); Smith, *Talons of the Eagle*, (2007); and Gill, *The School of the Americas: Military Training and Political Violence in the Americas* (2004).

[52] Roselló is a politician, physician in training, who served as governor of Puerto Rico between 1993 and 2001.

relocated. *Mano Dura* policies were more harmful than beneficial to those citizens they were designed to protect (176). As Blumenfeld reminds us, in reference to the Dominican Republic:

> "Democracy requires more than just the holding of elections. In a citizenship democracy, the electoral system is based in a society that supports the political and civil rights of each of its citizens. The society also has some measure of existential security through policies and programs that address poverty, unemployment, or inequality, and incorporate marginal or previously excluded sectors into the system to some degree" (2011:12).

With democracy in its early stages, after transitioning into it by the 90s[53], drug trafficking (not only in the Dominican Republic, but also in the rest of Latin America) threatens democratic institutions and public safety (Griffith, 1997). As argued earlier, based on my personal observations and interviews, it is undeniable that corrupt Dominican officials have found the perfect scapegoat in the deportee community. This criminalized collective has lost credibility and moral standing, even before arriving in the Dominican capital. They are rendered invisible for the most part, except when violence erupts and deportees make the news as responsible for a broad array of social ills. During an informal interview at the Ministry of Interior and Police, government officials noted that there are more police officers in prison in 2010 than arrested deportees (6 v. 3 percent of the Dominican Republic prison

[53] The initial transition to democracy in the Dominican Republic took place in August 16, 1978, with Antonio Guzmán´s presidency, after the fall of the Trujillo regime. However, democracy was not effectively introduced until Joaquín Balaguer was forced to leave office in 1996 (not before he managed to facilitate Leonel Fernández´s election as new president).

population respectively)[54]. These are only the law enforcement officers that have been sentenced due to the severity or visibility of their particular crimes. Unfortunately, the vast majority of crimes committed by public officers go unchecked.

Fear is a core element of the master narrative of the War on Drugs, the War on Terror, and The War on the Immigrant (Bloch and Schuster, 2005). Hyndman reminds us of the fear-violence nexus: "without constant vigilance that probes the production of fear and crisis, both of these commodities will be used creatively and strategically to justify violence and exclusion" (2007:369). In this context, *homeland security* becomes *personal insecurity* (Hiemstra, 2011). Television and newspapers have been crucial in the creation of moral panics in relation to the barrios in the Dominican capital. Spatial and racial segregation, characterized by gated communities and walled-residential complexes, separate the well-off urban neighborhoods from the *barrios*. This physical isolation is reinforced by the hiring of private security and former military, conspicuously armed figures in the wealthier neighborhoods. The psychological separation between the affluent urban areas and the barrios, though, is ever wider. Sensationalist media and politic rhetoric have managed to construct old-time working class neighborhoods such as Capotillo, as inherently violent and out of control (Hoffnung-Garskof, 2008). Capotillo, just like Guachupita, Villa Consuelo, Cristo Rey, or Villa Mella in the capital city are perceived as places devoid of any cultural

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[54] Listin Diario, a Dominican newspaper, reported similar data in late 2010. According to this article, there has been a consistent recidivism rate of a 2 to 3 percent throughout years 2000-10. http://www.listin.com.do/la-republica/2010/12/21/170953/Solo-3-de-los-dominicanos-deportados-son-reincidentes. (Accessed February 20, 2012).

capital, social organization, or community stability. However, when discussing this issue with narcodealers in the barrio of Capotillo, they would mention how local residents were sick and tired of the skewed image projected about their neighborhood. The consensus was that, at the end of the day, "It is the military, with all their random raids and armed presence, the ones generating fear to spend time out in the streets, making it all too difficult for us to leave a normal life." (La Vieja; Heroin Dealer, 72).

If reducing substance trafficking and abuse were the main motivation for US intervention in the Dominican Republic perhaps U.S. officials could instead strengthen democracy and civil society in a country that remains at a post-dictatorial, transitional stage. As Blumenfeld suggests, American society has become accustomed to aggressive solutions to perceived social ills (2011). U.S. citizens are more likely than foreigners in other countries to use guns and the military, because large numbers of both are available.[55]

There are several problems with state military intervention in the war on drugs, from lack of procedural transparency to use of excessive force. The most problematic aspect of this trend, though, is the normalization of soldier-like behavior in everyday life, inducing regular citizens to engage in similarly military behavior against the "other" (in this case, the deported individual). Extensive corruption in the Dominican Republic has further weakened social institutions, favoring a repressive military regime. Asymmetric relations are a result of the divide between deportees and the rest of society. Asymmetries have been amply documented

[55] Data provided by the Stockholm International Peace Research Institute (SIPRI) in 2012 reveals that the United States had in 2011 the highest military annual expenditure budget in the world, at US$698 Bn, or a 43 percent of the world share. To put it into perspective, China, United Kingdom, France, Russia, Japan, and Germany had a share of 24.2 percent, all of them combined. Source: http://milexdata.sipri.org/ (Retrieved April 1, 2012).

in studies of globalization using conceptual pairs: center (core) and periphery, metropolis and satellite, north and south. Asymmetric relations between immigrants returning involuntarily and mainstream society are a legacy of US treatment of deportation-bound non-citizens. After all, the United States is a nation of immigrants, a nation that claims to welcome "your tired, your poor, your huddled masses yearning to breathe free". If deportees have been abruptly (and often violently) expelled from such an inclusive nation, how do we expect receiving countries to take an alternative approach?

In Ulf Hannerz's words, discussing asymmetries of culture, "When the center speaks, the periphery listens, and on the whole does not talk back." (1989:10). From a global perspective, if the United States is perceived as the core, or center, the Dominican Republic would be Wallerstein's periphery. The United States dictates rules of trade and commerce through multiple commercial treaties (NAFTA being the most critical in US/Dominican Republic trade relations). Yet core-periphery cultural and political relations are extended to the production of meaning in regards to local customs and traditions.[56] Asymmetric cultural exchange transpires on the micro level, with the Dominican population falling into the criminal deportee fallacy, as brought in from the US mainland.

The fear of crime in some of the popular neighborhoods in the Dominican capital was evident during my research. While walking around the city, it was fairly easy to spot petty crimes committed against distracted foreigners. I was, in fact, continuously reminded not to carry any valuables when walking around by myself. Complete strangers would turn around

[56] There is, of course, certain degree of periphery-core transfer, but it tends to be isolated, and normally of cultural value (music and other artistic representations of Dominican culture) (Hannerz, U. Public Culture. Vol. 1, No.2: Spring 1989)

and suggest, somehow authoritatively: “take off those earrings!”, or “keep the camera in a plastic bag, as if you were carrying mangoes…!” The environment of practically imposed precaution and distrust felt asphyxiating. Dominicans encourage you not to let your guard down at any moment; never to go out alone after sunset; and to always lock the iron gate outside your house upon return home. I was reluctant to give up going out by myself entirely, but I did become more cautious during my fieldwork. Here is an excerpt from my notes, from early December 2009:

> *12-2-09 6:45pm-9pm I leave my apartment around 6:45pm. it’s pitch dark. I walk towards San Carlos, without remembering well how to get to Alvaro Garabito. [to meet a group of deportees that are waiting for me]. I reach Avda. 27 de febrero. crowded. people smashing each other inside the guaguas, coming or leaving Plaza Enriquillo. La Duarte is a commercial hub for low-income population. Inexpensive clothing stores, second hand hardware, stolen electronics, household items, and a few brothels with underage girls... I have to pay attention to the traffic approaching me in any direction, since drivers here don’t really follow traffic rules. A red light at night-time doesn’t mean the car will stop. The driver will slow down a bit, look around in both directions, and just keep driving if it seems somehow safe to do so. Stopping at red lights has been known to be exposing yourself to armed robberies, as it’s becoming more and more common for someone approach you at gun point, to get out of your car or give your belongings.*
>
> *Robberies also happen with the motoconchos, 50cc scooters that often serve as pay per ride public transportation. Motoconchistas also might ride by passing by pedestrians, and snitch their purses or even jewelry. I’ve seen, in front of my eyes, how a Caucasian woman got out of her car after parking, and as soon as she approached her building entrance, a motoconchista riding by literally jumped out of the scooter, retrieve a gun out of his waist, and made the victim surrender her laptop bag, watch, earrings, and “menudo” (cash). She was lucky*

it was a motoconcho and not a regular automobile, as the latter often take victims inside to be sexually abused at some corner. I continue walking up Duarte. The main avenue is lit up thanks to the commercial stores and some street lightning. The side streets are completely dark. I go to my right, walking in the direction of the Duarte Bridge. These streets have rows of houses with no electricity. Blackouts are common in the lower class neighborhoods. Only the wealthier and touristic areas are saved from regular "apagones", since those buildings tend to have alternative electricity generators that work as a backup, in case general power goes off.

As Farmer (2003) explains, structural violence refers to "a host of offenses against human dignity: extreme and relative poverty, social inequalities ranging from racism to gender inequality, and the more spectacular forms of violence that are uncontested human rights abuses" (2003:1). It refers to relations of inequality that are so grave in their amplification of human suffering and so damaging in their effect on well-being that they can be seen as a form of sanctioned violence. Examples include the denial of healthcare to the lower classes, excluding communities from quality housing, on the basis of social class or ethnicity, or limiting life options through two-tier educational systems. Hence the experience of structural violence has been called "social suffering" (Bourgois, Lettiere, and Quesada, 1997). Structural and interpersonal violence often go hand by hand. Individuals are given to understand that their lives are worth less to the wider society than others, and that they are somehow dispensable, which frequently lead to episodes of interpersonal victimization of various forms (Singer, 2009:33).

My participants would frequently state their interest in offering protection to me, should there be any need. They would talk about themselves as a family, and about me as a close

friend. Family and friends were to help and protect each other, and that was precisely what they did. In one instance, I inadvertently dropped a RD$1,000 bill that I had rolled together and put in my pocket (approximately $35). Before I realized that the money was on the floor, Alex picked it up and handed it to me. Then, all of the sudden, he started to jump, as if celebrating something. When I asked him what he was so excited about, Andy told me how happy he was to see that he had the desire to give me the money, despite how much he needed it to cope (get out of withdrawal symptoms), and despite the fact that I would never have found out it was him who took it. He genuinely appreciated me and he celebrated the fact that his appreciation was stronger than his habit. Through that gesture, Alex was able to reassert his "humanity" again, to prove to himself and others that he was a caring human being, not to be crossed off as an "addict". By proving negative societal expectations wrong, Andy was able to challenge exogenous redefinitions of his personality as criminogenic..This was one form of resistance, among similar others.

One of the participants in this study, Laura Martinez, 52, reveals next the sort of hardships encountered as a female deportee. During most of our conversation, Laura chooses to emphasize the sense of shame and desperation that lead her to drug-seeking behavior, shortly after arrival to Santo Domingo. Laura had lived in New York from infancy until she was in her mid-forties. We met a total of five times, over a 10-month span. Laura had been drug-free for over two years, after going through recovery. She had been using both prescription medication and heroin for over five years upon her return to Santo Domingo. Recovery for Laura required several stints at a behavioral modification based rehabilitation center, Hogar Crea. Laura now works as a peer counselor at one of the Hogar Crea centers. The following interview excerpt and personal fieldnotes belong to our first meeting:

> Laura's gestures are expressive and animated. Her facial traits, though, are adorned by a hardened, sun-leathered skin wrinkles. Her constant direct eye contact and large dark eyes seem to convey the sense of accomplishment that comes with overcoming a troubled life. It is around 10am. We take a walk along a palm-tree filled pathway, outside her office building. Our meeting continues inside her windowless office, at the all-female Hogar Crea facility (personal notes)
>
> After a few months here, as soon as I saw people who were high, I gravitated towards them. When I came, they didn't orient me. They didn't tell me 'listen, it's gonna be hard to get a job, because they're gonna treat you like you're a delinquent, even if you haven't done anything here'. When you're in international waters, they take off your cuffs. As soon as you land, it's like you're under arrest again. Why? I wanted to die [tears falling from Laura's eyes, while combing her straightened, long dark hair with her right hand fingers]. My family was there. The prensa [press] was there…you're publicly ashamed, treated like dirt. From that moment on, I just wanted to disconnect from reality. Drugs were my outlet. My first time doing dope [heroin]. (Laura M., 52. Personal Interview; October 2, 2010).

Laura was completely unaware of the institutional and structural challenges that awaited her in the Dominican capital. As a dark-skinned female, who still today struggles to communicate in Spanish (with a noticeable American accent), Laura was perceived as an outsider, regardless of her officially bestowed Dominican citizenship. As a Latina, Laura was subject to further negative sanctions for drug use among women[57]. As a deportee, she was de facto stateless: not granted due process in the United States; denied basic rights in her native

[57] "Alcohol use and abuse among the Hispanic American population." In *National Institute on Alcohol Abuse and Alcoholism, Special Populations Issue*. *Alcohol and Health Monograph* No. 4, pp. 361-382. Washington, DC: U.S. Government Printing Office.

Dominican Republic. Not surprisingly, this sense of displacement is a conspicuous feeling shared among deportees –not wanted by either one of these two governments, nor by its peoples. As a result, most of these repatriates manifested repetitive motivated behaviors, encouraged by withdrawal symptoms. Motivated behaviors, in HIV/AIDS prevention research, is a concept used to explain substance abuse as "self-medication" in connection to a particular concern or an underlying emotional or psychiatric problem (Weiss et al., 1992; Singer, 2006c). For my participants, without a doubt, the "motivated behavior" of substance abuse was triggered, or exponentially aggravated, by the forced migration experience. The field-notes, interviews, and additional data reported in this study reflect this deportation trauma and substance abuse connection.

I have presented only a small sample of the narratives shared with me by several deportees and that demonstrate some of the struggles they experienced after falling into the US Immigrant Industrial System and having to confront life within a radically different paradigm. My research suggests the need for policy changes. First and foremost, echoing my participants' narratives, the lack of preventive and supportive programs on substance abuse and HIV/STDs targeted at deportees in the Dominican Republic needs to be addressed. Reading these narratives, it becomes more obvious than ever the urgent need to address the lack of mental health counseling, safe housing, or food subsidies, among other measures. This is a set of relatively inexpensive measures that would radically improve the conditions of deportees upon return.

5.2.- Lack of Access to Public Health Services

In the Dominican Republic the only options in terms of rehabilitation are either private clinics for the wealthy, or therapeutic communities, such as Hogar Crea, a residential program that follows military-style routines in order to 'break down the drug user´s personality, so that it can be built up again', as explained below by Carlos, one of my study participants. No anxiety or pain medication of any kind is provided in this program. Hogar Crea was established in the Dominican Republic in 1975, a time in which substance abuse was overwhelmingly limited to the consumption of marijuana and powder cocaine. Hogar Crea's Twelve Step approach is most effective with substances that provide psychological -not physical, rewards, hence the reason why heroin abusers who attempt to go through Hogar Crea fail at rates of over 75 percent, most dropping out within the first two weeks.

Obviously, not all the heroin-using deportees in my study had been initiated into substance abuse after deportation. Some had used drugs previously, but a large number had stopped using drugs years before their deportation. The interviews reveal that triggers for substance abuse in the United States were generally traumatic experiences during childhood or adolescence. Somehow those traumatic episodes had been overcome, but the deportation process made those who had previously used more prone to look for heroin on the island.

The following two letters were written by two brothers, deportees in their late thirties, whom I met at a shooting gallery in the neighborhood of San Carlos. They were friends of the owners of the house, and the younger of these brothers often stayed there overnight. They had both lived in Florida until about four years earlier, when they were caught in a drug raid. Alex was very thin, about 90 pounds, looking almost like a fragile child. He would always

managed to smile at me, even when I knew his health was deteriorating day by day. He made some money by drawing portraits for tourists in the Plaza el Conde, by the Cathedral. Andy was three years older, and had been an entrepreneur in Florida, where he ran a small pool bar. Andy had become estranged from his wife and children after deportation. His own younger brother, Alex, initiated him into heroin use.

In these letters, they ask me to help them find pain and withdrawal medication. They are trying to stop using drugs, but lack of access to recovery medication makes it hard to even consider. Mainly, the letters discuss the nonexistent access to medication, and how methadone treatment is outlawed. The inability to obtain adequate health services is one of the main aggravating factors for disease conditions among the deportee population. I have already discussed how structural violence is exercised by law enforcement officials. For Alex and Andy, structural violence is manifested through the denial of access to basic prescription medication. Alex wanted to get into a methadone maintenance program, like those administered by hospital clinics throughout the United States, as a way to gradually get off drugs. However, methadone is not available in the Dominican Republic. Alternatives to Methadone, such as Naloxone medication, is too expensive for a developing country to provide free of cost. Only those who can afford private detox clinics are able to secure adequate treatment, including mental health counseling and therapy. Alex and Andy each wrote me personal letters, laying out their most urgent needs and requests, and I have translated them into English.

Alex'Letter:

"Things and Concerns of the Heroin Addict" -Wednesday March 26, of the Year 2010. Time: 1;45pm.

Hello, to Whom It May Concern,
The Heroin Addiction is not a common addiction, as Cocaine, Crack, or Marihuana cases, or even alcohol. This is why the persons who are in this circle become vulnerable to its patterns of abuse in society, and there are things about which [others] have retaliated physically against us. Ms. Yolanda, we know the extra-human effort that you are making with this little group, but it is not the adequate process [in reference to the lack of structural resources], and it's not the proper medication [referring to analgesics I had provided].
Diocom: it's just a way to help the patient sleep
Sedocil: it's just medication to stimulate cells and maintain anxiety out
Dromidon: it's a dose of medication to avoid vomiting and the pain it causes
Doloneurobion: it freezes pain on the spot. And it helps with body ache.
Composed (B): it's only a supplement that helps you regenerating some vital cells
Saline Solution: it's the food supplement that fills the feeding role at the moment. In this case, the medication that combats, meaning, serves to oppose the heroin addiction method is called "methadone" and it's only given in programs within the United States, and addiction programs [rehabilitation] in that country exist with promise, and in the black market, which is rare to find at occasions, and are given for some reason the dose of the medication in the quantity of consumption from 10ml. to 200ml. of methadone within a period of one two weeks.
Thank you for taking your time and understand this situation of the heroin addict.
Friday, March 26, year of 2010.
"Thank you"
Cordially,
[Names of both brothers], users of this damnation of the heroin,

"Thank you" for everything "Yolanda" from two persons who care for you as a person and as good friend at the same time, really for everything. Thank's Baby [Sic].

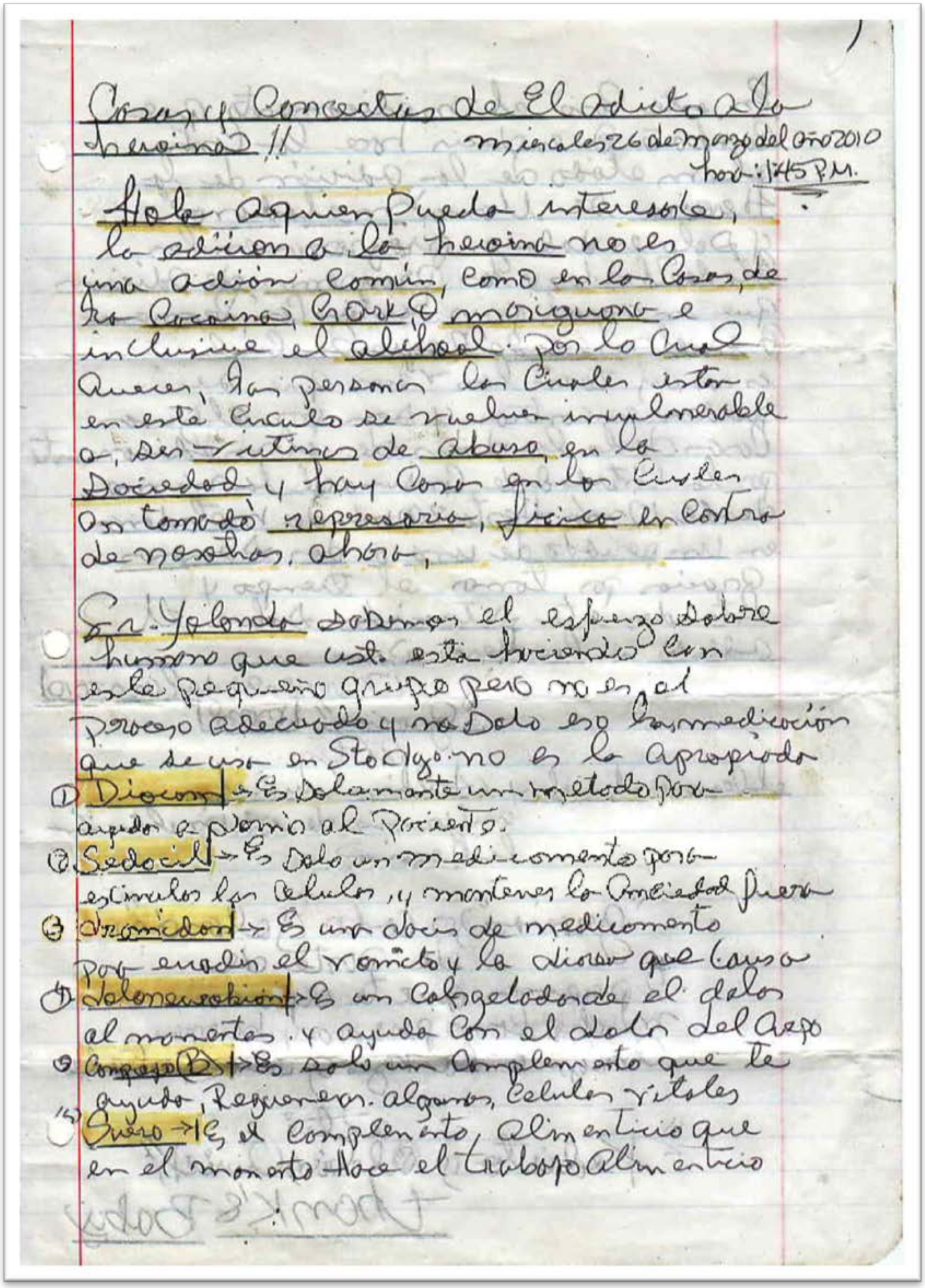
Andy's Letter:

In this letter, we learn that Alex, the younger brother had introduced Andy to heroin, at the time when Andy was trying to rescue his sibling from substance abuse. Here, Andy also shares the ways in which his life has fallen apart, losing his family, money, professional reputation, and sense of personal dignity:

Friday, March 26 of the year 2010 5:45pm
Dear: and appreciated Yolanda these lines are dedicated on behalf of [name of both brothers] and are special, to thank you for everything that you have done as a human being and friend at the same time, Yolanda, I would like to express some of the things that perhaps could be useful to you in some instance. You know, I'm a man of few words, because I'm one of those that believe that not everything that comes to mind should be expressed. You have to be wise and know when the appropriate time is. Well, see, it's been 4 years approximately that I have been in the consumption of heroin, and based on that I lost everything, family, work, social and financial position, and at the same time, I believe even the dignity too, since when you're in this everything goes to the side, including the things that you have loved the most. In my case, my son and my social position. Before I started using I was a person who had everything as a father, a good wife, a good job, an adorable son, and an excellent environment. One day, everything happened because my brother had an acquaintance, a workmate, who used this substance and he was introduced into it. I was trying to get my brother out of it, I was visiting often the places in which all they did was using. Without looking for it, and without realizing about it, one day I was using a needle and using drugs like everybody else. That's when I started leaving my partner aside, my work, and my responsibilities as a

man and as a father, to the point that when I came to realize, it was too late already. That's when I tried to get out of that circle, and I did, but one day I went to visit my brother and I realized that he was in very bad health conditions, and I decided to call my mother, who came the next day, and we gave him the appropriate attention. But, my perdition, I had a series of little problems, and sometimes we make stupid things automatically, I hid behind the needle again. And [since] then I have tried to get out of this circle, but I don't know what happens, each day it becomes more difficult being able to leave this environment, which is hell. Since you come to simply being able to maintain your vice all the little money that you get into your hands, you spend on this drug.

Image 11: Scanned copy of Alex´s letter (front side)


Cosas y Conceptos de El adicto a la heroina !!

miercoles 26 de marzo del año 2010
hora: 1:45 P.M.

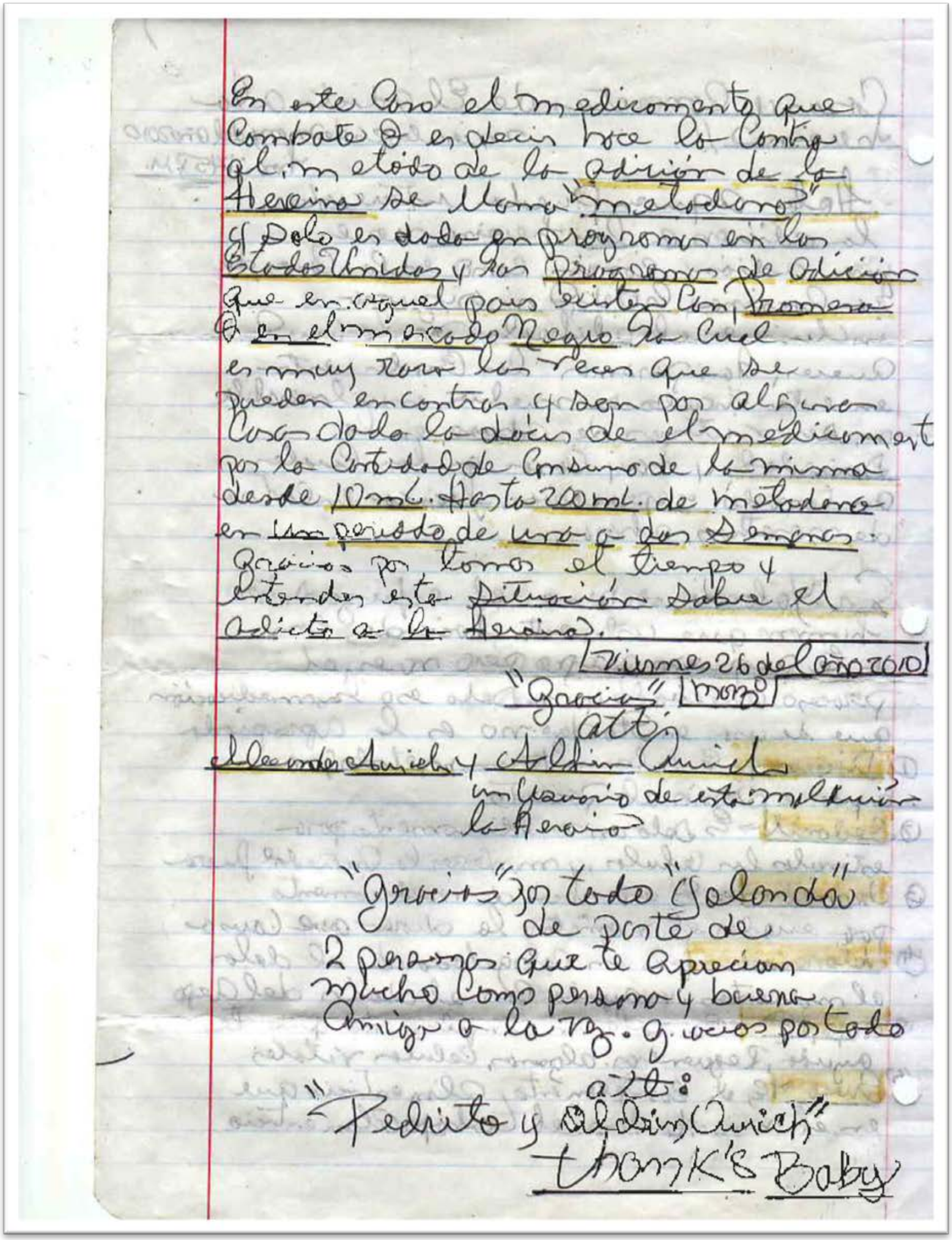
Hola a quien pueda interesarle,
la adicion a la heroina no es
una adición común, como en las Cosas de
la Cocaina, Crack o mariguana e
inclusive el alchool. por lo cual
quiero, las personas las cuales estan
en esta circulo se vuelven invulnerable
a, ser victimas de abuso en la
sociedad y hay Casos en los cuales
an tomado represaria, fisica en contra
de nosotros, ahora,

Sr. Yolanda sabemos el esfuerzo sobre
humano que usted esta haciendo con
este pequeño grupo pero no es, el
proceso adecuado y no solo eso la medicación
que se usa en Sto Dgo. no es la apropiada

1) Diocom → Es solamente un metodo para
ayudar a dormir al Paciente.
2) Sedocil → Es solo un medicamento para
estimular las celulas, y mantener la Ansiedad fuera
3) Dramidon → Es una docis de medicamento
para evadir el vomito y la diarrea que causa
4) Dolonevrobion → Es un Congelador de el dolor
al momentos. y ayuda Con el dolor del Cuerpo
5) Compejo (B) → Es solo un Complemento que le
ayuda, Regueneran. algunas, Celulas vitales
6) Suero → Es el Complemento, alimenticio que
en el momento Hace el trabajo alimenticio

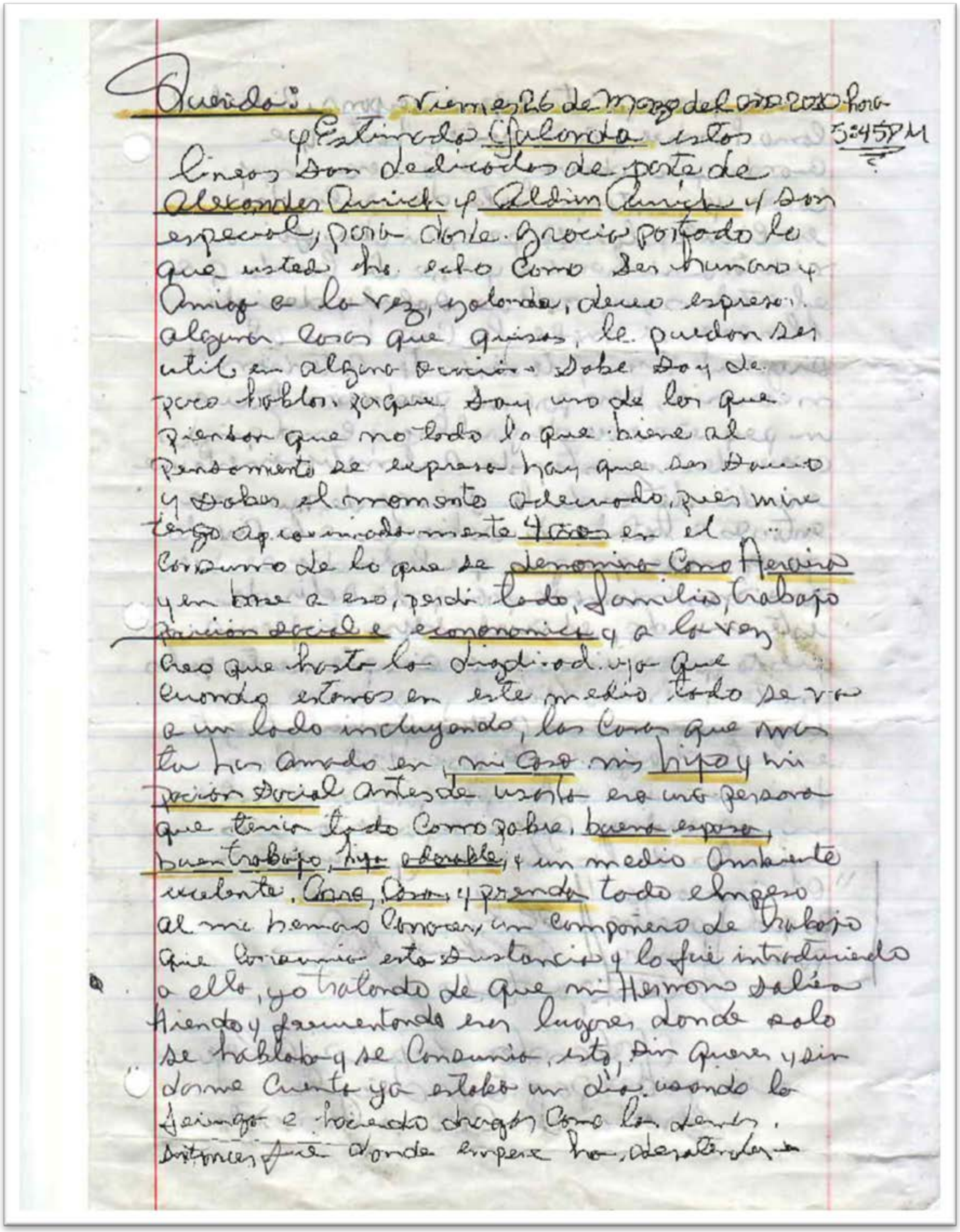
Yolanda Thanks Baby

Image 12: Scanned copy of Alex´s letter (back side)


En este Caso el medicamento que
Combate o es decir hace la Contra
al metódo de la adición de la
Heroina se llama "metadona"
y solo es dado en programas en los
Estados Unidos y los programas de adicion
que en aquel pais existen Con, Promesa
o en el mercado Negro la cual
es muy raro las veces que se
pueden encontrar y son por algunas
Cosas dado la dosis de el medicamento
por la Cantidad de Consumo de la misma
desde 10ml. Hasta 200ml. de metadona
en un periodo de una o dos Semanas.
Gracias por tomar el tiempo y
entender esta Situación Sobre el
adicto a la Heroina.
[Viernes 26 del año 2010]
"Gracias" [marzo]
att;
Alexander Anich y Aldin Anich
un usuario de esta maldición
la Heroina

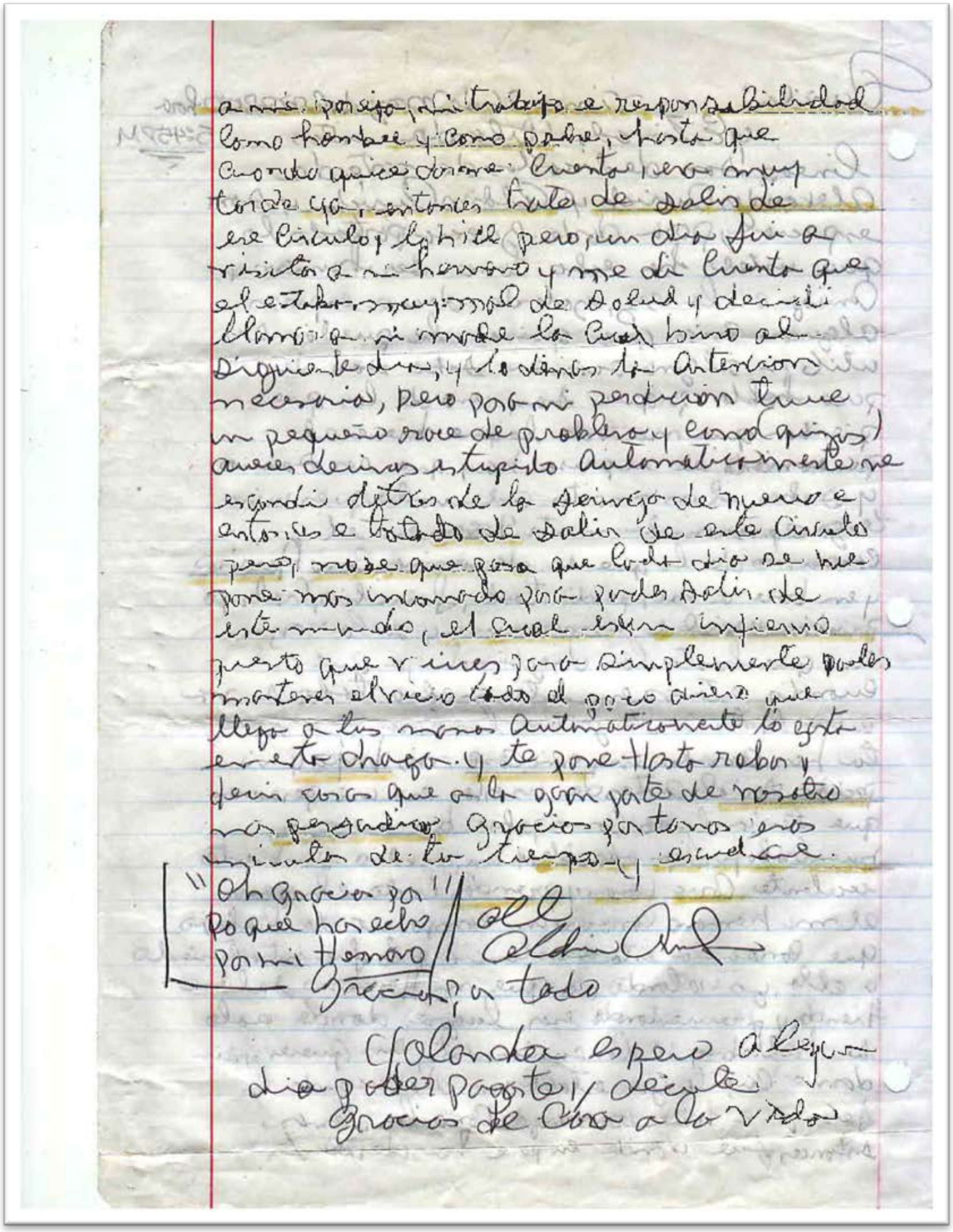
"gracias" por todo "Yolanda"
de parte de
2 personas que te aprecian
mucho Como persona y buena
Amiga a la vez. gracias por todo
att:
"Pedrito y Aldin Anich"
thank's Baby

Image 13: Scanned copy of Andy´s letter (front side)



Querido: Viernes 26 de Marzo del año 2010 hora
y Estimada Yolanda estos 5:45PM
lineas son dedicadas de parte de
Alexander Quich y Aldim Quich y son
especial, para darle. gracias por todo lo
que usted ha echo como ser humano y
Amigo a la vez, yolanda, deseo expresar
algunas cosas que quizas, le puedan ser
util en alguna ocasión. Sabe soy de
poco hablar, porque soy uno de los que
piensan que no todo lo que biene al
pensamiento se expresa hay que ser sensato
y saber el momento adecuado, pues mire
tengo aproximadamente 4 años en el
consumo de lo que se denomina como Heroína
y en base a eso, perdí todo, familia, trabajo
posición social e economica y a la vez
creo que hasta la dignidad. ya que
cuando estamos en este medio todo se va
a un lado incluyendo, las cosas que mas
he has amado en, mi casa mis hijos y mi
posición social antes de usarla era una persona
que tenía todo como padre, buena esposa,
buen trabajo, hijos adorables, y un medio ambiente
excelente. Casa, Carro, y prenda todo el ingreso
al mi hermano conocer un compañero de trabajo
que consumía esta sustancia y lo fue introduciendo
a ello, yo tratando de que mi Hermano saliera
tiendo y frecuentando esos lugares donde solo
se hablaba y se consumia, esto, sin querer y sin
darme cuenta ya estaba un día. usando la
jeringa e haciendo drogas como los demas.
entonces fue donde empeze ha, desatenderla

Image 14: Scanned copy of Andy´s letter (back side)



a mis pareja, mi trabajo e responsabilidad
como hombre y como padre, hasta que
cuando quise darme cuenta era muy
tarde ya, entonces trate de salir de
ese circulo y lo hice pero, un dia fui a
visitar a mi hermano y me di cuenta que
el estaba muy mal de salud y decidi
llamar a mi madre la cual vino al
siguiente dia, y lo dimos la atencion
necesaria, pero por mi perdicion tuve
un pequeño roce de problemas y como (quizas)
aveces decimos estupido automaticamente me
escondi detras de la seringa de nuevo e
entonces e tratado de salir de este circulo
pero, no se que pasa que cada dia se me
pone mas [illegible] para poder salir de
este mundo, el cual es un infierno
puesto que vives para simplemente poder
mantener el vicio todo el poco dinero que
llega a tus manos automaticamente lo gasta
en esta droga. y te pone hasta robar y
decir cosas que a la gran parte de nosotros
nos perjudican. Gracias por tomar estos
minutos de tu tiempo, y escucharme.

"Oh Gracias por
lo que has echo
por mi Hermano"
Gracias por todo

Yolanda espero algun
dia poder pagarte, y decirte
Gracias de cora a la vida

These three participants, Rafael, Alex, and Andy, are suffering from injuries or health issues. However, the main cause of their problems is the interpersonal, institutional, and structural violence they encountered. Unlike physical violence, structural violence, as I have emphasized, remains socially invisible, as it is incorporated in the day-to-day functioning of public institutions. Structural violence is indirectly condoned –therefore unpunished. Furthermore, structural violence is not perceived as a direct assault on the health of affected individuals. Basic rights, such as healthcare services, or access to dignifying housing, are not guaranteed in many countries. As a result, the consequences of structural violence are normalized and made to seem failures on the part of its victims.

As explained in a World Health Organization (WHO) report, there is a "growing body of evidence accumulated over the last 20 years which shows that people who live in disadvantaged social circumstances are more prone to illness, distress and disability and die sooner than those living in more advantaged circumstances" (Currie et al., 2008:2; Link and Phelan, 1995:80). Social inequality is a primary stressor and cause of syndemics through multiple mechanisms, in that it reduces access to basic necessities, such as residential stability and appropriate medical healthcare. Additionally, going through the criminal justice system (jail or prison facilities) often leads to the spread, concentration, and interaction of severe physical and mental health conditions (Singer, 2009).

One of my participants, Pan Quemado, frequently used illness metaphors to draw parallels between deportees' housing conditions and their extremely desperate situation, as my fieldnotes indicate:

> *I yell Andy's name from downstairs. He doesn't seem to be home. I walk the stairway to the green house's second floor, 15 steps total. The*

door is falling apart. It squeaks as I open it slowly. I remember asking Pan Quemado one day: "what happened to the door? It wasn't like that last year." - "It has cancer. The door has cancer. Illness is falling upon us [laughs]." That was his response, with a witty smile on his face as he pointed at it. The house has cancer, I remember thinking in response. Robert had just died about 2 months ago, and all the others seem to be disappearing gradually.
(Fieldnotes, March, 3, 2010)

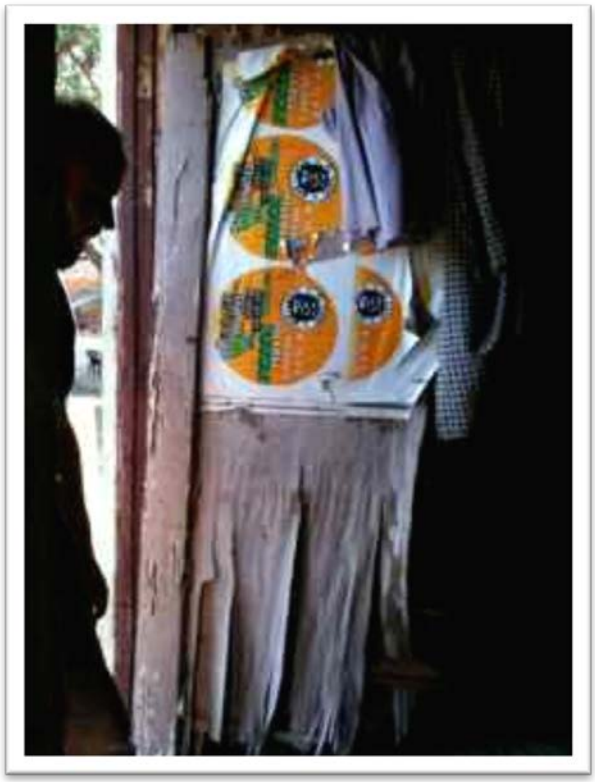


Image 15: Pan Quemado: "La puerta tiene cancer. Todos nos estamos enfermando."

(The door has cancer. Illness is falling upon us.) (Photo by author).

Image 16: Andy, showing infected legs.

Image 17: Andy. (Photos by author).

5.3.- Mano Dura: Zero Tolerance, Dominican Style.

Following Michel Foucault´s Discipline and Punish, I would argue that structures of domination and inequality in Santo Domingo have become the natural complement to the legitimation of the juridical apparatus of the contract society (1977: 218). These structures legitimize the escalating use of force against civilian populations. The fear of crime has allowed the Dominican society to condone lack of accountability of law enforcement officials, whose excessive violations against the so-called criminal go unquestioned. An unintended consequence of the tough on crime approach in the Dominican Republic, and its Mano Dura (Zero Tolerance) policy, is the criminalization of entire working class communities, such as Capotillo, Guachupita, or Villa Mella. Chances for being hired in the formal economy are severely diminished for youth as soon as a home address from one of these neighborhoods was disclosed to potential employers (as a form of negative credential).

The Dominican government's lack of effectiveness in meeting basic needs of the general population is further aggravated by growing corruption. Both phenomena converge, acting as tools for indirect violence against the working class and working poor majorities, further weakening the Dominican civic society. Vested interests by corrupted officials in the international drug trade are a strong deterrent in the strengthening of civic institutions. In the Dominican Republic, as well as other neighboring countries, narco-trafficking has become entrenched within the "upper echelons of the Dominican government" (Beruff and Cordero, 2005:321), affecting the regular development of democratic institutions.

U.S. governmental agencies and institutions have acknowledged generalized violence against the general population. For example, the U.S. Embassy in Santo Domingo issued a cable in October of 2009 that already discussed conspicuous aggression and corruption among

law enforcement agencies. Cable, (09SANTODOMINGO1257), titled *Gangland-Style Execution of Retired Police LT. Colonel Linked to Fugitive Narcotrafficker Reinforces Perception of a Law Enforcement System Under the Influence of Drug Money*, states that

> *The gangland-style killing of ex-National Police Lt. Col. Jose Amado Gonzalez Gonzalez in an upscale Santo Domingo neighborhood on 12/24/09, and the subsequent highly-publicized investigation by prosecutors and police, has reinforced the public perception that the law enforcement system has been penetrated by narcos at the highest levels. Five individuals have been arrested in connection with the incident, including two police colonels attached to the National Drug Control Directorate (DNCD). [...] As noted in recent Dominican Republic Country Human Rights Reports, extra-judicial killings by the police remains a continuing concern. According to the Attorney General's Office, 192 persons were killed by the police within the first seven months of this year, while 455 were slain by the police in 2008. Most of these killings, which generally are in connection with criminal activities in the poorer districts, receive minimal further investigation of note.*

Corrupted officials target deportees to either use them as scapegoats for their own crimes, or to abuse them in order to obtain information about rival organizations. Besides frequent mention of police abuse, there are no official statistics on the subject. Victimization of deportees goes largely unreported, due to fear of further physical aggressions that are frequently committed by law enforcement agents.

Along similar lines, document Cable 09SANTODOMINGO4, titled Annual OSAC Crime/Safety Report (January, 2009) also recognizes widespread organized crime and corruption among crime control agencies:

> *Organized crime within the Dominican Republic is involved in a variety of activities, among which is drug trafficking, kidnapping, and corruption. As*

referenced in a 2007 United Nations Office report, and based on today's environment- the flow of drugs into the country by Colombian cartels has aggravated the country's situation in a range of ways: - Local drug use; - Couriers are often paid in product rather than cash - this has secondary effects on domestic crime problems, including youth gangs, prostitution, and market related violent and property crime; - Drug transactions involve firearms, and firearms are often traded for drugs; - Movement of drugs inevitably involves corruption of local law enforcement officials, as well as other civil servants; and - Laundering the proceeds of drug sales undermines legitimate economic activity (i.e. real estate market, local casinos and currency exchange houses).

This same US official document lists as the country's most violent cities Santo Domingo, Hato Mayor, La Vega, Samana, San Jose de Ocoa, and San Cristobal. The factors cited for this worsening trend are unemployment, massive emigration from rural to urban areas, substance abuse (including alcohol consumption), drug cartels, and the "widespread availability of weapons." Additionally, the document reports that "in 2007 38 percent of deaths were attributed to criminal activity, compared to 65.5 percent in 2010; 58.4 percent of all victims were between the ages of 18 and 34. 92.6 percent of the victims were men, who resisted the attackers."

Rafael provides a telling example of the interconnection between institutional, interpersonal, and structural violence. A Dominican male in his late 30´s, about 5´8" and 140 pounds, with dark curly hair and bright honey eyes, Rafael moved to Puerto Rico with his parents in early childhood. At around age 18, he moved to the Bronx, in New York, to live with an uncle. Diagnosed with bipolar disorder, however Rafael had problems finishing high school. New York seemed a good place for him to get a job in the service industry. Without

health insurance, Rafael did not get adequate treatment for his mental health issues, and was unable to hold any jobs for more than a few months. When he was 19, he and his friends engaged in the neighborhood informal economy, working for an African American group that sold marijuana. Rafael was arrested twice, and charged with drug possession. The police let him go after paying some fines. He moved to Boston for a while, where he was able to live with some family friends who helped him get his life in order. When he was 33, Rafael´s mother was hospitalized because of severe respiratory complications. Rafael then stayed in the Dominican Republic for a couple of months, the first time he had visited in over twenty years. Upon return to the United States, USCIS officers in Miami detained him. He was put in deportation proceedings due to his drug-related criminal record. Rafael´s mother passed away shortly upon his deportation; his father still lives in Puerto Rico. There are no other close relatives to help him out. He frequently visited one of the shooting galleries in Capotillo, where we met on a weekend morning. In Santo Domingo, Rafael has been using heroin for a few years, unable to quit after several failed attempts.

In the Dominican Republic, Rafael was beaten and left severely injured after a group of security guards in a supermarket assumed he was in its premises to steal their products. After the beating, the police picked him up and took him to the precinct for an "investigation." Rafael gave my telephone number to the guards, as his only personal contact. Below is a transcription of Rafael's narrative of the unfortunate episode, as well as some of my own fieldnotes from that day. Here, Rafael tells me how he was taken inside a storage room and beaten on the head with a baseball bat, after having a plastic bag placed around his own head:

Rafael entered La Nacional, one of the largest supermarkets in town, and decided to sit on some boxes by the exit. One of the security guards identified him as "deportado that always steals from the store". Rafael did NOT have anything on himself, no drugs, no store merchandise. Rafael is broken, inside and out. (fieldnotes, 3/24/10)

"I was just outside the La Nacional. One security guard calls me in. He says he knows me, that he's seen me before. He then calls up other security staff. They take me to a storage room. They start kicking me right away. The first kick was in the mouth. They grabbed a stick to beat me. They tied me up and throw water to my face, holding me up. They dropped me to the floor. Hit me with a stick in my private parts. When I almost fainted, they threw some more water to my face, and then continued hitting me. They kept accusing me of working in tandem with one employee from the supermarket, stealing liquor for him to sell. They left me on the floor for a while, coming back a bit later. I was blindfolded, with my head inside a bag, so I couldn't identify their faces. They were really enraged now, heating me on my chest. I began pleading them to stop, saying they were going to kill me. I overheard one of them telling the other: 'I'm going to kill this criminal garbage.' He continued until he heard some police officers arrive. It seems a cashier had called the police, knowing what was happening to me."
(Personal Interview, March, 24, 2010)

Below are some additional fieldnotes that I took that same evening. They supplement the personal narrative of the violent encounter, as told by Rafael himself. These notes also bring new insights related to the institutional violence exercised against him, as well as to corruption within law enforcement agencies as a whole.

Rafael, the deportee who originally took me to Capotillo, has been arrested on no-charges. He didn't do anything, but still was beaten almost to death in the afternoon. He was hanging out by one of the large supermarkets, La Nacional. The guards saw him, and recognized him from previous occasions. [They] started to beat the hell out of him, until the cops stopped by. He was taken to the Police Station, almost by the airport. He gave my number as his only contact. I went as fast as I could. He was handcuffed to a chair's leg, sitting on the floor. Cuts, bruises, and concussions all over... head, back, arms, legs... they really went for it full force. I tell the captain to let me take him to the hospital, as there are no charges against him... the captain tells me that I need to pay a fee to their office in exchange for the care provided. I went on a rampage, telling the whole police crew that they just care about the money, without a sense of humanity or social justice. They´re willing to let Rafael stay there unless I pay them about US$200, which, of course, I didn´t have on me. I kept going on in my rage. The officer then says I have to wait until the morning to take him to the hospital, as they have 48 hours to do an investigation of the case. They WERE THERE, at the supermarket when this happen. They KNOW Rafael didn´t do anything. I can´t emphasize enough how corrupt these men are. I had to leave Rafael there; pay the cops some money so that they wouldn´t take Rafael inside to the cell (he was scared to be placed with other inmates). I bought some painkillers for him, in addition to juice, water and food. It´s going to be a long night for him: besides pain for injuries, Rafael is going to be on withdrawal tonight. He was crying like a child, asking me to help him rest, take a shower tomorrow, and take him to a program (Hogar Crea). I´m going to try buying pain relievers, and get them to him right now. I also want to go back with a photo camera in hand and spend some time with him there, see how he´s treated. (Side note: you can buy any prescription medication here over the counter). (fieldnotes, 3/24/2010, 9:45pm).

The images below show Rafael the morning before the night of the beating. He already health complications in his legs caused by intracutaneous injection. In the lower row, images shown contusions on his head, contusions on his left leg and buttock, as well as on sacral and coccygeal areas. Also there are some abrasions on his left buttock. Next, there are three circular ulcerated lesions, two on the right and one on the left, either from trauma, or from infected lesions.[58]

Image 18: Close up of subcutaneous injuries. Image 19: Subcutaneous injuries

(photos by author)

[58] Grateful acknowledgement to Aliza Weinman, MD, for volunteering to analyze my photographs from a medical standpoint.

Image 20: Rafael before physical assault.

Image 21: Rafael after physical assault, showing bruises in head and body.

Image 22: Rafael after physical assault, showing bruises in hip and upper left leg.

(All photos by author)

Image 23. Copy of report from forensic physician after physical assault.

CERTIFICADO MEDICO LEGAL

MINISTERIO PÚBLICO

INACIF
INSTITUTO NACIONAL DE CIENCIAS FORENSES

Numero: [redacted]

Yo, Dr. [redacted] C. Exequatur No. juramentado como Médico Legista, con exequatur número [redacted], CERTIFICO que actuando a requerimiento de de la Procuraduría Fiscal de la Provinci, he practicado un exámen físico a [redacted], cédula [redacted], domiciliado en SAN CARLOS, D.N. Edad [redacted], que actualmente se encuentra en estado Ambulatorio, Constatando mediante el interrogatorio, como por el exámen físico que presenta:

[redacted] EXAMEN FISICO PRESENTA TRAUMA CONTUSO CON EXCORIACION EN REGION FRONTAL, TRAUMA CON LACERACION DE MUCOSA DEL LABIO SUPERIOR, TRAUMAS CONTUSO CON AREA DE EQUIMOSIS EN LA ESPALDA, REGION LUMBAR Y EN GLUTEO DERECHO XXXXXXXXHASTA AQUI FIN DEL EXAMEN FISICO.XXXXXXXXX

INSTITUTO NACIONAL DE CIENCIAS FORENSES

PROCURADURIA GENERAL DE LA REPUBLICA

Conclusiones: Estas Lesiones Curaran Dentro de un Periodo de 1 a 10 Dias
(Las conclusiones estan sujetas a cualquier tipo de complicación que se presente dentro de la evolución del periodo de curación establecido).

EXPEDIDO en la Provincia Santo Domingo Este, Republica Dominicana de fecha **Jueves 25 del mes de Marzo del año dos mil diez (2010),**
a las 13:02:39 horas .

Medico Legista Actuante

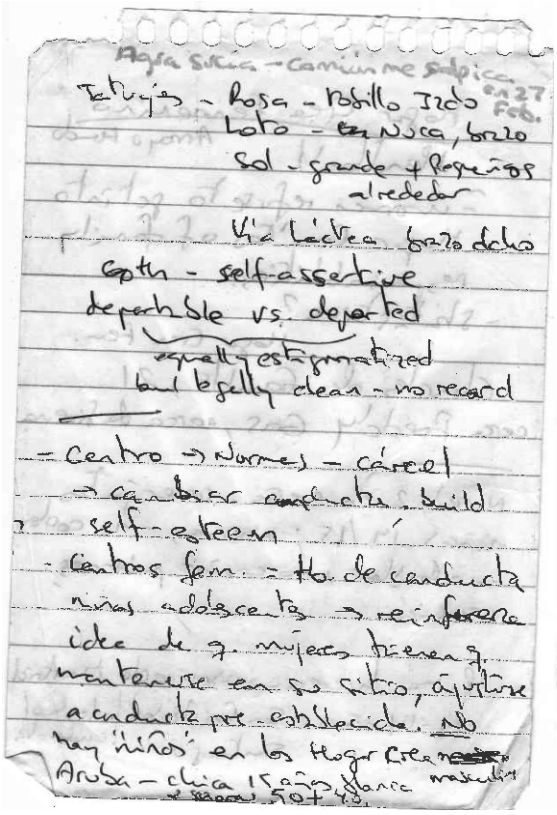
The following morning (3/25/2010), Rafael was released from the police station. I took him to the forensic doctor, for a medical exam and to obtain a report. We left the forensic

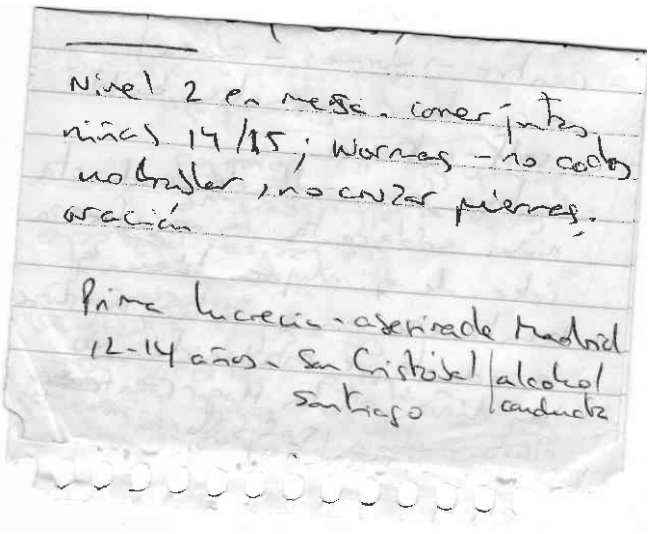
doctor's offices after 3 hours of waiting in line. I drove him to the Hogar Crea Central Offices, but only after he stopped by Capotillo to buy one more hit.

Rafael, like others I studied suffering from substance abuse faced the fact that there are no public detox centers. As for rehab programs, the only not-for-profit organization is Hogar Crea, which has an extremely rigid residential program, based on a therapeutic community approach to substance abuse treatment. There are different status levels for residents of Hogar Crea's treatment centers, and very few make it beyond Level I (approximately the first 4 to 6 months). During my visits, I noticed how Level I residents wore white t-shirts and jeans. I was told that the uniform is symbolic of being stripped of all their character traits. They are now a blank slate, upon which the residents ought to "make their weaknesses disappear". In Level I social interaction was highly restricted. Residents could not talk during lunch, they were not allowed to touch each other or to manifest casual expressions of affection (i.e. hugs), and they could not share food. I had the opportunity to see many underage light-skinned residents, some as young as 13 or 14 years. Privately, one of my participants told me that more and more affluent families are using Hogar Crea to "keep under control teenage females who rebel against their parents´ dictatorial parenting style under control". Hogar Crea is funded through governmental allocation, but also through private donors. Adolescent residents who would not qualify for in-patient treatment are frequently admitted because of the generous donations provided by their parents. Many of these families are from the military, and are appreciative of Hogar Crea´s behavioral modification strategies.

I include a scanned copy of some hand notes I took during one my visits to female Hogar Crea treatment center. On the left, I wrote down the tattoos on the arms of Nurys, one of the participants. Nurys complained that Hogar Crea´s administrators thought she was a gang

member because of those tattoos. Nurys told me about some friends who had returned to the Dominican Republic voluntarily, instead of being deported (deportable v. deported). These individuals are equally stigmatized, although there is no legal record of their history in the United States. Nurys described Hogar Crea as prison-like. The resident is expected to change his or her behavior completely. Women in particular were "reminded to keep their place in society". Children were not allowed to stay with their mothers at Hogar Crea. The notes on the right, below, point out that in Level II residents are permitted to eat together, but elbows are to be placed out of the table, legs uncrossed at all times. When I talked to a girl of about 12 or 14 years, she told me she was there because of drinking alcohol and behavioral issues.





Images 24: Scanned fieldnotes: Life Inside Rehab Center. Image 25: Scanned fieldnotes: Teenagers Inside Rehab Center.

Established in 1975, Hogar Crea has branches in over forty locations in the Dominican Republic. In fact, a popular outcry against "Dominican-Yorks" was fueled already in the late ´70s, due to Hogar Crea´s eagerness to maximize public budget allocation it received. The institution´s administrators were responsible for spreading the myth that Dominican immigrants in New York were bringing drug abuse habits back to the island, after being involved with the drug trade in New York. Hogar Crea, for example, publicized claims that "a study determined that drug addiction is taking on alarming proportions" or "studies show that drug use is up 400 percent." None of the titles of the actual studies were ever included in such inflammatory claims. A few years later, the Dominican government enacted Law 50-88, on Drugs and Controlled Substances in the Dominican Republic, of 1988. Law 50-88 centralized the control, interdiction, treatment, and prevention of drug use, distribution, and trafficking. The governmental agency created to monitor such matters was the DNCD, or La Dirección Nacional de Control de Drogas (National Office for Drug Control, in Spanish). The DNCD is a military-style organization with actual representatives from both the military and the police forces, but led by the military. The DNCD chief is, in fact, a high-ranking military officer (Beruff and Cordero, 2005).

Wacquant talks about advanced marginality as having the distinctive feature of "suffusive spatial stigma", referring to the normalized discrediting of residents in marginal neighborhoods. When the media and public opinion come to define as "hellholes" certain urban areas, with perceived high rates of crime and social disorganization, the residents get to internalize that stigma. Poverty is treated as equal to having criminogenic traits, and public shame diminishes potential manifestations of resistance in the barrios. Social ties are eroded,

neighbors feel compelled to retreat to their houses, and processes of self-fulfilling prophecies are set in place.

Public assumptions invoke stereotypical images of neighborhood residents as criminogenic, violent, and prone to drug abuse. In a country with high unemployment rates, competition for scarce jobs in what has become a predominantly service industry economy is fierce. Those profiled as "potential criminals," youth in neighborhoods like Capotillo often have to resort to illicit activities just to get by. As it turns out, when I interviewed residents of these communities about drug trafficking activity, they reacted as if surprised by my interest in that subject. The regular sale of illegal substances is yet another commercial exchange among many, just like selling second-hand clothes arriving from the US, donated to Haitian earthquake victims (packages of clothes sold in bulk, called "pacas,") or the sale of home-made food without a license, at the street corner. I was warned not to question the legitimacy of drug dealing in Capotillo as a regular economic activity, as that attitude might block me from gaining access to interviewees.

One of the dangers of the "Talk of Crime" is the internalization of the crime discourse by the same residents of marginal barrios that are affected. At different times I was questioned while walking around by residents of Capotillo, Cristo Rey, or Guachupita trying to figure out whether I was from the police or merely looking to buy drugs. On several occasions cab drivers only agreed to take me to Cristo Rey after I briefly explained the reason for my visit. After a few weeks, I started to hire the same driver regularly to avoid wasting time in repeated explanations. In one instance, in the barrio of Cristo Rey, I was on my way to interview a couple of cousins, both deportees who had successfully set up a pool hall business in the barrio. The cab driver was stopped on the main road and asked about me. The man, in his

forties, wearing a white wife-beater t-shirt and jeans, made sure that we saw the gun he was holding in his right hand, so as to alert us not to look for trouble.

In my notes from that day, I echo what I had heard that morning at Hogar Crea:

> *Survival Instinct leading to violent crimes. Life has no value. Hunger is powerful". In the lower half, I describe how upon arrival to Cristo Rey at 10:45pm, the cab driver refuses to let me out in the street, so that neighbors would not see that I was by myself. He insisted that I called the men that I was going to see, and asked them to come outside and take me to their bar. As I was about to call, one individual comes out of a building, gun in hand, to check out who I am.*

The Dominican ruling elite has historically used the fear of violence and crime to justify social exclusion and its detachment from the plights of those in impoverished communities, who are overwhelmingly of dark skin. Discourses of fear towards crime and racial prejudice in Santo Domingo intertwine, further aggravating processes of marginalization of the popular barrios, such as Capotillo. Public discourse about fear of crime facilitates the reordering of society in hierarchical categories that reinforce discrimination of the masses, and the resulting culture of control (Garland, 2002) throughout Latin America have led to the systematic violation of civil rights of residents in marginal communities (Caldeira, 2000:2), who are represented in stereotypical and simplistic ways. The barrios are depicted in clear-cut oppositional categories -the helpless victims of crime v. the blood-thirsty criminal, law-abiding v. anarchic, traditional v. the contemporary, good v. evil. Individual misery caused by international economic crisis and the neoliberal turn in Dominican (lack of) social services, intertwine with public issues generated by a heavy government, justifying the rigid, polarizing class system found in the Dominican Republic. Structural violence is the natural outcome of

public discourses on crime. The need for crime control is reified and internalized as a real, overarching force in the barrios, deteriorating any potential challenge to existing social institutions.

CHAPTER 6: MENTAL HEALTH CRISIS AMONG DEPORTEES

6.1.- The Syndemics of Mental Health

Illicit drug use is fluid and dynamic. Within neighborhoods and across different countries drugs wax and wane as availability fluctuates, forms of consumption vary, and willingness to try new drugs evolves according to popularity and trends. Substance abuse never occurs in a social vacuum. Among adolescents, peer pressure is pervasive, linked to risk-taking behavior encouraged by the "need to belong". There is also a common tendency to experiment with mind-altering drugs while in adolescence (Bonomo and Bowes, 2001; Inciardi (2008). Yet contextual, as well as genetic, factors greatly determine who will become addicted, as well as who will stop using after isolated instances of experimentation (Goode, 2008). Furthermore, duration of use, mode of administration (injecting versus snorting versus smoking), the drug purity, or pharmacological base of the drug are some of the factors that determine associated health problems. According to the U.S. Department of Justice National Drug Intelligence Center, substance abuse related annual health expenditures for 2010 in the United States alone are estimated to be $215 billion[59]. As reported by the National Survey on Drug Use and Health in 2010, approximately 22.6 million Americans age 12 and older were current users of illegal substances (had abused drugs within the previous month), 8.9 percent of the total population[60].

[59] http://www.justice.gov/ndic/pubs38/38661/drugImpact.htm Accessed March 4, 2012

[60] Substance Abuse and Mental Health Services Administration, Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.

There are incidences, however, in which traumatic experiences trigger mental health conditions that might precondition some individuals to resort to using substances. High levels of stress-induced cortisol in the human system during childhood have been connected to adult predisposition towards addiction. Cases of long-term history of childhood abuse show correlation with history of substance abuse, serious mental illness, and sexual risk behavior (Meade, et al., 2009:61). In the case of the participants, all of those who were currently using illegal substances had started doing so either after a traumatic episode, or a series of successive traumatic episodes, or reported a history of childhood abuse. Particularly telling in my study are the five cases of deportees who had served in the US military[62], doing rounds either in Vietnam, Afghanistan, or Iraq (more on that in Section 6.3 of this chapter).

In 2000, Paul Farmer did a comparative study with participants in the United States, Peru, and Haiti, looking at the reasons why tuberculosis remains one of the leading causes of death worldwide, despite existing effective treatment therapies. Farmer demonstrated how local politics and social inequality, at the micro and macro levels (World Bank structural adjustment programs on one side, and racial and class discriminatory practices on the other), kept many people from improving their health after being diagnosed with tuberculosis.

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[61] Long-term correlates of childhood abuse among adults with severe mental illness, adult victimization, substance abuse, and HIV sexual risk behavior. Source; AIDS Behav. 2009 Apr;13(2):207-16.

[62] Approximately 31,000 of the more than 1.4 million persons serving on active duty (1.5 percent of the total) are non-citizens. Each year, 8,000 more non-citizens become service-members (see Julia Preston, U.S. Military Will Offer Path to Citizenship"; New York Times, Feb. 15, 2009, at A1; and Timmons, S. and Margaret D. Stock, "Immigration Issues Faced by U.S. Service members: Challenges and Solutions. Journal of Poverty Law and Policy; Vol.43, N.5-6, Sept.-Oct., 2009).

Another example of the syndemics approach to the study of public health would be the work conducted by Freudenberg et al. (2006,) analyzing the clustering of health conditions (TB and HIV), along with a homicide wave in the context of the 1975 economic crisis in New York City.

The common agreement is that we can no longer ignore contextual forces that aggravate health risk conditions among the marginalized, which become endemic over time due to intergenerational deprivation. Health epidemics, according to the syndemics framework, are "an expression of social suffering." (Singer and Clair, 2003). My study delves into the contextual factors (pre and post deportation) that affect, and even aggravate, health risk and substance abuse outcomes among Dominican deportees, within the syndemics framework. During my fieldwork, I observed high rates of comorbid conditions (depression, and substance abuse patterns), which become severe in the lives of many deportees, due to social isolation and hostile living conditions upon arrival in the Dominican Republic. Substance abuse among deportees, as per the respondents' narratives and my own observations, was a direct result of the deadly combination of the individual's profound sense of abandonment by society, which has rendered them tacit subjects (Decena, 2011[63]); the virtual absence of positive family and kinship ties to help them get their lives together; and the lack of financial stability with which to establish themselves in the island (see tables 22, 23, 24, and 25).

[63] Carlos Decena's book, Tacit Subjects, explores how ethnic minority homosexuals live their lives as both visible and invisible. I use this concept to highlight the deportee's double rendering as visible (when it comes to being blamed for all criminal activity that occurs in the DR), and invisible (denied of both agency and basic rights, as if they were not recognized as part of the larger population).

6.2.- Mental Health Issues as Aggravating Factors

Overall, in order to gain a better understanding of the synergistic processes pushing a large percentage of deportees into substance abuse, we need to look at the deportation process as a deeply traumatic turning point in the lives of the subjects (consistent with findings by Brotherton and Barrios, 2011; Brotherton and Martin, 2009). Most of the interviewees had arrived in the United States at a young age, had not returned to the Dominican Republic in decades, and had difficulties speaking the Spanish language at the moment of removal. A large percentage of the respondents had not even been allowed to say proper farewells to their spouses or children. Frequent transfers to other detention centers, often hundreds of miles away from New York City, make family visits virtually impossible.

My hypothesis of the deportation experience as a source of mental health issues (depression, anxiety, and chronic restlessness) was confirmed throughout my own ethnographic observations. Day after day, I would continue encountering new cases with manifested symptoms of Post-Traumatic Stress Disorder. Some of these symptoms included:

i. Anxiety and panic attacks;

ii. Hyper-arousal (irritability, and inability to sleep);

iii. Avoidance of, or lack of responsiveness to, social interaction; and

iv. Paranoia –generalized lack of trust towards others.

Sometimes, these PTSD symptoms were visible immediately after the deportation process was completed. In other cases, though, deportees would have delayed-onset PTSD symptoms, months after arrival in the country of origin. Medical literature has amply documented the PTSD-Substance Abuse connection, with subjects “self-medicating” themselves in order to relieve PTSD-related symptoms. The overwhelming sense of isolation and frustration

manifested by the participants was routinely connected to the urge to finding solace in mind-state altering substances as a form of self-medication (be it alcohol, marijuana, or heroin).

Intervening factors altering potentially damaging life events in my study varied, from counting on a strong system of social support (kinship networks), or having regular means for subsistence, to being able to rid yourself of the "deportee" label, (i.e. having your record deleted in exchange for monetary payment). All the deportees I studied had tried to "pass" as non-deportees, hoping to avoid stigmatization. Very few had succeeded in hiding that aspect of their identity.

Maggie, 30 at the time of the interview, told me about the traumatic experience of dealing with physical and sexual abuse while growing up and during adult relationships. She touched upon her own traumatic experiences of physical and sexual abuse in the hands of close relatives, and further abusive relationships as an adult. Finally, her deportation trauma was the last straw that lead her to self-medication. This is a somehow long interview excerpt that I believe conveys the severity of the situation endured by many of the participants, experiencing one traumatic experience after another.

> *M: A heroin addict , trust me, I have a couple of overdoses under my arm…*
> *YM: you´re so young!*
> *M: I´m 30. A heroin addict never knows which batch is gonna be the one that´s gonna… you know what I mean? I have four overdoses under my arm. Three times on heroin, and one on pharmaceuticals, which is what got me here. I left here [the DR] when I was 13, and I didn't really know [these] drugs.*
> *I had legal problems and I came back myself. I deported myself, as I knew they were going to deport me, and I knew it would be traumatic and that it was gonna happen eventually, that I was gonna have to come here, so I came*

here. I was afraid of doing heroin or crack, as I didn't know the market… in the United States the police will come if you're in trouble, but here you need to run from the police [if you get sick].

I had a very turbulent childhood. My brother raped me when I was six years old. It wasn't his fault…

YM: how old was he?

M: He was 14, but it wasn't his fault, I mean… He was sick. He didn't want to harm me. He would have done it to you, he would have done it to your sister, had he met her, you know what I mean? He would have done it to my neighbor… I was just a crime of opportunity, a victim of opportunity. I happened to be there. I've worked on that here… he was sick. You don't have any idea… this program has given me many things, but it gave me that. I can move from that hurdle, and that's it… it happened, whatever. My parents had a really really bad relationship, had a really really bad relationship… and my mother decided to finally leave my father. He was very unfaithful to her, and mistreated her physically. My mother leaves us to go to the United States, and takes us shortly after.

YM: how many of you?

M: Danny, 38, Alex, 34, and me. We're all four years apart. We move to Miami. We are very poor, but do well emotionally. He [father] comes back into the picture. He comes and goes, and then comes for a year… then I tell him that my brother had raped me. He uses that against my mother, saying "now I know why you are the way you are", because they called me "the monster". What was I supposed to do?

The day that my father abandons us in the United States… [pausing for about 10 seconds] was the first day that I used drugs… [crying, reaching for a tissue] …you see, I'm on a phase of the treatment where I give treatment to residents, that's why I wear this t-shirt, so they're not supposed to see me cry. Or they're gonna say "oh, my God, is this the one that is supposed to save me?" the day that my father abandons me, he never told me… he just

disappeared. He leaves a letter, on my bed that says "se buena" [be good]. Just that. I wasn't aware that I was bad… I mean, I was bad... I had a lot of conductual problems, a lot of conduct problems... at 15 I had a 28 year old boyfriend that used to beat me up. Used to abuse me sexually, in the sense that he would be like "if you don't bring a girl for a threesome with us, I'm going to break up with you." So, imagine… what this means… he made me have sex with other men. I believed him. I thought I loved him and I believed him. "if you don't do this, if you don't do that, I'm gonna leave you". And guess what? I did it [everything she was told to].

So my father leaves; I start using drugs. I start using marijuana… my brother, one day my brother tells me that I am to respect him, and I say "how the fuck am I going to respect you? you're my rapist" he pulls a magnum to my head in front of my mother… and my mother breaks down, telling me "how dare I", you know what I mean? "how do you dare ...doing this to the family?" When I was like eight, and I told my mom that my brother had raped me, she said "it happens to everybody, nobody dies, so…"

YM: that's what she said?

M: yeah, my mom's not bad, don't get me wrong.

YM: Did you stay with your family? You were living with them after that? [participant pauses for about five seconds, covering her eyes with hand palms].

Me: Then, what happened?

M: I was clean. This was April or March, 2008. Here, you can buy any pharmaceuticals over the counter. I'm very depressed so I start doing lots of pharmaceuticals… I was using something called Tripto, triptalina, an antidepressant, but has some diazepines. I do two here, two there… my tolerance builds up, and I popped 25 pills one night and went to sleep. I just wanted to sleep. And I woke up the next day. I decide that I have to go to the bank to make a deposit wearing just my robe and sunglasses. Before going to

the bank, I pop 25 more pills. So I figure, by the time I go to the bank and I come back, I'll be nice and high, and I'll go to sleep, because my goal was to be asleep 24/7. I collapsed at the bank, and they left me there on the floor for over an hour. That was at La Zona Colonial, Banco Popular. A guy that works at Hard Rock Café, and grabs my cell. He finds my dad's number, and calls him. He leaves in La Romana. That guy takes me to the hospital. The Abel Gonzalez Hospital, 'cos I have insurance. My dad calls the hospital and they tell him "you very drive fast. She's dying." I'm desnutrida, undernourished, dehydrated. I'm dying. The doctors can't draw blood out of me, because I'm dehydrated. It took them eight hours to get me out of coma. They had to get me into a wheelchair. I wake up at La Romana. My dad takes me to detox. RD$67,000 pesos. That's something else you should know. A lot of people don't have 67,000 pesos for a one week detox. I was lucky. Only the physician's visit was RD$12,500 pesos. I came here after detox. It sucked at the beginning, too many rules, blab la bla… but then I fell in love with the program.

As drug addicts, we have no value in the streets. Because all we have to count for is our drug addiction. Here, we can say to the society "fuck you. I am no longer a drug addict". If it was the Betty Ford Clinic it would have no merit … here they make you do things that I never have to do before, and it makes you stronger. I used to think that drug addicts were not victims, that they were volunteers. but drug addiction is a sickness, like diabetes, and my bipolar condition. A lot of women have been raped; a lot of them victims of incest, you know what I mean? So… an incestious relationship is hard, because you say "fuck, that's my family member. I should love him because he's my family, but I should hate him because he's my rapist". So you can't quite hate him, and you can't quite love him. Society condemns you because you don't hate him, and society condemns you because you don't love him. That's when the paradox comes in… you don't know what to do. It's a cycle.

It's a vicious cycle. Drugs were my solution to all the drama. I'm mesmerized to see how this country works…

Along those lines, the semi-structured interviews for this study delve into potential mood disorders that might have led to using illegal drugs. These participants believe that it was their anomic conditions that pushed them into drug misuse, with deportation coming up repeatedly as the main trigger. Regarding gender breakdown, women are more likely to live with relatives, although their housing condition is still very unstable. Both male and female respondents reported depression as key for their drug consumption (see Table 24, 25).

Table 22. Syndemics of Substance Abuse and Mental Health: "Did you use Illegal Substances as a Result of Feeling Down?

No Recent History of Substance Abuse: Did you Use Illegal Substances as a Result of Feeling Down?		**Recent History of Substance Abuse: Did you Use Illegal Substances as a Result of Feeling Down?**	
YES	**NO**	**YES**	**NO**
39%	**67%**	**79%**	**20%**

Table 23. Syndemics of Substance Abuse and Mental Health: "Did you Feel Depressed after Being Deported?

No Recent History of Substance Abuse: Depressed after Deportation?		**Recent History of Substance Abuse: Depressed after Deportation?**	
YES	**NO**	**YES**	**NO**
45%	**55%**	**92%**	**8%**

Table 24. Summary All Drug-Using Males (N= 30)

DOES YOUR FAMILY SEND MONEY OR CLOTHES?	**MONTHLY**	**3 or 4 TIMES / YEAR**	**HARDLY EVER**	**NEVER**
	2	20	8	9
HOUSING	OWNS HOUSE	LIVES WITH RELATIVES	SHARES APT WITH FRIENDS	UNSTABLE
	0	1	15	15
SHARE NEEDLES OR PARAPHERNALIA	SOMETIMES	USUALLY	NEVER	
	8	2	20	
WITH WHOM DO YOU SHARE	SPOUSE	FRIEND	ROOMMATE	COWORKER
	3	4	3	0
FEELING DEPRESSED	YES	NO		
	30	0		
SUPPORT FROM FAMILY OR FRIENDS	YES	NO		
	2	28		
SERVED IN U.S. MILITARY	YES	NO		
	9	21		
DEPRESSION LEADS TO DRUGS	YES	NO		
	27	3		
DID YOU OVERDOSED WITHIN PAST 12 MONTHS	YES	NO		
	7	23		

Table 25. Summary All Drug-Using Females (N= 30)

DOES YOUR FAMILY SEND MONEY OR CLOTHES?	**MONTHLY**	**3 or 4 TIMES / YEAR**	**HARDLY EVER**	**NEVER**
		4	16	9
HOUSING	OWNS HOUSE	LIVES WITH RELATIVES	SHARES APT WITH FRIENDS	UNSTABLE
	1	7	9	13
SHARE NEEDLES OR PARAPHERNALIA	SOMETIMES	USUALLY	NEVER	
	9	0	21	
WITH WHOM DO YOU SHARE	SPOUSE	FRIEND	ROOMMATE	COWORKER
	5	3	1	0
FEELING DEPRESSED	YES	NO		
	30	0		
SUPPORT FROM FAMILY OR FRIENDS	YES	NO		
	2	28		
SERVED IN U.S. MILITARY	YES	NO		
	5	25		
DEPRESSION LEADS TO DRUGS	YES	NO		
	21	9		
DID YOU OVERDOSED WITHIN PAST 12 MONTHS	YES	NO		
	8	22		

6.3.- Veteran Deportees: Beyond Denial of Removal Waiver.

One unanticipated finding in this study was the relatively high number of deportees who served in the U.S. military. In the United States, more than 70,000 non-citizens enlisted in the U.S. military -approximately 4 percent of the armed forces) from 1999 to 2008, according to a federally funded research center for the U.S. Navy and the Marines (the Center for Naval Analyses)[64]. Only about 50 percent of green card holders recruited into the military during that period had become naturalized U.S. citizens by 2010. Immigration and Customs Enforcement (ICE) does not keep track of how many deportees are military veterans. However, the number is growing rapidly with estimates ranging from several hundred to over three thousand, according to Los Angeles Times[65], especially among those that have served in combat since the 9/11 terrorists attacks. Upon return from war, while dealing with recovery from post-traumatic stress disorder or other physical or mental conditions, drug possession is the main cause for arrest among veteran deportees by far. Marijuana or painkillers are usually the drugs of choice after military service. When I asked veteran deportees the reason why they never naturalized, the most frequent response was that they would assume that citizenship had been granted upon taking the oath to serve the United States. Since 2002, when President George W. Bush signed an executive order, foreign members of the military who served

[64] Carcamo, Cindy; "U.S. Veterans Deported after They Served". The Orange County Register. February 9, 2012. http://www.ocregister.com/news/veterans-339558-immigration-law.html (accessed June 24, 2012)

[65] Marosi, Richard. "Noncitizen Veterans Protest Possible Deportation to Mexico". Los Angeles Times. http://articles.latimes.com/2012/feb/18/local/la-me-deported-veteran-20120218 (Accessed June 1, 2012.).

honorably on the War on Terror are allowed to apply for U.S. Citizenship (instead of having to wait three years for naturalization). However, non-citizen veterans do have to file the required paperwork for the process to become effective.

According to the law veteran returnees are still entitled to free health care benefits after deportation. However, in order to take advantage of that benefit, they would have to re-enter the United States and thus be undocumented –which would be considered a felony. Currently, immigration legislation does not allow any discretion in deportation cases (based on aggravated felonies). An honorable discharge from the U.S. Army would not make any difference in front of an immigration judge.

Nurys (mid-forties) is a female deportee struggling with recovery. Nurys was a petite woman, at 4'8" and 98 pounds. She wore her hair up, in a ponytail, which emphasized her angular, light-skinned face. Very outspoken, articulate, intelligent, and with a lively personality, Nurys helped me consider issues related to the deportation process that had not crossed my mind earlier. During our second meeting, inside a coffee shop, Nurys established a connection between the phenomenon of mass deportation of immigrants and the boom of US corporations settling in Dominican Free Trade Zones (Zonas Francas). In this fragment, Nurys touches upon various issues relevant to her identity as a woman, a professional accountant, a war veteran, and a deportee. Similar to Rafael, Andy and Alex, Nurys had experienced first-hand interpersonal, institutional, and structural violence. Substance abuse, in the eyes of Nurys, was an escape mechanism to cope with the human misery that she had confronted in life. Nurys had been sexually and physically abused by her father. As an adult, she took part in Desert Storm, Iraq, after which she manifested severe PTSD symptoms. Finally, Nurys was deported on drug possession charges. There were no considerations for

time served in the military, nor for her mental health issues, which were aggravated on the island due to lack of access to treatment:

> *Nurys: When I was in the army I practically became an alcoholic. In the Army you don't pay taxes for alcohol, you don't pay taxes for cigarettes. And all the drugs in the world are so easy to find. You don't have to go to the corner when you're in the Army. You don't need to. Especially if you're in the war, they give you all the amphetamines, because you have to manage all that craziness. That's pure craziness. Yet the United States doesn't want to be responsible. They send me here like I'm an old package without rights. [Nurys takes a break to breath deep, as tears fall through her face] I'm not perfect… when I went to war, I picked up pieces of bodies of my friends, full of worms, ok? And I put then in plastic bags to send their families parents so they would have something to bury. I went through a lot of changes when I was in the army. I went through a lot of things. I saw a lot of things, because I didn't have any other choice. They owned me. If they said 'jump' I had to jump. And I have a lot of traumas because of the army. So when I went drugging, I found crack. Crack is the worst thing anybody could try. That's when I had my first record. I had never had any problem with the law before. The only one I was harming was myself. I take medication to go to sleep, because when I go to sleep I dream of those pieces of bodies I picked up in Desert Storm. I dream of those places I went while in the army. Do you know those tribes in the dessert? We found the women naked, and beaten, and tortured, and raped there. And the Chief… only their heads instead. We found a lot of children that suffocated because of those masks... the children didn't know how to use them, so they felt asleep with the masks on, and they died. A lot of bodies of innocent people there… That is a place that the United States should have never got into. Still a lot of people dying for nothing. Latinos and Blacks, that's all there is there. And, still, we have no rights…*

YM: But why didn´t you become a US citizen?
Nurys: I am a business administrator. I have a college degree. I worked in the United States. I went to fight for the United States. It was something like 'ok, I want to serve you, but I don't want to give up my flag, and that's why I don't want to become a citizen.' I want to give something in return for what you gave me a college degree, so let me do something for this country. But I was born in the DR. It's not like… most of us go there because this country doesn't have any place for you to really raise your children. And any parent would be to great lengths… I paid my taxes. I don't owe any money to the US. I don't owe any taxes. I don't owe any money for college. Still, we lose all our rights. I have a Purple Star, but that Purple Star is worth nothing. What am I gonna do with the Purple Star? I can't even wipe my ass with it. I came back and I have nobody to help me out. I only find drugs to fill my emptiness. I have no place to go. The only places that would take me were workplaces that welcome deportees, like calling centers. They don't care if you have a record. They want people who can talk without an accent, so that you can go back to being a slave for the United States. We kick you out, but they still need you. See, for what they pay one person in the United States, they pay seven people here. Plus it's tax-free. Let's throw you over here, so we can still use the rest of you. You know how they recycle stuff over there? Here they recycle people. They're recycling us over here… and in Haiti, in India… they're recycling the people that they deport. They set up big companies over here, so that they use us all over again.
(Personal Interview, February 10, 2010)

My field notes, from an interview with Nurys, also show the painful experience she had of being sexually abused by her father as a child. She was repeatedly raped under the threat of seeing the same thing happen to her little sister if she objected. The father would regularly abuse her in other ways as well, usually on out of sight parts of the body. He broke Nury's

jaw once, and reached the point of throwing her out of the window on one occasion. Once Nurys gathered enough courage to tell her mother about the aggressions, the mother did not believe any of the accounts of rape. Nurys was emotionally sheltered by a street organization, which not only protected her from further physical abuse, but also encouraged her to attend high school at age 14.

Nurys reflects upon her own experience, serving in the military, as a way of repaying the social debt that she felt she owed in exchange for access to everything that the United States had provided for her –an education and career opportunities. Yet, her traumatizing experiences while in the war led her to start using alcohol and other illegal drugs to ease her anxieties. After deportation, and after several years without using illegal substances, Nurys relapsed. This relapse was also a result of trauma –a feeling of deep rejection by the US government, the country for which she risked her life in the most extreme circumstances. Nurys' history of substance abuse was brought on by a series of traumatic episodes, followed by a sense of abandonment and lack of care by those around her. A whole array of basic rights was stripped away from Nurys, as if all those long years working for the United States had been worthless.

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CHAPTER 7: THE SYNDEMICS OF FORCED MOBILIZATION OF IMMIGRANTS: DISCUSSION OF FINDINGS.

7.1.- Overview: The Deportee Problem as a Human Rights Issue.

The Dominican Constitution, reformed in 1994, and updated again on January 26, 2010[66], includes what would be the equivalent to the Magna Carta or the U.S. Constitution. Known as the "Declaración de los Derechos del Hombre y Ciudadano", it describes inalienable, fundamental rights of all Dominican men and women. These fundamental rights are practically the same as those included within the United Nations Universal Declaration of Human Rights of 1948. The Dominican Preamble to the constitution, the Dominican Declaration of Rights, recognizes the death penalty as a violation of the individual´s basic right to life. In fact, the death penalty was legally suppressed in 1966. The Dominican constitution also protects the right to privacy, including forbidding the government to monitor postal mail or correspondence of any kind. The Dominican *Declaration of Rights* also protects freedom of movement, which means freedom from being illegally detained.

Furthermore, there is a habeas corpus provision, which protects Dominicans from being punished without adequate, public trial –or being punished twice for the same crime. Despite legal protection of basic rights for all Dominican citizens, deportees have become the ultimate outcasts. Deportees are deemed undeserving of the basic rights both in the United States and their alleged homeland, the Dominican Republic. Deported individuals are physically and emotionally violated on a daily basis, denied appropriate housing and employment, and

[66] The Dominican Republic has ratified a total of 38 constitutions since it declared independence in 1844, more than any country in the world. For more information, see Georgetown University's Political Database of the Americas, http://pdba.georgetown.edu/Constitutions/DomRep/dominicanrepublic.html.

deemed undesirable by the rest of the society. The threat of capital punishment, in the form of police involved shootings, casts a shadow upon these men and women. The result is isolation, interpersonal violence and victimization, mental health disorders, and initiation to or increase of substance abuse.

At the macro level, we see how the impact of US law enforcement procedures extends beyond national boundaries—non-citizens are charged, deported, and then fingerprinted upon arrival in the Dominican Republic, for crimes that do not even exist in the Caribbean island (such as drug conspiracy, or statutory rape.) We also see how moral panics ("[a] condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests," (Cohen 1972), have been transported to the Dominican Republic, a place in which deportees are perceived as the cause for rising crime statistics.

At the micro level, deportees often survive in the Dominican Republic thanks to some cash assistance, clothing, or other basic goods sent by relatives in the United States (decreasing in frequency and quantity over time, as reported by my participants). Some lucky few will also have a place to call home, either the house in which they were originally born, or one they built or bought while working in the United States. They bring other customs from the United States. According to Dominican law enforcement officials, deportees are easily spotted because "they dress, walk, and talk differently," (referring to the preference for US-style over-sized clothes, and gestures or mannerisms identified with US inner-city neighborhoods.)

Without a doubt, deportees construct a series of imagined communities (Anderson, 1983) that allow them to feel more at ease within an environment that they tend to perceive as overwhelmingly hostile to them. During my first fieldwork trips, in the fall of 2008, I

observed how deportees mainly formed social networks with other deportees who had gone through similar experiences. Somewhat similar to ethnic enclaves in the US, deportees tend to cluster with other deportees, frequently developing groupings among individuals deported for similar criminal charges. Although deportee clusters help the individual develop a sense of belonging, and are important as a coping mechanism against social stigmatization, these groupings lack most of the positive aspects of traditional ethnic enclaves, such as employment networks or opportunities for economic advancement (Portes and Jensen, 1992). Furthermore, deportee clustering is problematic in that it delays effective incorporation and increases the risk for group stereotyping. In the case of drug-using deportees, clustering also serves to make the rehabilitation processes difficult, as staying in that environment encourages further substance abuse. Drug consumption becomes one of the shared bonds among stigmatized returnees.

Ultimately, deportee incorporation in Dominican society is conditioned by both protective and risk intervening factors. According to my data, protective factors such as positive family and peer network support, Spanish language skills, legal employment experience, or optimum health, facilitate incorporation into Dominican society. Most importantly, those who have the financial and intellectual means upon arrival to navigate the intricate, often corrupt, Dominican bureaucratic system fared somehow better than the rest in terms of life opportunities. Conversely, returnees who could not rely upon positive social networks -family or acquaintances willing and able to give them a hand in times of crisis, deportees who show signs of mental health issues or mood disorders, and who lack independent means for subsistence are at considerably higher risk of withdrawal from society through the use of drugs. Isolation from the larger community also encourages an enhanced form of reliance

upon other deportees in other to get by on a daily basis. Due to the convergence of the deportation experience trauma, the widespread stigmatization of deportees in the Dominican Republic, and the systematic structural and institutional denial of basic public services, deportees are more prone than the average population to suffer from health risk outcomes, ranging from physical injuries to HIV contagion.

Many of the deportees that I interviewed struggle to reconcile their personalities with the deportee label. Deportees usually express feelings of shame in connection to the perceived loss of social and moral status as social outcasts. Some of the participants in this study had internalized the deportee or outcast label to such a degree that they considered themselves worthless. When this happens, the individual does not see much reason to withdraw from drug consumption. The deportee stops caring about future consequences. Gecas (1982) distinguishes between the self as object and the self as process. The first category treats the person as a static entity; the second as fluid, ever adapting. Members of a given society often see the individual as a static object, attributing stereotyped personality traits based on group identity as unchangeable. When such definitions carry a negative weight upon the self, whether or not the self as process conforms to the stereotype, the person suffers. "The self is inherently evaluational" (Charmaz, 1999:367). People analyze their context, their actions, and the reaction that those actions provoke in them. When exogenous negative definitions of the self are imposed upon a particular person, that person internalizes the redefinition of his or her persona. Eventually, we start acting according to the negative perception constructed by others.

These individual factors –mental health, substance abuse, and social isolation, cannot be considered in isolation from each other. The negative health risk outcomes that can result out

of the confluence of these contextual and individual factors are more severe than the sum of those factors when considered independently. Issues of psychological trauma may lead to drug consumption; social stigmatization often facilitates deportee's victimization; and isolated substance misuse can turn into self-destructive substance abuse in the midst of hopelessness. However, when all of these circumstances are brought together as mutually interacting forces by means of the deportation process, the likelihood that a deportee will be able to improve his or her living conditions and to avoid health complications are minimal. Therefore, Merrill Singer's syndemic model is an effective tool for the study of health risk outcomes among deportees from a holistic perspective.

7.2.- Discussion of Findings and Policy Implications

Qualitative interviews with informants revealed many barriers that kept them from improving their health conditions. These included practical barriers such as lack of transportation; mistrust or ambivalence about taking medications; and cultural preferences for non-medical approaches. Masculinity was a core issue among male participants –about 20 percent of all interviewees described shame at being seen in public taking medication. Male participants were ashamed to recognize requiring medication, as they feared being perceived as weak (which they saw as emasculating). Subjects described frustration with lack of access to a primary care provider. Subjects did voice their desire for additional services, particularly community clinics, and opportunity to talk to knowledgeable peers, and, possibly, for more psychotherapeutic opportunities in general.

As documented, a large number of the participants had initiated or resumed heroin abuse as a direct result of the traumatic experience of the deportation process. Once the habit has been established, besides physical addiction, group identity and the excitement of the hustling business were major motivations for continued heroin consumption. The thrill of going to Capotillo to buy drugs, and having to hustle with others deemed "outsiders" was very appealing to those who basically had no positive social outlets. In addition to keeping their minds occupied, shooting up was a bonding experience, the sort of bonding experience that brought them together amidst social rejection by outsiders. When the participants discussed their heroin abuse individually, they normally pointed out the negative aspects of it. They would describe the chemical effects the drug has on their systems, the painful withdrawal symptoms they experienced, or the ever-threatening possibility of being victimized while

hustling. However, when conversing with them as a group, especially in those occasions when they would not perceive our conversation as an actual interview, these men and women pointed to the more positive aspects that came with shooting up. They emphasized how they consistently supported each other in the quest for "getting cured", protecting themselves collectively against the police, and securing basic subsistence needs for all of them. In summary, in their eyes, drug consumption has its positive aspects –pleasure, excitement, bonding, in the eyes of the participants.

Almanzar, Director of the National Human Rights Committee, emphasizes in the quote at the beginning of the chapter the ways in which the deportee issue is a human rights issue. The degree of suffering experienced by members of this population, constructed through the systemic demonization of the "other," is unjustified. Depression, stress, trauma, physical aggression, and institutional and structural abuse are some of the recurrent themes discussed by participants in this study. Stigma and isolation limit their already few chances for getting their life together. Only those with high socioeconomic status manage to navigate public institutions to their benefit. Acute health issues are rampant, with a series of complications derived from substance abuse, poor hygiene, and substandard nourishment. The U.S. Criminal Justice System and immigration enforcement agencies shattered the lives of deportees into multiple pieces. Dominican public institutions made it virtually impossible for these deportees to get their life pieces together after removal. Based on the data provided through life histories, observations, and semi-structured interviews, the Syndemics model of substance abuse among Dominican deportees is validated.

Immigration legislation is subject to political rhetoric and populist media, especially in times of economic crisis. Although we lack the tools to know with certainty what is bound to

happen in the near future to all the men and women currently placed on deportation proceedings. However, there is a series of social policies that either the U.S. and Dominican Republic authorities or independent agencies could implement in order to somehow decrease the deportation trauma and, subsequently, the probability of substance abuse and health risks among forced repatriates. Among others:

1. Discontinuing the retroactive application of immigration laws. No person should be placed on deportation proceedings for minor charges committed before the 1996 Illegal Immigration Reform and Immigrant Responsibility Act;
2. Requesting that Immigration and Customs Enforcement (ICE) does not transfer immigrant detainees outside their state of residence. Relatives should be able to maintain close contact with the detainee.
3. Implementing due process principles before, during, and after removal proceedings, monitoring closely issues such as police abuse against deportees in both countries;
4. Allowing returnees to retain their assets, pension benefits, and accumulated social security savings;
5. Protecting the rights of immigrant veterans who have served in active combat when deported on non-violent charges;
6. Discontinuing the practice the routine opening a criminal file for deportees in the Dominican Republic. Opening a criminal file for arriving deportees, in the absence of any criminal offense in hosting country, is an attack on basic human rights that only leads to further social stigmatization;
7. Providing better access to adequate health care services, as well as mental health counseling, both in the United States and in the Dominican Republic;
8. Promoting informational campaigns designed to reduce social stigma among deportees.

7.3.- Limitations and Suggestions for Further Research

This study itself was limited because of its reliance on a relatively small convenience sample. Questionnaire data were imperfect and in some areas suspect. We cannot know how extensively subjects wished to please the interviewer. Female participants were more prone to emphasize positive aspects of their life histories, especially when discussing criminal records.

Despite my own pitfalls in presenting my data, I trust the interview fragments, field notes, and overall summary tables are able to illustrate how this broken system is tearing apart the souls of the men and women represented here. This suffering reaches also the souls of their families, the communities, and the immigrant population as a whole. Unless policy makers realize the scope and consequences of their rhetoric and actions, and shifting their position, deportees are doomed to suffer from further deepening intercultural divisions, community mistrust, and ethnocentric hatred.

One important question for further research is potential outcomes among Dominicans deportees who have settled down in Spain after deportation from the United States. How is the structure of universal health care and welfare system making a difference, if any? What are the social networks that they are able to establish in a country that does not import criminal records from the United States?

APPENDIX I: SEMISTRUCTURE INTERVIEW QUESTIONNAIRE

Q1	**PARTICIPANT ID**							
Q2	**DATE (MMYYYY)**							
Q3	**GENDER**	MALE 1	FEMALE 2					
Q4	**RACE**	WHITE 1	BLACK 2	BIRACIAL 3	N/A 0			
Q5	**YEAR BORN**							
Q6	**LEVEL OF EDUCATION**	LESS THAN HS 0	HS GRADUATE 1	BEYOND HS 2				
Q7	**EMPLOYMENT**	FULL TIME 3	HALF TIME 2	OCCASIONALLY 1	UNEMPLOYED 0			
Q8	**TYPE OF EMPLOYMENT**	CALL CENTERS 1	TOURIST GUIDE 2	HOSPITALITY 3	SERVICE INDUSTRY 4	FACTORY WORK 5	TRANSLATOR 6	SELF EMPLOYED 7
Q9	**AGE MOVED TO THE US**	BEFORE 12 = 1	12-17 = 2	18-25 = 3	25 + = 4			
Q10	**STATE OF RESIDENCE IN US**							
Q11	**DEPORTED OR RETURNED VOLUNTARILY**	DEPORTED = 1	VOLUTARY RETURN = 2					
Q12	**DATE OF DEPORTATION**	(MMYYYY)						
Q13	**REASON**							
Q14	**SPOKE SPANISH AT TIME OF DEPORTATION?**	YES 2	VERY LITTLE 1	NO 0				
Q15	**SPEAK SPANISH NOW**	VERY WELL 3	BASIC LEVEL 2	W/ DIFFICULTIES 1	NO 0			
Q16	**DID YOUR FAMILY STAYED IN THE US?**	YES 1	NO 0					
Q17	**DOES YOUR FAMILY SEND CASH / CLOTHES?**	MONTHLY = 3	ONCE IN 3 MONTHS = 2	HARDLY EVER = 1	NEVER= 0			
Q18	**LENGTH OF EMPLOYMENT**	0 – 3 MONTHS = 0	3-6 months: 1	6-12 months: 2	>12 months: 3			
Q19	**CURRENT SALARY**	RD$ BELOW 6K: 1	6K-10K: 2	10K-15K: 3	15K-20K: 4	20K-30K	30K+	
Q20	**HOUSING**	OWN APT = 3	LIVES W/ RELATIVES = 2	SHARES APT W/ FRIENDS = 1	UNSTABLE = 0			
Q21	**HISTORY OF SUBSTANCE ABUSE (<24 MONTHS)**	YES 1	NO 0					
Q21b	**AGE USED HEROIN FIRST TIME**							
Q22	**WHO INTRODUCED YOU TO DRUG**	FRIEND = 1	SIBLING = 2	PARENT = 3	COWORKER 4			
Q23	**USED HEROIN OVER THEPAST 6 MONTHS**	YES 1	NO 0					
Q24	**DID YOU OVERDOSED (WITHIN PAST 12M)**	YES 1	NO 0					
Q25	**SHARE NEEDLES OR WORKS**	SOMETIMES 2	USUALLY 1	NEVER 0				
Q26	**WITH WHOM DO YOU SHARE**	SPOUSE 1	FRIEND 2	ROOMMATE 3	COWORKER 4			
Q27	**OTHER DRUGS**	COKE 1	CRACK 2	MARIJUANA 3	PHARMACEUTICALS 4	OTHER 5		
Q28	**TESTED FOR HIV?**	YES 1	NO 0					
Q29	**LAST TIME TESTED HIV**	MMYYYY						
Q30	**RESULTS HIV TEST**	POSITIVE 1	NEGATIVE 0					
Q31	**TESTED FOR TB?**	YES 1	NO 0					
Q32	**LAST TIME TESTED TB**	MMYYYY						
	RESULTS TB TEST	POSITIVE 1	NEGATIVE 0					

APPENDIX I (Cont)

Q33						
Q34	**OTHER HEALTH CONDITIONS**					
Q35	**DEPRESSION?**	YES 1	NO 0			
Q36	**DEPORT AFFECTS MOOD**	YES 1	NO 0			
Q37	**DEPORT LEADS TO DEPR**	YES 1	NO 0			
Q38	**DEPRESSION LEADS TO DRUGS**	YES 1	NO 0			
Q39	**SUPPORT FROM FAMILY OR FRIENDS**	YES 1	NO 0			
Q40	**SOMEONE TO TALK TO**	DEF YES 4	PROBABLY YES 3	YES 2	PROBABLY NO 1	DEF NO 0
Q41	**SOMEONE TO TAKE CARE OF YOU**	DEF YES 4	PROBABLY YES 3	YES 2	PROBABLY NO 1	DEF NO 0
Q42	**CONTACT WITH MOTHER LAST 3 M**	DAILY 2	ONCE OR TWICE MONTHLY 1	NOT AT ALL 0		
Q43.1	**INCARCERATION IN US**	YES 1	NO 0			
Q43.2	**INCARCERATION IN DR**	YES 1	NO 0			
Q43.3	**PRISON PAST 6 MONTHS**	YES 1	NO 0			
Q44	**DRUGS IN PRISON WHILE IN US**	YES 1	NO 0			
Q45	**HEROIN? 1**	CRACK? 2	COKE? 3	MARIJUANA? 4	POLYDRUG USE? 5	
Q46	**DRUGS IN PRISON WHILE IN DR**	YES 1	NO 0			
Q47	**HEROIN? 1**	CRACK? 2	COKE? 3	MARIJUANA? 4	POLYDRUG USE? 5	
Q48	**SERVED IN THE US MILITARY?**	YES 1	NO 0			

Appendix II. Perceived Availability Of Support

The following questions have to do with the support you get from people in your life. I'm going to read you a series of questions about the different types of help people might give you. Please tell me whether someone would be available to provide that kind of help or support if you needed it. Remember that I'm not asking whether or not you need this kind of help at this time, but whether someone could help you if you needed it. Please choose a number from 1 to 5 as shown in the scale below to show how available you feel each kind of support would be if you needed it. Choose from "1" if your answer is "definitely not" up to "5" if it is "definitely yes." The higher the number is, the more available you feel the support is.

1 = Definitely Not
2 = Probably Not
3 = Possibly
4 = Probably Yes
5 = Definitely Yes

1. Would someone be available to talk to you if you were upset, nervous or depressed?	1	2	3	4	5	DK	Ref
2. Is there someone you could contact if you wanted to talk about an important personal problem you were having?	1	2	3	4	5	DK	Ref
3. Is there someone who would help take care of you if you had to stay in bed for several weeks?	1	2	3	4	5	DK	Ref
4. Is there someone you could turn to if you needed to borrow 10 dollars, get a ride to the doctor or some other small immediate need?	1	2	3	4	5	DK	Ref
5. Is there someone you could turn to if you needed to borrow some money to help pay your rent for one month?	1	2	3	4	5	DK	Ref
6. Would the people in your personal life give you information, suggestions or guidance if you need it?	1	2	3	4	5	DK	Ref
7. Is there someone you could turn to if you needed advice to help make a decision?	1	2	3	4	5	DK	Ref

8. About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)?

_____ # of people

[ ] Don't know
[ ] Refused

Appendix III. Trauma Scale

Now, I am going to ask you some questions about some life events that can be upsetting or stressful to most people. Please feel free to answer as best as you can.

	YES	NO
1. Have you ever been physically abused – for example, hit, chocked, burned, or beaten – or severely punished – for example, locked up, shut in a closet, tied up, or chained – by someone you knew well such as a parent, sibling, boyfriend or girlfriend?	1	2
a. Has this occurred within the past year?	1	2
2. Were you ever touched or made to touch someone else in a sexual way, because you felt forced in some way or threatened by harm to yourself or someone else?	1	2
a. Has this occurred within the past year?	1	2
3. Did you ever have sex because you felt forced in some way or threatened by harm to yourself or someone else?	1	2
a. Has this occurred within the past year?	1	2

Appendix IV. PHQ 9 Survey Form

During the <u>last two weeks,</u> think about how often you are bothered by any of the following problems.

	Questions	Not at all	Several days	More than half the days	Nearly every day	Enter score
1.	Little interest or pleasure in doing things					
2.	Feeling down, depressed, or hopeless					
3.	Trouble falling or staying asleep, or sleeping too much					
4.	Feeling tired or having little energy					
5.	Poor appetite or overeating					
6.	Feeling bad about yourself - or that you are a failure or have let yourself or your family down					
7.	Trouble concentrating on things, such as reading the newspaper or watching television					
8.	Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual					
9.	Thoughts that you would be better off dead or of hurting yourself in some way					
					Total:	

Scoring: Not at all =0 More than half the days =2
Several days =1 Nearly every day =3

Appendix V. Mood Disorders Questionnaire

1.	**Has there ever been a period of time when you were not your usual self and (while not using drugs or alcohol) ...**		
	...you felt so good or so hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble? *(circle yes or no for each line please)*	**Yes**	**No**
	...you were so irritable that you shouted at people or started fights or arguments?	**Yes**	**No**
	...you felt much more self-confident than usual?	**Yes**	**No**
	...you got much less sleep than usual and found you didn't really miss it?	**Yes**	**No**
	...you were much more talkative or spoke faster than usual?	**Yes**	**No**
	...thoughts raced through your head or you couldn't slow you mind down?	**Yes**	**No**
	...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	**Yes**	**No**
	...you had much more energy than usual?	**Yes**	**No**
	...you were much more active or did many more things than usual?	**Yes**	**No**
	...you were much more social or outgoing than usual; for example, you telephoned friends in the middle of the night?	**Yes**	**No**
	...you were much more interested in sex than usual?	**Yes**	**No**
	...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	**Yes**	**No**
	...spending money got you or your family into trouble?	**Yes**	**No**

2.	**If you checked YES to more than one of the above, have several of these ever happened during the *same period of time*?**	**Yes**	**No**
3.	**How much of a *problem* did any of these cause you -- like being unable to work; having family, money, or legal troubles; getting into arguments or fights?** **No Problem Minor Problem Moderate Problem Serious Problem**		

4.	**Draw a line connecting any (blood) relative to any problem (this doesn't have to be neat):** ***Grandparents Parents Aunts/Uncles Brothers/Sisters Children*** **Suicide Alcohol/drug problems Mental Hospital Depression Problems Manic/Bipolar**		
5.	**Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?**	**Yes**	**No**

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