Can't Stop the Hustle: The Production and Exploitation of Precarious Life in Inner-City Philadelphia

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ABSTRACT

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Drawing on ethnographic research on an open-air heroin, crack, and cocaine selling block in inner-city Philadelphia, my dissertation focuses on the intersection of poverty, violence, disability, care, and biological citizenship to explore how processes of private accumulation extract profits from and through the bodies of the poor even as their capacity for formal wage labor becomes increasingly superfluous to the needs of capital. In particular, I examine rising rates of physical and psychiatric disability qualifying poor residents for public assistance as a partial exception to the broader retrenchment of less-selective forms of welfare that powerfully intersects with the corporate interest to pharmaceuticalize socially produced suffering, as is evident in the rapid growth of the markets for opioid painkillers and psychiatric medications. To understand these processes, I propose a theory of "accumulation through citizenship" that renders visible a method by which claims on the state made in the name of vulnerable populations are manipulated by private interests for financial gain while also facilitating partial access to otherwise restricted state resources for the poor. I argue that this concept is consequential both for understanding new dynamics of accumulation in an increasingly post-wage-labor era as well as the neoliberalization of citizenship that places commodity consumption at the center of political belonging.

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Acknowledgments

Above all, this work is dedicated to my neighbors in North Philadelphia who welcomed me into their lives and allowed me to write about their experiences and to try to make sense of the sometimes abstract, sometimes brutally concrete, forces shaping their life chances. I hope I have succeeded in doing so in some small way here. I know for sure that the research described in this dissertation has transformed the way I see the world and has deeply shaped the sort of doctor and scholar I wish to become. I am extraordinarily indebted to Johnny Irizarry, the current director of La Casa Latina, the Latino cultural center at the University of Pennsylvania and a former resident, activist, teacher, and community leader in North Philadelphia for over thirty years, for facilitating my initial move to North Philadelphia.

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Introduction

It was 10am, and already a heavy reggaeton beat filled the air. Rico,[1] the baby-faced, wheel-chair bound, teenage boy that lived around the corner was the "hustler"[2] working the coveted morning shift selling $10 baggies of heroin to the constant stream of mostly young, white customers that were pouring into Sterling Street since dawn. "The dope moves fast in the morning because when the fiends wake up they are already in withdrawal," Rico explained. A young man, still several car lengths away, shouted "Let me get two!" Rico peeled two postage-stamp-sized baggies from a fresh fourteen-pack bundle arrayed like a miniature deck of cards held together by a small elastic band. He handed them over and stuffed the $20 in his jeans. In between sales, he hid his thinning dope bundle in the ripped armrest of his refurbished wheelchair. Two years prior, his brother, high on PCP, accidentally shot him in the back, partially paralyzing him. The injury led to him dropping out of high school and eventually selling heroin full-time.

After copping, Sterling Street's customers disappeared into nearby abandoned rowhomes or descend into the overgrown, garbage-filled railroad tracks that for decades had been one of the neighborhood's most popular open-air injection sites. Some could not wait and peeled open their small baggies to inject just steps off of Sterling Street. The anticipation of pleasure, or, more frequently, simple relief, overwhelmed fear of arrest. Others, more patient because they were not yet in the agony of full-blown withdrawal, walked the two blocks to one of the

neighborhood's crumbling factories. Three lonely row homes border the lot, which, littered with scattered fragments from previous demolitions, recalled the aftermath of an aerial bombing.

Later, as Rico was wrapping up his shift, two men came shuffling up to ask if they could get "eight [bags of heroin] for seven [$70]." Rico agreed and the two men were ecstatic. As they were leaving, Rico told them that he would be out at 6 a.m. again the next morning and would "get them well [with the first dose of the day]." When Rico told them that they could work for him as steerers, fetching other customers to come buy from him, the two men beamed with gratitude and said, "Thanks for putting us to work!" After another older disheveled white man hurriedly strode past, Rico said pensively, "I guess they must have been born to be that way. It must be horrible to inject into your veins six times a day, 365 days a year."[3]

Rico's words now strike me as sadly ironic. Today, in the setting of an officially declared "opioid addiction crisis," a largely sympathetic media portrayal of a younger, whiter, less urban, less poor group of heroin users has helped spark a much needed, yet frustratingly partial, reconsideration of the failed War on Drugs that has mostly left poor black and Latino communities out of the spotlight of concern (Netherland and Hansen 2016). This despite the fact that recent research suggests that from 2001 to 2014, deindustrialization and hyperincarceration were responsible for a two-and-a-half-year reduction in life expectancy overall and may also fully explain the growing gap in life spans between the poorest and richest quartiles in the United States during this period (Nosrati et al. 2018).

From 2008 to 2012 I lived on Sterling Street in the Puerto Rican section of North Philadelphia's Kensington neighborhood--the city's predominantly Puerto Rican ghetto and the epicenter of its thriving open-air heroin, crack, and cocaine trade. During this period, I worked as part of an ethnographic research team[4] conducting participant-observation fieldwork with the dealers selling on Sterling Street and nearby Cliff Street, their families and their customers, as well as residents not involved in the drug trade. I conducted an additional year of research from 2018-2019. The motivating goal was to document and contextualize the intimate reverberations of the War on Drugs and the street-drug market it targeted, along with the poverty, violence, and hyperincarceration in which it was embedded. I spent time with my neighbors in their homes, on their stoops, at baby showers, birthday parties, funerals, and in jail. I accompanied mothers to court to witness their young sons sentenced to lengthy prison terms for drug crimes, shootings, and parole violations; and years later, I welcomed some of these now older men home, to the same busy drug corner where they had grown up and been arrested, and where they had seen friends shot and killed.

Once upon a time, the residents of Puerto Rican Kensington would have cycled between factory shop-floors rather than in and out of prison. Unfortunately, these are precisely the jobs that began disappearing after the industrial boom of the Second World War, just as African Americans and Puerto Ricans were migrating to northern industrial cities in increasing numbers, as I explore in the first chapter of this dissertation. The row homes in the Sterling Street neighborhood were built to house these workers, but only a couple of the block's residents, all-white and now in their seventies and eighties, had nostalgic stories to tell of walking onto a job at one of these now decommissioned factories. The street-drug trade replaced manufacturing over thirty years ago as the neighborhood's most accessible, equal-opportunity employer. The dealers,

like Rico, that hustled retail doses of heroin, crack, and cocaine, often literally in the shadow of these empty factories, did not even dream of those long-gone union jobs. Work in the neighborhood street-drug trade, on the other hand, was always readily available and sales on Sterling Street boomed.

Although the neighborhood heroin trade employing Rico has long shaped the lives of Sterling Street residents, it was not until 2011 that an "opioid crisis" was declared, the origins of which are more fully explored in Chapter 3. The declaration of a crisis was sparked by a growing recognition of a new generation of heroin initiates and precipitously climbing overdose deaths, culminating in three years of consecutive reductions in US life expectancy for the first time in over a century (Frieden 2018). This cohort was younger and whiter than the mostly African-American and Latino users of the previous generation. Interviews with dozens of users, some of which are presented in Chapter 3, from different ethnic and generational backgrounds revealed a clear distinction, also confirmed by national epidemiological studies (Cicero et al. 2014). Nearly all of the older users initiated heroin directly in early adulthood, often first by sniffing, and then injecting, the powdered form long available in the neighborhood. Younger users, in contrast, almost uniformly began by abusing prescription opioid painkillers stolen from family members or purchased from friends before graduating to heroin. Immediately prior to switching, a very large number of these younger addicts were using OxyContin--Purdue Pharma's proprietary continuous-release formulation of high-dose oxycodone, a powerful synthetic opioid relative of heroin. While the changing color of addiction in the contemporary "opioid crisis" is provoking a caring conversation that neither the public nor the government afforded black and Latino communities,[5] decades of thwarted aspirations continue to drive young ghetto residents to earn money and respect in the street-drug trade, suffering violence and incarceration in return.

Violence drives disability, like when a bullet partially severs a spine and confines a teenager like Rico to a wheelchair. Hypervisible interpersonal forms of violence--shootings, domestic abuse, police brutality, and prison riots, for example--as well as the more insidious forms of what Paul Farmer (1997, 2003) calls "structural violence"--such as the high risk of injury in the just-in-time informal manual labor jobs sometimes available to neighborhood residents or the accumulated stress of caring for oneself and others under conditions of persistent poverty--together increase official rates of physical and psychiatric disability. But as Laurence Ralph (2014) notes in his ethnography of Chicago gang members disabled by gun violence, the relationship between violence, disability, and possibility is complex. Disability, as he shows, both constrains life and opens up new modes of survival, ways of living and imagining.

This interplay between constraint and possibility is starkly evident in the material consequences of formal disability status. In addition to the neighborhood drug trade, state support contingent on the medical diagnosis of disability has emerged as a crucial source of income in the aftermath of welfare reform and deindustrialization. In fact, the slashing of general welfare programs has made such disability a form of biological citizenship similar to that identified by Adriana Petryna (2002) among "radiation sufferers" of the Chernobyl nuclear disaster in post-Soviet Ukraine whose officially recognized status gave them access to otherwise scarce state resources. The growing markets for prescription opioid painkillers, psychiatric medications, and monopoly priced antivirals discussed in this dissertation also reflect the corporate investment in the expansion and pharmaceuticalization of disability which together transforms the concentrated social suffering of the ghetto poor into a source of value for private capital at the same time that medically certified disability enables selective access to minimal social support.

The title of my dissertation comes from a common street aphorism often used to mark the impossibility of the state stopping street drug dealing, and more generally the impossibility of it extinguishing the gamut of illicit and semi-licit survival strategies the inner-city poor depend on. At the same time, to me the phrase "can't stop the hustle" indexes the continuing ways in which capital finds novel modes of extraction and accumulation to direct at the poor. This dissertation examines the experience of this increasingly precarious post-proletarian reality in the US inner city, its management, and exploitation. It documents the intimate fallout of the progressive state abandonment of the inner city that generates interpersonal and structural violence and overwhelmingly displaces the responsibilities of care on to the already strained-to-the-breaking-point sphere of kinship and close personal relationships. Analytically, the core of the dissertation focuses on the intersection of poverty, violence, disability, care, and citizenship to explore how processes of private accumulation continue to extract profits from and through the bodies of the poor even as their capacity for formal wage labor becomes increasingly superfluous to the needs of capital.

I propose a theory of "accumulation through citizenship" to render visible the method by which claims on the state by vulnerable populations are manipulated by private interests for financial gain. This is a form of exploitation targeting the bodies of the destitute poor that is specifically not dependent on their labor capacities. In the case of biological citizenship predicated on the diagnosis of disability, it is precisely the body's inability to labor that grounds claims to state care that produce opportunities for accumulation when this care is defined primarily as the provision of private commodities such as pharmaceuticals. The concept of accumulation through citizenship is consequential both for understanding new dynamics of accumulation in an increasingly post-wage-labor era as well as the neoliberalization of

citizenship that places commodity consumption at the center of political belonging. As such, it engages with anthropological theories on the political economy of exclusion, citizenship, care, and accumulation and is situated within the tradition of anthropological accounts of American urban poverty.

Exclusion, Inclusion, and Accumulation

The Political Economy of Exclusion

Recent commentators suggest that the precipitous rise in drug overdose deaths since 1999 is the most visible "disease of despair" afflicting a disenchanted and downwardly mobile white working class (Case and Deaton 2015), while many others have long argued that persistent economic exclusion has driven addiction and participation in the street drug trade among black and Latino inner-city residents (Anderson 1999; Bourgois [1995] 2003; Contreras 2013; Goffman 2014). Marx classed individuals with such loosening relationships to capitalist wage labor as slipping into or already belonging to a "relative surplus population" (Marx [1867] 1976, 781–94). In his original formulation, he viewed this population as a "reserve army of labor" that disciplines the employed. This reserve does not comprise, in any large part, a stable class since the shifting needs of capital alternatingly reabsorb and expel individuals from this flexible labor pool. Yet, as technological progress renders certain forms of labor obsolete, local industrial economies collapse, or never obtain in the first place, and the global economy becomes increasingly financialized, theorists suggest that failed articulation into, and disarticulation from, capitalism is becoming an increasingly central experience, and that for many this has already hardened into durable exclusion (e.g., Davis 2006; Ferguson 2015).

Of the segments of the relative surplus population characterized by Marx, the lumpenproletariat are the most marginal, suffering total and persistent exclusion from the productive economy. In *The Eighteenth Brumaire of Louis Napoleon*, Karl Marx offers a long cast of unsavory characters belonging to this "undefined, dissolute, kicked about mass" that formed the fodder for counter-revolutionary mobilization by Napoleon III (Marx [1852] 1913, 83). In Capital, Vol. 1, Marx again passes derisively over the lumpenproletariat as the absolute bottom of "the lowest sediment of the relative surplus population… the vagabonds, criminals, prostitutes" (Marx [1867] 1976, 797) and offers no further analytical attention to the category, nor demonstrates concern for their lived experience. Several authors have noted that Marx uses this term moralistically, rather than analytically, to delineate the disreputable, chronically unemployed, wageless poor who, durably separated from formal work, lack the basis for class consciousness and therefore revolutionary action (Bussard 1987; Denning 2010; Bourgois and Schonberg 2009; Ferguson 2015). Others counter by arguing for the revolutionary potential of the lumpenproletariat, including Marx's anarchist contemporary critic Bakunin (1972, 334) and more recently Franz Fanon ([1963] 2004, 66 et passim) and the black radical movements drawing inspiration from his work (e.g., Henderson 1997; Abdullah and Muana 1998).

The fixation on debating the revolutionary potential of the lumpenproletariat, and the initial moral valence given to the term by Marx, has foreclosed the concept's analytical and ethnographic possibilities while the number of individuals durably excluded from wage labor grows globally. Ferguson notes that now the lumpen "may well constitute the majority of the population" in many global settings rather than the "small and dangerous residuum" visible to Marx and many of his intellectual descendants at a different moment in the history of capitalism grounded by industrial wage labor (Ferguson 2015, 83). Still, Ferguson's concern is not to

interrogate the concept's analytical utility or how it might guide ethnographic study but to respond to the challenge of the growing lumpenproletariat by imagining a "politics of distribution" not premised on paid work. Like others, he seeks to rehabilitate the lumpen, no longer by valorizing them as potentially revolutionary agents, but rather by arguing for their recognition as permanent and growing fixtures of the global economy owed meaningful citizenship and livelihood in an increasingly post-wage-labor world. Bourgois and Schonberg (2009) stand as an exception in analytically engaging the concept in their ethnography of homeless heroin injectors in San Francisco. They offer a re-analysis that argues for understanding lumpen "as an adjective or modifier rather than as a bounded class category" to conceptualize the formation of "lumpen subjectivities" and render visible the particular forms of violence that durably excluded populations experience as "lumpen abuse" (ibid., 19). This grammatical move recalls the general analytical operation that John Comaroff refers to as "the adjectivalization" of anthropological concepts aimed at "establishing how it is that verbs of doing become nouns of being" (J. L. Comaroff 2010, 530).

While persistent wagelessness has grown as a theoretical concern especially among scholars studying the Global South (Denning 2010), the last two decades have also witnessed a burgeoning literature on precarity, emerging from the Global North, that emphasizes unstable and shifting labor relations in post-Fordist societies.[6] Bourdieu (1998) provides an early treatment of precarity, writing, that from the perspective of France, "job insecurity [la précarité] is everywhere today" (the translation to English highlights not only Bourdieu's intent but also the then lack of penetrance into the English analytical vocabulary of the term "precarity"). He argues that the erosion of the welfarist social contract under neoliberalism has driven an increasingly generalized condition of labor insecurity understood as the proliferation of "temporary, part-time

or casual positions" with unemployment as the limit case (see also Bourdieu 1999). Sociologist Guy Standing (2011, 25) goes a step further to suggest that conditions of labor insecurity are giving rise to a precariat "class-in-the-making" that spans the well-educated unemployed, temporary workers, low-income city-dwellers, welfare recipients, and migrants. Standing takes pains to separate the precariat from the lumpenproletariat seemingly worried that the former will be contaminated by the reputation of the latter (ibid., 9). Still, he argues that the precariat are afflicted by the same lack of class-consciousness and so their sense of insecurity makes them a "new dangerous class" susceptible to the same reactionary mobilization (ibid., 150-4).

Though scholars have challenged Standing's account for suggesting that the precariat represent a new class formation and a dangerous one at that (see Jørgensen (2016) for one summary of these critiques), several recent treatments of precarity share with Bourdieu and Standing the theme of a national-economic fall from grace from historical job stability into increasingly tenuous labor relations. Kalleberg (2011) reviews a broad swath of literature in the economics, psychology, and sociology of labor in the United States to argue that after thirty years of "sustained growth and relatively shared prosperity" following World War II, major structural transformations--such as technological change, globalization of competition, deregulation, erosion of organized labor, production shift from goods to services, and changes in corporate governance--have produced widespread job insecurity (ibid., 14). These transformations have also polarized the labor market into "good" and "bad" jobs (evaluated, for example, in terms of wage-rates, non-wage benefits such as health insurance and retirement funds, workplace autonomy, etc.) while unprecedented corporate profits flow primarily to upper management.

Anthropologists have also engaged with the concept in ethnographic contexts outside the United States. In Northern Italy, Muehlebach (2012) traces the growth, moral valorization, and state investment in voluntarism at a moment in the country's history when "never before has the labor market seemed so intensely precarious," "unemployment so devastatingly high," and "state-provided social safety nets so threadbare" (ibid., 70). Allison (2013) documents a similar rise of irregular work in Japan with the collapse of the country's family corporate system dependent on nuclear families moored by strict gendered division of labor of male life-long single-company employment and female domestic management. In each case, the demise of previous configurations of labor erode not only the economic basis of survival but also the foundation for certain "traditional" forms of identity and meaning.

These accounts, among others, suggest also that structural strain and subjective experiences of uncertainty proceed together as old ways of rendering meaning buckle under new pressures. An influential work that takes this affective dimension of precarity as its key problematic is Lauren Berlant's *Cruel Optimism* (2011). Investigating European and American literature and film primarily in the 1990s and early 2000s, Berlant (2011, 19) identifies "new affective languages... of anxiety, contingency, and precarity" that she connects to structural transformations in post-Fordist capitalism. She argues that these affective languages are symptomatic of a widespread subjective sense of insecurity about the future that is tied to the erosion of "certain postwar fantasies of the good life endemic to liberal, social democratic, or relatively wealthy regions" (ibid., 15). Even as structural change renders this vision of the future ever less attainable for ever larger segments of the population in post-Fordist societies, many individuals, Berlant contends, hold on to this good-life fantasy with a sense of "cruel optimism"--a particular form of pining she defines as occurring "when something you desire is actually an

obstacle to your flourishing" (ibid., 1). In sum, Berlant aims to give an account of the general felt experience of disappointment and unmooring resulting from the collapse of Fordist labor security and the rollback of the welfare state.

Of course, the primary subjects of this dissertation--residents in a primarily Puerto Rican ghetto in the fifth largest American city--never meaningfully participated in the Fordist fantasy. As Jean and John Comaroff (*forthcoming*) note in their analysis of the growing public, political, and scholarly concern with the "end of work," even during the idealized era of Fordism, "hiding in plain sight, just off camera, there lurked persisting forms of exclusion, inequity, and injustice: in the impoverished black ghettos of US inner cities, for example, and the bleak estates of Northern Ireland; in the poorer reaches of immigrant England." Accordingly, critical engagements with the literature on precarity, writing from such marginalized perspectives either within "post-Fordist societies," or from the Global South, have pointed out that the tendency to contrast a precarious present against a stable past produces significant analytic erasures. They argue that this tendency risks: 1) reifying and mythologizing past economic and social systems; 2) flattening heterogeneous experiences of work, labor security, and labor identity; and, 3) erasing the relationships of exploitation--both intra- and international--that undergird selective economic privilege and job stability (Lambert and Herod 2016, 27; Munck 2013).

Such accounts suggest that precarity, both in its theoretical and political usages, is deeply embedded in the particular history of welfare state decline in the Global North and that in the South, labor and life have always been precarious. So too have life and labor always been precarious for wide swathes of minority populations in the Global North, such as blacks and Puerto Ricans in the United States. Even in the Global North, scholars point out that Fordism, understood in its most idealized form as widespread job security and shared prosperity, is best

regarded as a historical exception (Neilson and Rossiter 2008). Taking the critique a step further, others suggest the term's tendency to slip into romanticizing past systems, such as American Fordism, normalizes wage labor as an ideal and forecloses imagining alternative regimes of value, meaning, and security (Frase 2013; Millar 2014).[7] Taken together these critiques suggest the analytic of precarity--just as much as the category of the lumpen--threatens to obscure as much as it reveals if we do not disaggregate and historicize particular experiences of labor insecurity (and security).

Both concepts index vulnerability arising from a marginal relationship to the demands of capital. Scholars engaging with these concepts demonstrate the necessity of specification, though, since the terms signal particular histories of exclusion more than just abstract structural positions. Attending to the historical production of specific forms of marginality experienced by particular populations destabilizes the notion of the lumpenproletariat or precariat as fixed, bounded categories and directs greater attention to process. Doing so mirrors the analytical move that unfreezes class by exploring it as a dynamic, mediated process such as Stuart Hall's (1980, 1986) critical insight that race, among other categories of identity, structures the articulation of populations into capitalism. Similarly, we can ask how factors such as race, place, gender, and historical moment also mediate *dis*articulation from the capitalist economy to produce the populations characterized as lumpen or precarious.

In addition to this common lesson, there are instructive distinctions between these two conceptualizations of political economic marginalization that relate to the implied degree, duration, and definitiveness of exclusion. The critiques of the concept of precarity from the perspectives of the Global South and of minority populations within the Global North caution us against conflating diverse processes and temporalities of exclusion. Historically tracing the

experience of the populations overrepresented among the ranks of the lumpen often reveals that, in addition to suffering ongoing exclusion, rarely were these populations stably articulated into capitalist modes of production to begin with. On the other hand, precarity seems to signal the slippage of previous relative privilege and a spreading sense of insecurity beyond these historically marginal groups. Furthermore, while precarity is usually formulated as a tenuous--rather than definitively severed--relationship to the formal economy, the lumpen are presumed to stand completely outside the realm of capitalist production. As a result, extensive attention is paid to the exploitation of precarious populations as a central feature of contemporary capitalism while the lumpen are treated as a totally abject and redundant group not even serving to drive down wages as members of the reserve army of labor. This dissertation suggests, however, that the exploitation of these abject populations remains very much at the heart of contemporary capital accumulation.

Reading precarity as a form of subjectivity and felt experience in addition to a political economic structural position allows another productive synthesis with the concept of the lumpen. While the term lumpen has primarily been used to mark an objective, historically produced structural position, the concept of precarity has drawn attention to both the material and affective states arising from a structural vulnerability that is further mediated by factors including the availability or not of forms of support, sources of meaning, and social integration beyond stable wage labor. Taken together, this synthesis provides a basis for the analysis of distinct histories of marginality as both crystalized in objective structural positions as well as productive of related states of being often characterized by anxiety, uncertainty, and psychic anguish.

Citizenship and Care

I am interested in how the objective state of structural exclusion as well as the related subjective state of precarity undergird processes of private corporate accumulation bringing seemingly abject populations back into the very heart of capitalism. I am also interested in how these processes relate to a dramatically circumscribed, but still a paradoxically functioning US welfare state. The concept of accumulation through citizenship approaches these intersecting issues by offering two main theoretical arguments. The first pertains to the understanding of citizenship. Classically, citizenship describes the relationships of mutual recognition and obligation between the sovereign nation-state and the individuals that have official status as national citizens by birth, marriage, naturalization, or some other process of formal inclusion (Marshall [1950] 1987). In the strictest legal conceptualization, the state guarantees a set of universal rights to individuals solely by virtue of their status as officially recognized citizens who in turn acknowledge the state's authority and contribute to its sustenance, for example, through taxation and military service.

Anthropological treatments of citizenship critically examine each of the key terms associated with this classical definition. Rather than regard it as a bestowed status, anthropologists analyze citizenship as an active process of subjectification, "of self-making and being-made by power" (Ong 1996). They also interrogate the focus on the nation-state as the ultimate or even most relevant arbiter of recognition and guarantor of rights by highlighting other institutions that more determinatively shape access to resources (Nguyen 2010). Most critically, anthropologists challenge the classical assertion of a universality of belonging and uniformity of rights based on national membership by emphasizing the additional markers that restrict or enhance belonging and the efficacy of assertions of rights such as ethnicity (Rosaldo 1994), race

(Stoler [2002] 2010), sexual orientation (Weston 1997), and claims of original inhabitation (Geschiere 2009). In an era where national citizenship means both less and more than ever before, anthropologists continue to seek what precisely qualifies individuals as worthy of state recognition and care (Petryna and Follis 2015).

The concept of biological citizenship examines one such qualification particularly relevant to this dissertation. Anthropologists have used this concept to scrutinize the logics, and mark the possibilities and pitfalls, of political projects oriented around health and illness. As mentioned above, Adriana Petryna (2002) first introduced the term to understand the emergence of the category of "radiation sufferer" at the intersection of shifting political economic conditions, the global circulation of scientific knowledge, and aspirational state-making in post-Chernobyl, post-Soviet Ukraine. For her, biological citizenship highlights how injury, illness, and disability become privileged grounds for claiming state entitlements as economic collapse and widespread unemployment undermine labor-based identity, collective belonging and claims-making, and push the state to become more selective with guarantees previously afforded solely on the basis of national citizenship. Rose and Novas (2005) extend Petryna's formulation by examining patient groups organized around specific diagnoses. Rather than understanding biological citizenship as primarily a maneuver for resources in the context of destitution or a project of nation-state legitimation, they argue that it is fundamentally about transformed notions of the self along "biological terms," and the individual and collective identities, and political projects, that this makes possible (Rabinow 1996).

Often at stake is whether such biopolitical projects can transcend restrictive modes of inclusion to create the space for more expansive politics. Some see this potential. Biehl, for example, examines how the intersection of medicine, law, and politics in litigation for access to a

range of prescription medications in Brazil "makes abstract human rights concrete" following a path set by earlier successful AIDS activism (2013, 422, 2007). Comaroff (2007)--critiquing Agamben's notion of "bare life" as radical, total exclusion--argues that, in the effort to "reconnect bioscience to a critical, redemptive sociology," AIDS activism has led to "a politics that links a not-so-bare life to a more robust practice of citizenship" (ibid., 215) while still noting that "the terms in which [the politics of health citizenship] articulates its concrete, biopolitical entitlements might hamper its broader goals" (ibid., 205).

Others foreground the limits of politics articulated in biological terms. Nguyen (2010) highlights the inevitable triage at the heart of disease-based citizenship pointing out that these are necessarily selective biopolitical projects based on dividing practices in the context of scarcity. What results are "therapeutic archipelago[s]" (ibid., 183) of privileged access to medications and other social support that can erode social ties and foster "biotribalism" (ibid., 177) rather than the biosociality described by Rose and Novas. Kalofonos (2010) similarly shows the narrowness of certain biopolitical projects and their failure to make the way for broader social inclusion by examining the experience of hunger among Mozambicans receiving antiretroviral (ARV) therapy who tell him "all I eat is ARVs." And yet others argue that citizenship projects oriented around disease and suffering produce "humanitarian exceptions" based on the limited recognition of suffering unstably grounded in moral sentiments of compassion (Ticktin 2011; Fassin 2012). Taken together, these accounts depict struggles for recognition that reveal the biopolitical to be far more partial and fraught than a general will to cultivate life.

Biological citizenship assumes that whatever recognition is won articulates individuals into relations of care. But what sort of relations are these? Early feminist theorization of an "ethics of care" offered an answer to this question that has been influential for subsequent

conceptual treatments, including in anthropology. Feminist theorists in this tradition take what they see as archetypal caring relations, such as those between mother and child and patient and doctor, as a basis for reorienting moral and political philosophy around human relationality rather than the isolated rights-bearing individual (Held 2006). Kleinman, drawing on this tradition, asserts that, because care is core to human sociality and intersubjective relationality, it warrants empirical and analytical priority beyond abstract theorization (Kleinman 2009, 2012, 2019; Kleinman and Hanna 2008). His account begins with the personal moral and affective experience of providing and receiving care, understood as a set of practices that aim to reduce suffering and nurture wellbeing. Care begins with recognition of suffering and continues with assuming the responsibility to reduce it. This scales beyond direct, intersubjective practices of caregiving to "social care" aimed at the structural violence facing vulnerable populations (Wilkinson and Kleinman 2016, Ch. 6, et passim). While generally focusing on these salutary effects, Wilkinson and Kleinman nevertheless offer the important caution that the "emotive forms of social expression" that can stimulate care may also "work as a means to establish and sustain unequal power relations" (2016, 78).

Fassin (2012) foregrounds these pitfalls of care. He sees care motivated by moral sentiment as forming the core of "humanitarian reason" which he argues "mobilizes compassion rather than justice" in the face of social problems (ibid., 8). Considering a series of cases of how vulnerable individuals (undocumented migrants, impoverished French citizens, etc.) petition for assistance by manifesting their suffering he concludes that this regime of care "institutes a radically unequal order that is the mark of the humanitarian relationship." Writing from a similar perspective, Ticktin (2011) argues that "the morally legitimate suffering body" of humanitarianism is vacated of history and politics and so care in a humanitarian mode constitutes

an "antipolitics" (ibid., 19). Farmer's work (2003), on the other hand, suggests that humanitarian care can place the suffering of the poor at the center of an explicitly radical critique of inequality and exploitation and can ground calls for social and economic rights and material redistribution.

Beyond the relationship of care to emancipatory politics, anthropologists have also paid close attention to other ambivalences and contradictions to ask what counts as care, where is it located, and what does it sanction? First is the recognition that, particularly in the realm of biomedicine, the market has tended to reduce care to a commodity (Waitzkin 1981; Nichter 1989; Kleinman and Hanna 2008). And as Nichter (1989, 238 et passim) notes in introducing the term "pharmaceuticalization"--as a process related to, but not synonymous with, medicalization--the "proliferation of commercially prepared pharmaceuticals and a concurrent rise in medicine consumption is a concrete expression of health commodification." While medicalization defines social problems, human experience, and various physical and mental states as issues of human health, pharmaceuticalization specifically refers to the conversion of these problems into targets for intervention with drug commodities (ibid.). As with the limits of biological citizenship more generally conceived, the commodification of care represented by pharmaceuticalization often occurs to the exclusion of broader health (and social) interventions (Abraham 1995, 2010; Biehl 2007).

Others have de-centered commodities in their analyses to focus on the paradoxes and contradictions also apparent in the relational aspects of care. Stevenson (2014, 3) defines care "as the way someone comes to matter and the corresponding ethics of attending to the other who matters." She suggests that "[s]hifting our understanding of care away from its frequent associations with either good intentions, positive outcomes, or sentimental responses to suffering allows us to nuance the discourse on care so that both the ambivalence of our desires and the

messiness of our attempts to care can come into view" (ibid). Following this strategy, she investigates the contradictory experience of care as violent, even murderous, when Inuit are cast as biopolitical subjects whose existence is reduced to mortality statistics through the bureaucratic indifference of "anonymous care." Garcia (2010) shifts the focus to examine how state neglect displaces the responsibility of care onto already intensely strained kin-relations. She argues that intergenerational heroin use among New Mexico's poor Hispano population reflects this displacement, and that parents introduce their children to heroin as one of their only modes to ease suffering in a setting of desperate desolation, dispossession, and near total state abandonment.

While many of these accounts explore how citizenship claims work to partially counter state abandonment and the logics of neoliberal capitalism, I am interested also in how the demands of capital and specific assertions of recognition and rights and claims to care reinforce one another. The research presented in this dissertation suggests that, far from standing in opposition to these assertions, a logic of accumulation is, in fact, at play in stimulating, legitimating, and actualizing movements for recognition and shaping the accompanying material claims on the state. Third parties--beyond the state and its citizen-petitioners--who stand to benefit from the possibilities of accumulation that successful claims generate may be deeply invested in the processes and outcomes of these assertions. Consequently, we see targeted corporate investment in supporting certain forms of recognition and claims on the state that bring into existence commodifiable rights financially and legally underwritten by the state. A dialectical relationship then emerges between the power of citizenship claims and their profit-generating possibilities. Corporations may appropriate already powerful claims for profit-making ends while private investment in promoting profitable recognition can substantially strengthen

the claims in which there is vested corporate interest. In doing so they help produce a "captive citizenship"--a process of claiming recognition articulated in terms set by the logics of consumption and accumulation.

In suggesting that such logics shape the parameters for the selective enactment of citizenship claims, I am inspired in part by Kaya Williams's (2017) notion of the "captive imagination" surrounding the movement to reform the New Orleans bail system. She writes about the captivity of public opinion to the racialized "logics of public safety and risk" self-servingly promoted by the bail industry. Born of a contemporary form of racial capitalism that financializes the freedom of poor blacks and Latino, these logics, Williams argues, set the parameters for what types of criminal justice reforms are thinkable and achievable. They do so in part by circumscribing claims on the state for the protection of "public safety" with built in assumption of "the public as white, safety as a right that inheres in white bodies, and risk as a measure of violent threat that inheres timelessly in bodies that are black, brown, and poor" (ibid., 38). Likewise, the notion of "captive citizenship" highlights the forms of citizenship that emerge under the shaping influence of the logics of accumulation and consumption. Williams also speaks of a second related captivity relevant to my analysis: the capture of state finance's by private interests, noting that more than 60 percent of the New Orleans city budget is dedicated to public safety.

Williams, following other analyses (e.g., A. Harris, Evans, and Beckett 2010), foregrounds the private bail industry as a form of racial capitalism that "makes legal debt a mechanism for the unlimited extraction of wealth from black life," an analysis that also applies to other legal fines and fees (ibid., 41-41). The truth, however, is that this form of extraction, while not insubstantial, is actually quite limited, specifically by the ability of the black poor to

pay the costs incurred. Williams notes, "If the money is there, it is almost always paid, because no price is too high for a loved one's freedom" (ibid., 42). The harsh reality though is the money is frequently not there as evidenced by the individuals sitting in New Orleans jail because they are unable to pay bail amounts as low as $250. Furthermore, the $6.4 million paid in bail costs in 2015 in New Orleans--while an outrageous cost to be borne by the city's poor--is less than 40 times the amount budgeted for public safety by the city that year.

I argue in the section entitled "Carceral Accumulation" in Chapter 2 that mechanisms of accumulation that gain access to the state purse, in part by leveraging the state as a guarantor of the basic necessities of human life that it assumes upon incarceration are far more significant in terms of financial scale, if not in human costs (even if they are small relative to the overall cost of funding the carceral state, legal fees, including bail, represent extreme hardship for the poor involved with the criminal justice system). As the data for New Orleans itself demonstrates, public finances dwarf private payments as the source of accumulation supporting the carceral financial enterprise. This is also in line with my broader argument, outlined further in the following section, regarding the profitability of accumulation through citizenship that is totally agnostic toward the ability of the poor to generate value through their own labor instead utilizing them as conduits for value drawn from the entire body politic through the public financing of commodified claims to care.

Accumulation

This brings us to the second analytical contribution of the concept of accumulation through citizenship: understanding a distinct form of accumulation that stands in contrast both to

Marxist accounts of capital accumulation based on the generation of surplus value through labor exploitation and from the processes of primitive accumulation said to precede wage labor.

In Capital Vol. 1, Marx describes a set of capitalist relationships between the owners of capital and free wage laborers, that once established, reproduce themselves under their own power seemingly "turn[ing] around in a never ending circle" (Marx [1867] 1976, 873). For this set of relations to come into being, he posits the necessity of a "primitive" (i.e., original) accumulation to produce both the owners of capital and the free worker, separated from any means of production, with nothing remaining to sell but their labor power. The classic example given by Marx is the process of enclosure in the British countryside that produced a landless class forced into industrial wage labor for survival.

The process of primitive accumulation does not operate through the logics of capitalism as described in Capital whereby surplus value is produced by the exploitation of proletarian labor-power. It is accumulation through expropriation, often violent, and often state-sanctioned and assisted. Many classical political economists and apologists for capitalist exploitation expounded a foundation myth of peaceable self-sorting whereby the industrious few became the owners of capital and the lazy became wage laborers. Marx instead reminds us that "in actual history, it is a notorious fact that conquest, enslavement, robbery, murder, in short, force, play the greatest part... the methods of primitive accumulation are anything but idyllic" (Marx [1867] 1976, 873). The outcome is the concentration of wealth in the hands of capitalists and the immiseration of the masses who must depend on wage labor for sustenance. But what of those who are never incorporated into the relations of wage labor or have become permanently superannuated, belonging not even to Marx's "reserve army of labor" (Marx [1867] 1976, 781)?

Here I seek to elaborate a process that leverages "the human byproducts of previous rounds of extractions" (Johnson 2016, 47) to drive further accumulation outside of the wage-labor relationship. Accumulation through citizenship is explicitly not contingent on the productive labor capacities of individual bodies, and as such, it exploits and further reinforces the neoliberal "displacement of *homo faber* by the consumer-citizen" (J. Comaroff and Comaroff 2006, 4). As mentioned above, in the case of pain, disability, and illness, it is dependent precisely on the body's *non-productivity*. It is this non-productivity that makes the body the basis for claiming a privileged, albeit uneven and often narrowly circumscribed, relationship to the state. In other words, the value these subjects produce through labor is wholly irrelevant; this form of accumulation hinges only on the ability to exert a legitimate claim on the state. The state, in recognizing, but proving unable or unwilling to fulfill such claims itself opens up the possibility of private accumulation at public expense. It is a form of accumulation intimately linked to the configuration of state, citizenship, and private enterprise typical of a neoliberal state that retains vestigial welfare systems such as the United States.

This profit-generating dynamic entails a special relationship of the body to accumulation. The body becomes a conduit of value, rather than the origin point of value production: accumulation through citizenship implies an extraction *through* the body rather than *from* the body. The body of the citizen represents a potential node of value *concentration* and *redistribution* upwards, rather than solely or simply the source of value-generating labor. This is also different from the body as a reservoir of exploitable biological material, such as genetic data, blood, or organs (Scheper-Hughes and Wacquant 2002; Sunder Rajan 2006). Consequently, accumulation through citizenship has the potential to involve a massive circulation of capital since the store of value obtains not in the body of the individual, as laborer or biological

resource, but rather in the relationship of the body to the state and all of its other citizen-subjects. Inasmuch as they bear an economic relationship to the state (e.g., as tax payers), the productivity of all other citizens is rendered available by this process of accumulation in which capital flows through the body of the rights bearer into the hands of a rapacious private sector to which the state devolves its responsibility to fulfill the obligations it assumes.

The practical and theoretical consequences of understanding these novel forms of accumulation are particularly significant in the context of the increasing expulsion of vulnerable populations from the formal economy. While such excluded populations are subject to brutal forms of governmentality--as documented by Bourgois and Schonberg (2009), who analyze the rebellious, self-destructive subjectivities that economic exclusion and state abuse generates among homeless heroin injectors--state recognition also brings these seemingly exhausted, surplus non-laboring bodies back into the fold of capital circulation as a key leverage point for additional profit generation. Accumulation through citizenship reveals, then, one way that the poor and marginal are made available for further iterations of exploitation and capital accumulation by the juxtaposition of public institutions and private enterprise in a neoliberal regime of citizenship. It offers insight to the urgent question regarding the status of seemingly surplus people under neoliberal capitalism (Ferguson 2015) and yet again reveals the state as an exceedingly powerful and effective instrument of accumulation (Tilly 1985).

Writing about Urban Poverty

Because these processes are closely tied to the experience of violence, abuse, and disability this dissertation provides a vivid investigation of the suffering wrought on the urban poor by the structural dislocations associated with the shifting demands of capital. It documents

the physical and emotional pain that is the result of decades of exploitation and neglect. The juxtaposition of the intimate against the structural follows from the tradition of critical medical anthropology that asserts the power of ethnography to render visible extremes of interpersonal suffering as experienced by individuals themselves, rather than simply as summarized by stark and numbing statistics--if not ignored altogether--while simultaneously connecting such suffering to large-scale and historically rooted social processes not immediately visible at the interpersonal level. My goal, however, is not only to elucidate the dynamics that produce the diverse forms of suffering this dissertation documents, but also to understand to what use this suffering is put in the contemporary configuration of state, society, and capital by weaving together an analysis across scales of the personal and intimate and the social-structural and historic. In doing so, I draw both inspiration and cautionary lessons from a long history of American urban ethnography. For this reason, it is worth reviewing some of the key themes and controversies in this field by first looking at the casting of urban poverty as a social problem demanding academic and political attention and then tracing some salient debates related to the representation of racialized urban poverty.

Ethnographic Antecedents: Writing the "Urban Slums" of 19th Century Europe

There are two important antecedent genres to the 20th century urban ethnography of academic sociology and anthropology. The first is the 19th century social realist novel of which Honore Balzac is widely considered the progenitor. His work has been described as "a sociological type of fiction that emphasized the material and historical circumstances of people's lives rather than individual psychology" (Nelson 2015, 96). As a testament to its importance in the early theoretical treatments of industrial capitalism and urban poverty, Frederick Engels

(1888) claimed that he learned more from Balzac's *La Comedie Humaine* series than "from all the professed historians, economists, and statisticians of the period together" and Marx was so taken by the work that he planned to write a full study of it (Harvey 2010, 2). After Balzac, Emile Zola developed a form of realism he termed "naturalism" based on "scientific objectivity" drawing inspiration from experimental medicine and zoology. He relied on extensive observational fieldwork and interviewing--in, for example, the Paris slums for *L'Assommoir* (1877) and French coal mining towns for *Germinal* (1885)--that has often been described as ethnographic (Nelson 2015, 132–34; Ledent 2012).[8] Britain similarly produced social realist literature with Charles Dickens especially standing out for his depictions of urban poverty (Buzard 2005). These authors shared a commitment to first-hand observation and documentary research to produce works of fiction that many of them understood to rise to the level of objective, even scientific, analyses of the lifeworlds of the urban poor and often were written with the express goal of spurring social change.

The second antecedent is the reformist study of working-class conditions. Two early key works were state commissioned public health reports. French physician Louis-René Villermé's 1840 *Study of the Physical and Moral Condition of Cotton, Wool and Silk Workers* was not only a founding work in social epidemiology and public health but a "monument of nineteenth-century social investigation" that relied on extensive ethnographic observation and interviews combined with survey and census data (Barnes 2006, 73).[9] Two years later in England, Edwin Chadwick drew on similar methods to draft his *Report on The Sanitary Condition of the Labouring Population of Great Britain* which "durably influenced debate and policy on health and 'the social question' [of urban poverty]" (ibid., 66). Friedrich Engels's seminal *The Condition of the Working Class in England*, published in 1845, makes extensive reference to the growing

number of public health investigations into the conditions of industrial urban poverty ([1845] 1999, 46–47). His own account of life among Manchester factory workers may be the first critical urban ethnography, combining two years of first hand observation and interviews with analyses of official statistics to produce an indictment of industrial capitalism that placed the concerns of earlier reformers within a larger historical political economic framework. Perhaps the work with most direct influence on the development of early American sociology from this period, however, was Charles Booth's *Life and Labour of the People of London*, the first volume of which was published in 1889. This work, which eventually grew to span 17 volumes and several thousand pages by its conclusion in 1903, set forward an archetypal methodological paradigm for the in-depth empirical study of urban poverty that combined statistical and descriptive methods drawing on census records, surveys and extended interviews, ethnographic observations, and mapping. Along with the realist/naturalist literature of the era, studies such as these helped establish the conditions of the urban poor as an object simultaneously for scientific investigation, social reform, and political intervention and suggested the methods best suited for their study.[10]

The Chicago School: Human Ecology, Social Disorganization, and the "Black Ghetto"

The study of urban poverty entered a new phase with the founding of the first American sociology department at the University of Chicago in 1892. Both literary realism (Lepenies 1988; Craith and Kockel 2014) and a reformist impulse grounded in the pragmatist philosophy of John Dewey and William James informed early American urban sociology. The department, however, self-consciously aimed to distance itself from its reformist origins to establish a "dispassionate" science that sought to engage "objectively" with social policy (Wilkinson and Kleinman 2016,

76, et passim). Using urban mapping, official statistics, and above all ethnographic methods, sociologists associated with the Chicago School would provide one of the densest sets of detailed descriptions of any single city. Their early work focused especially on new immigrant groups in poor ethnic neighborhoods such as Thomas and Znaniecki's *The Polish Peasant in Europe and America* (1920) and Wirth's *The Ghetto* (1928) on Chicago Jews.

Inspired by plant ecology and Darwinism, leading Chicago sociologists Robert E. Park and Ernest W. Burgess developed a "human ecology" framework to argue that the city developed geographically situated social and cultural niches as a result of competition among communities for scarce space (Park and Burgess 1922, 554). The "natural-area study" of ethnic niches "became a hallmark of the Chicago school" (Matthews 1977:141) and informed a teleological theory of immigrant assimilation by stages that mirrored their stepwise physical movement away from the inner city (Matthews 1977, 160–62). Thrasher (1927) applied this ecological model to argue that "social disorganization" defined slum areas with high rates of transiency and that this accounted for the growth of Chicago gangs in certain city sectors (Kurtz 1984, 73). Importantly, he saw this as a temporary phase for not-yet assimilated immigrants. Frazier's *The Negro family in Chicago* (1932) similarly analyzed black poverty and family structure as a temporary phase of essentially a "rural peasantry" on a path of assimilation slowed, but not stalled, by racial discrimination (O'Connor 2004, 128–29). These and other early Chicago School studies set an influential research agenda on urban poverty while arguing against essentializing biological theories of ethnic and racial difference. At the same time, they tended toward an undertheorized empiricism that took their object of analysis (the ecological niche or natural-area) as an ahistorical, bounded unit. They were also marked by a teleological view of assimilation and a liberal optimism in universal progress under capitalism.

The publication of *Black Metropolis* (Drake and Cayton [1945] 1993) critically addressed some of the Chicago School's key arguments on the intersection of race, ethnicity, poverty, and urban space. It also marked one of the first significant interdisciplinary exchanges with anthropology on the issue of the US city. Drawing on the "caste and class" framework developed by anthropologists studying black life in the US South (Dollard [1937] 1988), Drake and Cayton highlighted the durability of exclusion that confronted African Americans, especially those at the bottom of the black class structure who faced the double insults of racial oppression and poverty. While white ethnic neighborhoods seemed to be melting into the larger fabric of Chicago, the "Black Ghetto" was solidifying and expanding. They argued that this challenged the uniform assimilationist theories of previous Chicago School scholarship and demanded a distinct analysis of the African American urban experience. The ecological framework could not account for the space and race characteristics of Chicago because these were "the product of human behavior, institutional practices, and political decisions, not of organic processes at work" (O'Connor 2004, 132). Less than twenty years after the *The Ghetto* documented Jewish poverty in Chicago, the term had become synonymous with black racial exclusion.

Black Metropolis, along with Frazier's *The Negro Family*, were also important for being among the first prominent sociological works associated with the Chicago School produced by black scholars. They explicitly established continuity with the earlier work of pioneering black sociologist W.E.B. Du Bois, especially his examination of black city life in his 1899 book, *The Philadelphia Negro*, which had been mostly ignored by white sociologists and excluded from the canonical history of the field.[11] In writing *The Philadelphia Negro*, Du Bois personally surveyed approximately 2,500 black households in Philadelphia's 7th Ward during fifteen months of residence in the neighborhood. He combined the results of this survey with social history, census

data, and ethnographic observations to produce an account of employment, housing, education, family life, civic institutions, crime, and race relations among the 7th Ward's black residents.[12] The study was noteworthy for its methodological approach and broad topical coverage, for being an early work of empirical sociology at a time when speculative theory was still dominant in the fledgling field, and for being the first work of urban sociology to focus on African Americans instead of white ethnics. Theoretically, it was significant for arguing that social, rather than biological factors, accounted for African American social problems and that, of these factors, racially motivated workplace exclusion was the most significant. It was also the first work to draw attention to internal differentiation and nascent class formation within black urban communities that had until that point been treated as essentially homogenous masses.

Anthropology Comes Home: Culture of Poverty, the Underclass, and Urban Political Economy

In the 1940s and 50s--just as the Chicago School's influence waned, partially as a result of the ascendancy of statistical methods in sociology--anthropologists turned their attention to city life. During this period, anthropologists increasingly studied complex peasant societies and they followed their interlocutors as they began moving to cities. Accordingly, many of these early anthropological studies were of the rural to urban transition in Latin America, Africa, and Asia (Foster and Kemper 2010). It was not until the 1960s, though, that something like a self-conscious subfield of urban anthropology developed in the United States. The publication of Oscar Lewis's *La Vida* (1966) and the scholarly response that it provoked marked a pivotal moment for the emerging subdiscipline.

Reminiscent of earlier studies in the "culture and personality" tradition (e.g., Benedict [1934] 1959; Mead [1928] 2001), Lewis conducted a "family study" of poor Puerto Ricans living in East Harlem, New York, and San Juan, Puerto Rico. He drew on biographical interviews, participant-observation, surveys, and psychological interviewing (with the assistance of a psychoanalyst) to flesh out his "culture of poverty" theory. For Lewis, the "culture of poverty" was a set of psychological adaptations, such as low aspirations, hedonism, and presentist thinking produced by sustained poverty. Once instilled, these psychological dispositions became durable and self-perpetuating and they were transmitted intergenerationally by childhood socialization. In his introduction, Lewis specifically associated the culture of poverty with the exploitation of industrial capitalism and the societal devaluation of the poor (ibid., xliv). Lewis offered two quite distinct solutions to the culture of poverty. Where it affected only a small fraction of the population, such as in the United States, he endorsed a "social-work solution" combined with psychiatric treatment to improve material living conditions and assimilate the poor to middle class culture. In "underdeveloped countries," where the numbers of the destitute poor were far greater, he suggested revolution to bring about structural change to redistribute wealth and an ideological re-valorization of the poor (ibid., lii). Lewis did not sustain an analysis of these points throughout the remainder of the text which contains no further analytical commentary of the uninterrupted narrative presentation of his ethnographic data.

Lewis's "culture of poverty" thesis entered the acrimonious policy debates ignited only a year earlier by a widely-covered federal report entitled *The Negro Family: The Case For National Action* ([1965] 1967), written by Daniel Patrick Moynihan, Lyndon Johnson's Assistant Secretary of Labor. The Moynihan Report--as it came to be known--highlighted factors like unemployment and especially racial discrimination and called for massive investments in job

training, education, and social services. Yet, like Lewis, he identified, in his words, a "tangle of pathology" that especially highlighted the female-headed black household as a proximal factor independently sustaining the poor living conditions of African Americans. The publication of *La Vida* in this context sparked a disciplinary backlash regarding the politics of representation of the urban poor and the analytical shortcomings of traditional approaches to studying urban poverty (Valentine 1968; Eames and Goode 1970; Leacock 1971). The most frequent charges levelled by this set of critics was that Lewis's work presented negative images of the poor, directed interventions to their psychological dispositions, and "blamed the victim" in the process. In response, notable urban ethnographies that followed styled themselves in opposition to the culture of poverty thesis. Liebow ([1967] 2003), for example, argues that the "streetcorner" African American men in Washington, DC that he studied shared the same values of wider society, including around employment and fatherhood, but, because of their material conditions of poverty suffered repeated failures in actualizing them and that intergenerational similarities resulted from individuals encountering the same structural conditions rather than from cultural transmission to children. Hannerz (1969), also studying poor black men in Washington, DC, in an effort to demonstrate social heterogeneity, offered a typology of ghetto "lifestyles" of which "street families" characterized by sexual "promiscuity" and "delinquency" formed only a piece and stood in opposition to respectable "mainstreamers." Stack (1974) studied the mutual support of "cooperative domestic exchange" among fictive and blood kin in an effort to contrast "stereotypes versus reality" (ibid., 22) concerning kinship in poor black urban settings.

The controversies surrounding the "culture of poverty" concept foreshadowed with remarkable precision an analogous set of debates that would explode around the idea of the "black underclass" two decades later. A number of factors in the 1980s refocused attention on

racialized urban poverty. Among them were rapidly accelerating deindustrialization, the backlash against War on Poverty liberalism, the reconfiguration of racial politics through the Republican "Southern Strategy" that culminated with the election of Ronald Reagan, and the growing moral panic around crack-cocaine (M. B. Katz 2013; Greenbaum 2015). In this maelstrom, William Julius Wilson ([1987] 2006) published his influential study on "the black urban underclass." Wilson's thesis was that the changing opportunity structure of deindustrialization was especially harmful to the black poor, and that combined with black middle-class mobility, this created a hard core of black urban poverty in a new "jobless ghetto" (ibid., 8). Wilson strongly indicted structural economic changes but similarly described the damage he saw these wreak on the urban black community as indeed a "tangle of pathology" of crime, teenage pregnancy, female-headed households and welfare dependency (ibid., 21). The focus on these issues, even as dependent variables, provoked identical criticism to that of the Moynihan Report and the culture of poverty concept (M. B. Katz 2013). It similarly provoked a series of studies that Loic Wacquant (2002) argues demonstrate the resulting analytically paralyzing anxiety to defend the worthiness of the poor by, for example, bifurcating ghetto residents to defend the upstanding against the depraved, sanitizing lifeworlds of urban poverty, and romanticizing low-wage labor.

In addition to reflecting the near perpetual American trap of moralizing the poor into categories of worthiness, the debates surrounding Lewis's work, especially, brought to the fore some serious analytical shortcomings in the up-close study of urban poverty that provoked a more sustained turn to a political economy framework in US urban anthropology (Mullings 1987). The most significant shortcoming related to situating the individual beliefs, values, and practices of the urban poor within larger relations of power and history. This connected directly

to the early criticism Anthony Leeds (1973) leveled against the tradition of community studies in urban anthropology of failing to connect across scales.

The still-ongoing challenge to anthropology, as incisively articulated by Jean and John Comaroff, is to find ways to resist the field's "fetishism of the local" (J. L. Comaroff 2010, 528) which tends to minimize the effects of world historical forces and determinations not easily captured by "the foreshortened lens of the ethnographic here-and-now" (J. Comaroff and Comaroff 2003, 160; cf. Gupta and Ferguson 1997 and; Trouillot 2003, chap. 6). Some, including Leeds himself, approached this methodological and analytical problem by shifting the scales of analysis by, for instance, investigating institutions of state power intersecting with the lives of the urban poor. A prominent example in the United States was a turn to studying welfare bureaucracy after Clinton's radical retrenchment of social services for the poor (Morgen and Maskovsky 2003). Increasingly, ethnographers of urban poverty also turned their analytical lens to the multiple overlapping institutions forming the US "carceral mesh" (Wacquant 2001). These include ethnographies within prisons and jails (Rhodes 2004; Sufrin 2017), as well as of carcerality beyond prison walls such as accounts of the "secondary prisonization" of the female partners of incarcerated men (Comfort 2008), the "youth control complex" that criminalizes inner-city black and Latino adolescents (Rios 2011), and hyperpolicing's reconfiguration of inner-city neighborhood social relations (Goffman 2014).

A complementary strategy has been to carefully link the intimate ethnography of the violence of everyday life in American ghettos with analyses of larger scale political economic processes. Along these lines, Bourgois ([1995] 2003) draws on cultural reproduction theory (Willis [1977] 1981; Bourdieu and Passeron 1990) to theorize the "oppositional street culture" of Puerto Rican crack dealers in East Harlem. He argues that this cultural formation emerges as "an

alternative forum for autonomous personal dignity" when confronted with the insults and frustrations of searching for employment in the menial service sector of a rapidly deindustrializing city (ibid., 8). More recently, Contreras (2013) argues that the violent drug robberies that his Dominican childhood friends from the South Bronx commit demand a structural account rather than a microsociological perspective on the emotional drive of crime (as in, for example, J. Katz 1988). Contreras suggests that two major structural shifts, deindustrialization and the shift to a service economy and the collapse of the street crack market, drove the former crack dealers he studies to specialize in violent drug robbery. Critical medical anthropology similarly placed the intimate sexual and intravenous drug use practices that were the most proximal causes of HIV transmission within a broader political economy of inner-city poverty during the moral panic around AIDS in the pre-ARV era (Singer 1994). These accounts each sought to demonstrate how large structural shifts play out in individual lives and produce brutal intimate suffering.

The persistence of racialized ghettos in the cities of one of the wealthiest nations of the world in which such tremendous suffering and deprivation is concentrated remains a national disgrace. Although, compared to 1970, fewer US cities today are "hypersegregated,"[13] the cities that were the most racially segregated fifty years ago--Philadelphia included--today have only modestly reduced rates of racial segregation, if these have changed at all (Rugh and Massey 2014) and residential segregation by class has increased over this time period (Massey and Fischer 2003; Reardon and Bischoff 2011). Racial segregation in schools, after first declining following the 1954 *Brown v. Board of Education* Supreme Court ruling outlawing it as an official policy, has steadily increased since 1988 (Orfield et al. 2019). And all this has occurred

against the background of record level income and wealth inequality between the rich and the poor that is particularly pronounced along lines of race (Asante-Muhammad et al. 2017).[14]

And in no wealthy country does poverty, especially in its pernicious combination with race, so directly and predictably lead to extremes of death and suffering as it does in the United States. As in the case of economic inequality, the gap in life expectancy between the rich and the poor in the US has steadily increased over the last several decades (National Academies of Sciences, Engineering, and Medicine 2015; Chetty et al. 2016). And here too, poverty combined with race has produced the most dramatic disparities. A landmark report in the *New England Journal of Medicine* estimated that in 1980 black men in Harlem were less likely to reach 65 years of age than those in Bangladesh (McCord and Freeman 1990).[15,16] Over the course of the 1980s, the AIDS epidemic, and the explosion of gun violence associated with the arrival of crack, drove an even greater deterioration in the mortality of urban black men. While mortality for urban blacks decreased along with homicide rates over the 1990s, more rapid improvements in health among whites meant disparities actually increased since McCord and Freeman's disturbing article (Geronimus et al. 1996; Geronimus, Bound, and Colen 2011). In the Philadelphia area, the gap in life expectancy by census tract is a full 28 years, closely tracking poverty and racial segregation.[17] Among world capitals in wealthy countries, Washington, DC has the highest infant mortality rate--with a ten-fold gap between its richest white and poorest black wards--and Philadelphia's rate is yet higher (Save the Children 2015). This is just a sampling of the extensively documented and pernicious effects of racial segregation that manifest in health and social statistics.[18]

Chapter Outline

While these statistics are startling, only careful, historically-situated ethnography can reveal the full human consequences hinted at by these figures. Ethnography has the capacity to document and analyze the way in which this concentrated urban poverty is experienced by individuals in their daily lives, the particular challenges they must confront, the sorts of strategies that they employ to navigate a treacherous world, how they shoulder the burden of their overwhelming responsibilities and cope with their dramatically circumscribed life chances. In this dissertation I follow the approach pursued by ethnographers of urban poverty that seek to situate their accounts of subjective experiences of poverty within their larger political economic contexts to reveal how shifting structural arrangements play out in individual lives, to what use the resulting suffering is put, and how individuals respond within parameters set by public institutions and the demands of private capital.

The first chapter, entitled "Liminal Ghetto: Space, Race and Accumulation," begins by exploring the production of the Puerto Rican section of North Philadelphia containing Sterling and Cliff Streets as a space of concentrated poverty and public and private disinvestment. It examines the articulations of race, ethnicity, and colonialism with the social, political, and economic forces shaping the neighborhood to understand its politically, ethnically, and spatially liminal status within the city. I argue that these multiple forms of overlapping liminality overdetermine Philadelphia's Puerto Rican ghetto as the city's heroin, crack, and cocaine open-air supermarket. After situating the neighborhood historically, the chapter details the hierarchical organization of a drug block which is the basic territorial unit of the local narcotics economy. Applying an analytical framework combining Marx's theory of "primitive accumulation" and Cedric Robinson's concept of "racial capitalism," I interpret the recasting of the public space of

an inner-city residential block into a commercial venue for illicit drug sales as a form of enclosure. This appropriation transforms sustained public and private abandonment into the basis for capital accumulation in a market that violently draws value from the bodies of its participants and feeds both a vast global narcotics trade as well as the economy of policing and punishment aimed at its control.

Chapter 2, "Filial Patriarchy in the Long Shadow of the Carceral State," examines the shift of gender power dynamics precipitated in part by structural transformations in the inner-city labor market and the rise of male hyperincarceration. Frequently, analyses taking up this topic foreground the destabilizing consequences of such social processes for conjugal ties by focusing on how they enable or disable men from achieving an idealized masculine role as responsible household heads effectively caring for their female partners and children. Less commonly do these accounts pay attention to how processes that affect the status of males within conjugal relationships shape--with equally powerful effect--relationships between mothers and their male children. Centering filial bonds, I argue that the same processes that seem to have weakened the patriarchal hold of men over their female romantic partners have simultaneously strengthened a type of "filial patriarchy" based on the maternal commitment to continue caring for outlaw sons who remain substantially, and overwhelmingly, dependent on them well beyond adolescence. Analyzing this commitment as an "affective cage of maternal love" foregrounds the power effects of maternal devotion and demonstrates that when such a strongly internalized intimate "ethic to care" is so painfully out of sync with the social conditions that would support it, care becomes an impossible and destructive burden.

Heroin sales on Sterling and Cliff Streets grew ever-brisker against the background of rapidly rising rates of addiction to prescription opioid painkillers, which frequently served as the

first step toward eventual heroin addiction for many of the blocks' customers. Chapter 3 argues that the expanding market for opioid painkillers driving addiction rates can be understood as an example of what I term "accumulation through citizenship." The chapter first situates rising opioid painkiller prescriptions within the complex relationship between physical injury, chronic pain, public insurance, and the disability-based social support systems that have emerged as one of the most significant remaining sources of financial support for the poor after decades of welfare state retrenchment. It then investigates how Purdue Pharma--the manufacturer of the powerful OxyContin opioid painkiller--interfaced with, shaped, stimulated, and directed advocacy movements to define the expanded use of opioids as an issue of patient rights and professional medical ethics. I also consider similar strategies by Gilead Sciences to expand the market for their new, and extremely expensive, treatment for Hepatitis C, a virus spread through injection drug use affecting a mostly indigent population covered by public insurance programs, as another example of this form of accumulation.

Building on the preceding analysis, chapter 4, entitled "Children Caught in the Crossfire," examines the relationship between childhood violence, rising rates of psychiatric diagnoses in children, and the expanding pediatric market for antipsychotic drugs. It traces the social production of the capacity for anger and violence among children that psychiatry interprets as mental illness requiring pharmaceutical governance. Delving into the local significance of the capacity for rage reveals a mismatch of cultural logics between the residents of North Philadelphia and the psychiatric framing they encounter in official institutions like clinics, schools, the legal system, and disability insurance offices. Drawing on Franz Fanon's analysis of colonial violence, I provide an alternative reading of the "rage" underlying disruptive childhood behavior in the inner city that reveals the role, function, and moral meaning of violence to be far

more complicated than the prevalent psychiatric model acknowledges. Despite this mismatch, the dominance of this psychiatric model grows out of a substantial alignment between the logic of accumulation underlying the corporate drive to increase the market for psychopharmaceuticals, the pleas of poor women for state support to help care for their children, the often well-meaning local therapeutic interventions to facilitate access to resources enabled by diagnoses of psychiatric disability, and the desperate reliance of overburdened inner-city mothers and teachers on psychopharmaceuticals to manage unruly children. I conclude that, fundamentally, the casting of rage as psychiatric illness represents a multiply-motivated misrecognition of the social, historical, racist, and colonial roots of high rates of violence in inner-city Puerto Rican Philadelphia that enriches drug companies by substituting toxic medications for more comprehensive forms of social care.

Chapter 5, entitled "Mothers Under Pressure," provides an extended ethnographic account of Celeste, one of the mothers presented in chapter 4, as she tries to care for her two young children while her life progressively unravels. Chapter 4 presents multiple accounts of mothers utilizing psychopharmaceuticals on an as-needed basis to discipline their children, administering doses when they perceived their children to be behaving especially poorly whether or not a particular child was the one for whom the medication was prescribed. Documenting Celeste's attempts to parent under extreme pressure provides crucial contextualization for the flexible use of psychopharmaceuticals as technologies of parenting and a rare, yet disturbing and grossly inadequate form of state-sponsored parental assistance. Her experience also reveals prescribed psychopharmaceuticals to exist in continuity with other drugs purchased off the street as individuals try to chemically manage their own affective states. Celeste's attempts to access state resources for herself and her children more generally demonstrate the partial "psychiatric

exception" to the general callousness of the state toward poor mothers and the resulting institutional pressures to fashion oneself as psychiatrically ill. In sum, what emerges is a picture of a vulnerable mother negotiating the responsibility of caring for her children while managing her own chaotic life within the harsh parameters set by a state that has targeted poor mothers for the proportionately most severe retrenchment of state assistance while simultaneously leaving a small carveout for those with officially certified psychiatric disability.

Policy Implications

The concept of accumulation through citizenship suggests a complex, contradictory, but ultimately harmful enmeshment of socially produced suffering, medicalization, pharmaceuticalization, and claims to state care. While claims to care founded on physical and psychiatric disability provide important access to resources to the US poor in an era when few other options are available to them, they also serve as a mechanism of accumulation for private capital and stand in the place of what ought to be more comprehensive welfare programs. Additionally, an investment in this form of biological citizenship promotes an interpretation of disability and "madness" that overshadows the political and social production of poverty and violence. It also transforms physicians into both gatekeepers of crucial social resources and co-conspirators in corporate profiteering from social suffering. Furthermore, in at least two cases of recent history it has facilitated the exposure of toxic pharmaceuticals to a broad swathe of the population, disproportionately harming the poor. There are a range of interventions that might counteract the harms revealed by this analysis.

First, the links between the recognition of suffering, the provision of care, medicalization, and pharmaceuticalization must be critically interrogated, and in some cases severed. These

processes are interrelated but they are not inextricably linked and each need not--and frequently should not--automatically produce the others. Social problems such as poverty and violence should not have to be converted into medical problems for them to be recognized by the state as worthy of interventions that are not punitive. Furthermore, pharmaceuticalization need not immediately, or exclusively, follow medicalization. Casting chronic pain, emotional anguish, and childhood violence, for instance, as problems of human health can spur socially-informed interventions in addition to the provision of medical care beyond the simple distribution of pharmaceuticals even when there is a clear and necessary role for drug therapy. This requires re-socializing medicine and public health to counter the commodification of these fields--the overreliance on pharmaceuticals just being the clearest example of the trend toward commodification.

It is unlikely that any of this will be accomplished without excising to the greatest extent possible the private interests invested in the provision of health care. The configuration of health care in the United States presents massive opportunities for private rent-seeking that distort the way problems of human health are conceptualized and the types of interventions these require. The market orientation of the US health care system prioritizes the development of ever more expensive technologies over public health investments and protects the rights of corporations to extract maximum profits from their sale at great public and private expense. This drives up the costs of, and restricts access to, health care and crowds out other social investments. Though reviewing the specific policies that could curtail corporate power in medicine are beyond the scope of this dissertation--and extend beyond measures targeting drug companies--the cases of opioid painkillers and psychopharmaceuticals provide several general lessons. They demonstrate the necessity to scrutinize drug company claims regarding the efficacy and safety of their

products and to punish them severely when wrongdoing is discovered. These cases also make obvious the need to closely regulate the contact between the pharmaceutical industry and physicians who all too willingly become complicit in converting their patients' suffering into a source of drug company profits. If corporate power is not reigned in, not only will these harms be repeated, these actors will position themselves to exploit any future expansion of the provision of health care to 27.4 million Americans that are still uninsured, an extension they would likely try to shape in their self-interest.

Most fundamentally, however, there needs to be a recommitment to general welfare and to countering the forces of capitalism that have driven rising inequality in the US and globally over the last several decades. The form of biological citizenship represented by the US disability insurance system has grown in importance precisely in the aftermath of general welfare retrenchment as one of the few remaining mechanisms for transferring significant resources to the poor. The poor should not be forced to wait until they suffer permanent disability, or to fashion themselves as chronically incapacitated by physical or mental illness, to receive levels of state support afforded based solely on economic need in other wealthy countries. Furthermore, a commitment to general welfare, poverty reduction, and social and economic equality would necessarily translate to less disabling social environments by mitigating the violence of poverty that generates physical and psychic morbidity.

Instead, what we have at the moment is the punitive management of racialized poverty through a policy of hyperincarceration driven substantially by several decades of a failed War on Drugs. The carceral management of poverty escalates levels of social suffering and further restricts the already dramatically diminished life chances of the inner-city poor. Ironically, the opioid crisis, inasmuch as it represents the spreading of deadly addiction beyond the traditional

confines of neglected inner cities has provoked a sustained public reassessment of the wisdom of punishment in addressing addiction. What new political and public common sense around addiction emerges remains to be seen. Will the associated changes benefit all of those who have been harmed from the decades-long War on Drugs or will they simply carve out a gentler space for the more socially valued populations now swept into addiction by the opioid epidemic while continuing to expose the black and Latino ghetto poor to ongoing punishment?

Finally, shifting to a more modest scale, recognizing that--for better or worse--health care is one of the largest and fastest growing sector of the economy demands that we take steps to guarantee a more equitable distribution of the economic benefits of this growth. Hospital systems do not simply provide care, they are very frequently the institutions with the largest economic presence in inner-city neighborhoods. The University of Pennsylvania is the largest employer not only in Philadelphia, but in the entire state of Pennsylvania, largely due to its affiliated hospital system. In North Philadelphia specifically, Temple University and its health care system is that area's most important employer. In many cases the individuals in the surrounding inner-city neighborhoods have poor access to jobs at these institutions not least because of legal and institutional policy that prohibit the employment of individuals with criminal records.

Repealing these restrictions and actively investing in creating pathways to employment not only for the formerly incarcerated but for all neighborhood residents would at least spread some of the tremendous wealth generated by these institutions locally among the populations most in need. Ideally, measures should be taken to guarantee that these are high quality jobs that include mechanisms for advancement lest they become another isolated pool of low wage, dead-end jobs at the bottom rungs of the health care sector. Of course, I offer this final suggestion with trepidation, recognizing the inherent contradictions that include potentially inviting an additional

investment in maintaining the profitability of private health care and the fact that these are often the very institutions driving waves of gentrification displacing the urban poor. Still, it seems tremendously unjust that such a large swathe of the poorest Americans should be explicitly excluded from the largest local source of jobs.

Notes

[1] The names of all research participants and specific locations have been changed.

[2] "Hustle" and "hustler" were the terms most frequently used to describe street level drug dealing and the individual carrying out hand-to-hand sales respectively. The terms have been phonetically translated to Puerto Rican Spanish as *josear* and *joseador* (pronounced hoh-se-AR and hoh-se-ah-DOR).

[3] This opening fieldnote and the following two paragraphs are adapted from Karandinos (2018).

[4] The ethnographic research team included Philippe Bourgois, Laurie Hart, and Fernando Montero and was funded by National Institute of Health grant DA10163 (of which Philippe Bourgois was the principal investigator).

[5] While the dramatic demographic effects of opioid overdoses--discussed later in the introduction and in Chapter 3--might appear sufficient to explain their framing not only as an "epidemic" but also as a "crisis" and "public health emergency" there is certainly a more complicated history of the racialized recognition of suffering of addiction in the representational politics of opioid overdoses which are disproportionately affecting a population that is far whiter, less urban, and more middle-class than in previous "drug epidemics." The sentiment that these racial, class, and geographic characteristics are responsible for the noticeably more sympathetic portrayal of addiction compared to previous "drug epidemics" was captured by Cedric Richmond, the leader of the Congressional Black Caucus, when he stated: "[W]e now have this loving, nurturing medical response to opioid addiction… However, 1988, 1989 and the 90's, what we did with crack... we said we're going to declare war on drugs and we're going to lock everybody up… The only difference is who is addicted and the response that we're giving" (Lemon 2017). For more on the racialization of representations of addiction in the opioid crisis see Netherland and Hansen (2016). Despite this complicated politics of representation, I will follow the nomenclature that has become *de rigeur* in popular, academic, and official writing in recognition of the unprecedented scale of overdose deaths in recent years.

[6] Judith Butler (2009) uses the terms precarious and precarity in a more general way--not directly in conversation with the literature on labor precarity cited below--to argue for a universal ethics of mutual care and protection grounded in the recognition that all life is inherently precarious in the sense that it is vulnerable to death and injury. From this general feature of life, Butler distinguishes "precarity" as a "politically induced condition in which certain populations suffer from failing social and economic networks of support and become differentially exposed to injury, violence, and death" (ibid., 25). Writing in in the setting of the US-led War on Terror, she explores how the mediatization of this differentially intensified, but universally shared, existential vulnerability, for example, in war reporting, militates against a universal ethic of human concern by framing some lives--like those of US soldiers and American victims of terrorist attacks--as a grievable while denying grievability to other lives--such as those of civilians killed in the US invasion of Iraq and its aftermath.

[7] This last point is the primary subject of Jean and John Comaroff's forthcoming article, entitled "After Labor," which argues that the difficulty of thinking "beyond a universe founded on mass employment" is tied to the fact that, despite capital's perpetual quest to free itself of dependence on human workers, "[w]age labor remains at the ontological core of capitalism: of species being under its political theology; of its conception of time and value; of the unstable ratio of creation and destruction on which its own expansion and financialization depends."

[8] In their foundational 1922 *Introduction to Sociology* textbook, Robert E. Park and Ernest W. Burgess--Chicago School sociologists, and each at one time president of the American Sociology Association--acknowledged the influence of Emile Zola, writing that novels like his were "literary device[s] for the analysis of human nature and society" and "instruments for the scientific dissection and explanation of human behavior" (Park and Burgess 1922, 141).

[9] Villermé had earlier conducted a series of studies in the 1820s using statistical methods to conclude that poverty was the cause of differences in mortality among the municipal districts of Paris, though he did not venture to elucidate specific mechanisms, nor did he suggest social or economic remedies at that time (Barnes 1995, 31–33).

[10] Chicago School sociologist Everett C. Hughes said of British social surveys like Booth's that, "[t]hey were a sort of scientific counterpart of the novels of Dickens and Zola, sprinkled with tables on wages, household expenditures, housing, health, drinking, and crime" (Hughes 1984, 109) and that Booth's *Life and Labour*, in particular, was required reading for students studying under Robert E. Park (Hughes 1954).

[11] Commenting on the suppression of Du Bois' work generally, and the importance of the *The Philadelphia Negro* specifically, eminent sociologist William Julius Wilson writes that, "*The Philadelphia Negro* is a pioneering study in sociological field research... Yet, if students of sociology were asked to cite the trailblazing works of field research on urban race and ethnic relations, they would invariably mention studies published two decades or more later... These [other] works are on most graduate students' reading list in sociology and are required reading in many

of the comprehensive examinations for the Ph.D. On the other hand, hardly anyone mentions or discusses *The Philadelphia Negro* in graduate classes. Many students can go through their entire graduate program without being exposed to any of Du Bois' work, not to mention *The Philadelphia Negro*" (William J. Wilson et al. 1996). See also Aldon Morris (2015) for the most extensive account of the marginalization of Du Bois' work during his lifetime and the subsequent forgetting of his foundational influence on the discipline of sociology.

[12] See Katz and Sugrue (1998), p. 48-51, for a discussion of Du Bois's methodological approach in *The Philadelphia Negro*, including its relationship to Charles Booth's *Life and Labour of the People of London*. The rest of this volume is an excellent reconsideration of the innovations and influence of Du Bois's book. Introductions to recent reprints of *The Philadelphia Negro* written by sociologists Elijah Anderson (1996) and Lawrence Bobo (2007) also provide important context for the publication of the study as well as an assessment of its legacy. See also the chapter entitled "From Philadelphia to Atlanta" in David Levering Lewis's Pulitzer-prize winning biography of Du Bois (1993, 179–210).

[13] Douglas Massey and Nancy Denton's landmark *American Apartheid* (1993) defined a city as "hypersegregated" if they measured high levels of segregation in four or more of five quantitative metrics used by statistical studies of residential segregation. The five metrics were of the: 1) *unevenness* of the nonwhite population share of each city census tract (or other spatial unit, e.g., block, neighborhood, etc.) relative to their share of the city's total population; 2) *isolation* of nonwhites in predominantly nonwhite tracts; 3) *clustering* of predominantly nonwhite tracts contiguously rather than their scatter throughout the city; 4) *concentration* of nonwhite tracts within a small total area; and, 5) *centralization* of nonwhite tracts around the urban core rather than at the periphery. See Massey and Denton 1993, pp.74-78, for the authors' full definitions of hypersegregation and of each of the individual metrics.

[14] The statistics, summarized by Stiglitz (2019), are, by now, familiar: the richest one percent control 40 percent of the wealth in the United States; the top 10 percent has 75 percent of total US wealth; the three richest Americans--Jeff Bezos, Bill Gates, and Warren Buffet--have more wealth than the bottom 50 percent of Americans combined. Asante-Muhammad et al. (2017) provide even starker figures when taking the influence of race into consideration: in 2013, 30 percent of black households and 24 percent of Latino households had zero or negative wealth while median household wealth was approximately $2,000 for blacks and Latinos, a decrease of 75 percent and 50 percent respectively since 1983. Over the same time period white household wealth rose by 16 percent to $116,000.

[15] McCord and Freeman (1990) found that while the all cause age-adjusted mortality rate for Harlem was over twice that of whites, these disparities were even greater for specific age groups. The standardized mortality ratios of Harlem women aged 25 to 34 and men aged 35 to 44 were approximately six times greater their US white counterparts. They also found that while homicide was a significant driver of the difference, it only accounted for 14 percent of the excess mortality with cardiovascular disease accounting for 23.5 percent, cirrhosis 17.9 percent and cancer 12.6 percent. They concluded that "extremely high mortality rates" among Harlem's 650,000 residents "justify special consideration analogous to that given to natural-disaster areas" referencing an earlier study (Jenkins et al. 1977) that found that the excess mortality in Boston's poor black neighborhoods, while lower than Harlem's, was "considerably larger than the number of deaths in places that the U.S. government had designated as natural-disaster areas."

[16] McCord and Freeman's analysis was based on data from 1979-1981 before the AIDS epidemic and the explosion of violence and addiction that wracked Harlem as crack flooded its streets during the 1980s and early 1990s. It is no surprise, then, that a subsequent study found that that mortality deteriorated even further among Harlem men in the following decade (Geronimus et al. 1996).

[17] Citing Centers for Disease Control and Prevention data, the Philadelphia Inquirer reports that life expectancy in the Philadelphia area ranged from 64 years in a North Philadelphia census tract that is 90 percent black and has a median income of $14,000 to 92 years in a census tract that is 74 percent white with a median income of $103,000 (Giordano 2018). This is by no means unique to Philadelphia. According to NYU's CityLab, there are more than 20 US cities with life expectancy gaps of 20 years or more among their census tracts (Holder and Montgomery 2019).

[18] Robert Sampson's (2012) monumental *Great American City* provides the most extensive quantitative investigation of contemporary racial segregation and its effects on health, violence, poverty, joblessness, incarceration, and political power.

Chapter 1: Liminal Ghetto: Space, Race, and Accumulation

Introduction

Liminality thoroughly characterizes Puerto Rican Kensington, the inner-city North Philadelphia neighborhood containing Sterling and Cliff Streets. The neighborhood is geographically liminal, sandwiched between nearly all-white and all-black neighborhoods. It is phenotypically liminal from the perspective of the US racial binary, with residents spanning all shades of skin color. As a site of active in-migration of insular Puerto Ricans, the neighborhood is also shaped by the political liminality of Puerto Rico, a predominantly Spanish-speaking Caribbean island geographically and culturally situated between the continental United States and Latin America in a colonial relationship to the mainland.

This chapter explores how these multiple forms of liminality overdetermine the neighborhood's function as Philadelphia's most active drug market. Following Stuart Hall's call to attend to how particular articulations "insert economic agents drawn from different ethnic groups into sets of economic relations" (S. Hall 1980, 321), the chapter investigates the production of the neighborhood at the intersection of sociohistorical and economic processes inflected by race, ethnicity, and colonialism. The chapter then turns to examine the basic territorial unit of the neighborhood narcotics trade: the individual drug block. Analyzing the hierarchical control of this social, spatial, and economic unit reveals the process by which the public space of a residential city block in a neighborhood suffering long-standing public and private disinvestment becomes reconstituted as the private property of a drug boss. Thus transformed, the drug block unleashes the circulation of capital in an otherwise moribund local

economy and serves as the fundamental site of accumulation in a multibillion-dollar global narcotics trade which in turn dynamizes an entire economy of policing and incarceration directed at its management.

Having first moved down through multiple spatial scales from global macroeconomic processes to the constitution of an inner-city block as individual property, I use the concept of primitive accumulation to move back up these scales starting with the bodies of individuals who sell and use drugs as sites of destructive accumulation. This analysis traces the production of a drug market space that organizes the physical bodies of its participants in a way that sets the stage for the violent release of profits that recirculate upwards. It also reveals how processes of accumulation link socially, racially, and economically differentiated spaces across scales, starting with the bodies of participants in the inner-city drug trade all the way up to transnational flows of massive illicit drug profits that articulate with the aboveground economy at multiple points.

The analysis that proceeds is fundamentally founded on the recognition of US urban development as a form of what Cedric Robinson ([1983] 2000) refers to as "racial capitalism."[1] This concept, like Stuart Hall's notion of racially-inflected articulation, foregrounds capitalism's tendency to produce, exaggerate, and profit from difference. Robinson's insertion of race into the heart of an analysis of global capitalism continues the project of refining Marx's classic account by showing that racialized differentiation first preceded and facilitated, and then continued to dynamize capitalism. In doing so, Robinson foregrounds the centrality of processes such as colonization, imperialism, slavery, and primitive accumulation that Marx cites but leaves mostly undeveloped. Applying this perspective to the US city reveals it to be a physical concretization

of a long, and continuing, history of racial inequality and an instrument of racialized accumulation.

Remembering Industrial Kensington

Formerly the industrial heart of the city, especially of textile production, Puerto Rican Kensington is now littered with the shells of collapsing abandoned factories and city-block-sized vacant lots. The census tracts surrounding Sterling and Cliff Streets are among the poorest in the city with poverty rates ranging from 50 to over 60 percent.[2] Almost homogenously white in 1960, by the 2010 census, the neighborhood's census tracts ranged from 50 to 90 percent Hispanic, primarily comprised of Puerto Ricans.[3] In 2006, the neighborhood was the site of over 10 percent of total narcotics arrests in Philadelphia, a figure that was 62 percent higher than the next highest of the 68 neighborhoods identified by the University of Pennsylvania's Neighborhood Information System's crimeBase application. In some years, the neighborhood accounted for as much as a quarter of citywide narcotics arrests, reaching rates that were five times higher than the neighborhood with the next most arrests (CrimeBase 2010).

As late as 1962, there were fourteen factories producing rugs, textiles, and tools within five blocks of Sterling Street (Department of Public Works 1962). Sterling Street itself sits literally in the shadow of an abandoned fabric factory occupying a full square block. Now, standing in the center of Sterling Street, one can see another full square block vacant lot where a textile mill formerly stood, and from the roof of one of the block's rowhomes, there are another eleven abandoned factories within view. Together, these decommissioned factories represent dozens of thousands of neighborhood jobs lost first to the suburbs, then to the non-unionized American South, and finally to sweatshops across the world. Of Sterling Street's sixty housing

lots, five were previously occupied by condemned homes that had been demolished. Another three lots were occupied by partially collapsed and condemned abandoned buildings. Of the occupied homes, three were occupied by white residents who had lived on the block for decades and were all over seventy years old and living alone. Additionally, four homes were occupied by African Americans, four by Dominicans, one by Hondurans, and one by Mexicans. The remainder of the houses were occupied by Puerto Ricans.

By 1980, when Puerto Ricans first started moving into the surrounding blocks, the neighborhoods of North Philadelphia had already lost an average of 40 percent of their 1960 population (Adams et al. 1991, 83). In 1970, the employment rate for school dropouts with less than nine years of formal education was 67.5 percent; but, by 1988, it had decreased to 18.4 percent reflecting the increasing mismatch between available jobs and the educational attainment of neighborhood residents (ibid., 59). This continuing deterioration in the urban opportunity structure has led to an increasingly "wageless life" (Denning 2010) for many of the residents of Philadelphia's poorest neighborhoods who are in many cases stably unemployed. Many Sterling and Cliff Streets' residents, especially of the younger generation, had never held a legal job. Of those who did have a history of legal employment, most had held a smattering of low-paying service jobs for only months at a time separated by much longer stretches of unemployment. While the latest official unemployment rate of the census tracts surrounding Sterling and Cliff Streets is only approximately 19 percent (compared with a 11.3 percent city-wide rate), a more careful analysis demonstrates a much greater disengagement from formal employment.[4] Excluding individuals 65 years or older and those younger than sixteen-years-old, or those of any age enrolled in college, gives a labor force *non*-participation rate of nearly 55 percent in these census tracts, compared with just 20 percent for the city as a whole.[5]

The dismal, nearly post-apocalyptic landscape of vacant lots, crumbling rowhomes, collapsing factories, overgrown train tracks, and hypodermic-syringe-strewn sidewalks differed considerably from the memories of the neighborhood of the oldest residents on the block. Ruth, one of Sterling Street's three white residents, was the oldest of the "old timers" and had lived on the block for over half a century. As a constant stream of heroin customers poured down Sterling Street to purchase ten-dollar packets of heroin, Ruth described the neighborhood of her youth from her stoop, focusing on the radical transformation of the employment opportunity structure facing residents:

> I left at tenth grade and I didn't graduate. You only had to be sixteen then to quit school and get a job and I wanted to make some money. In my first job I made sixty-five cents an hour at a lace curtain factory. I cleared 28 dollars a week. That was big money. Back in them days my mom and I had a rear-end apartment in the basement. My mom did housework for other people.
>
> Guess how much our rent was every week? Eight dollars!
>
> There were three operators for the lace curtains. They were piece workers and, I mean, they could zoom, zoom. You'd turn around and you'd look and three bins were piled full. I said to them, "Do you ladies ever go to the bathroom? You must wear diapers. Do you ever get up?" Never. They would never get up. "Wow, you ladies must have calluses on your butts!" I only worked there a year, 'cause I got seventy-five cents at a place making ironing board pads. Boy, I had so many jobs. When I retired and went on Social Security, I said to the lady [at the Social Security office], "I never knew I had all these jobs!" But none of them paid great

back then. A lot of my jobs were seasonal. I got laid off and used to collect unemployment.

Honey, back then... you see all these lots? Where there's no buildings? Majority of them were all factories. You had the underwear factory up here, you had a carpet factory down there. That building on the other side of these houses was a factory. They had looms and made carpeting. I don't think women worked there because it was too heavy. After I got married, I worked back here [pointing to the adjacent street] making paper forms. And that big lot there, what's like a park now, that was another factory. Then I worked making panty hose, then on a radar assembly line soldering wires. Oh my God, I worked so many places. See, back then, you quit one job, cross the street and get hired at another factory.

My mom had three sisters, all married businessmen that lived in Olney [a then middle-class neighborhood of Philadelphia]. My one uncle worked for a company making ball bearings. All my aunts put my mom down for living here. You know we always had a bad name in Kensington. We were all known for fighting and different gangs were around. That's all over, don't you think? Most people say, "Why don't you move?" How the hell do I move? You gonna pay my mortgage? When I got married, these houses were cheap. In 1950, I think I only paid three thousand dollars. My mortgage was forty-two dollars a month. We had Polish, German... you name it. Every religion was on this street. Race was mixed.

George: What about Puerto Ricans or blacks?

Ruth: On this block, no. Not that I'm aware of. Don't recall any. But I accept other races--as long as they don't hurt me or my family. My one

granddaughter goes with a colored. Plus, she's gay. So what? I still love her. If God made us all alike, wouldn't it be a boring world?

[Continuing] Back then, times was good. Who can afford to move now? One of my friends lives in Horsham [a nearly all white middle-class Philadelphia suburb], but she won't visit me 'cause she says, "Well, I don't want to bring my new car in your neighborhood." My [other] friend married a guy that lived in Jenkintown [another suburb near Horsham]. She used to live next door to me. We grew up together, played hookie from school together. Used to go to Fort Dixon and dance with the soldiers. And she don't think I remember all them days. She got uppity and she puts me down, because I'm still here. She says, "I keep my eye out for a house up here." I says, "If you're paying for it, let me know. Give me a week's notice."

I like my home... No one really bothers me. "I don't care what you'se do, just don't do it [sell drugs] in front of my house. That's all." I love all these little children. I give them cookies. Some call me, "Cookie lady! Cookie mama!" They all know me. All the Puerto Ricans call me "mama." I just wish sometimes I could talk in Spanish, you know? But hon', I had a hard enough time learning English!

In one short conversation Ruth flagged many of the changes affecting the neighborhood, mirroring patterns that would repeat, with minor variation, in major industrial cities across the United States. Most notable among these was the radical transformation of the employment opportunities available to inner-city residents. Given current conditions, Ruth's statement that finding a new job used to be as easy as crossing the street now could only conceivably apply to

employment in the neighborhood's open-air drug trade, which did in fact provide hyperlocal jobs primarily for the young men of the neighborhood. They indeed had a handful of drug corners that might employ them within a short walking distance of their residence, often including on their own blocks. Of course, Ruth's comments also make it clear that although labor opportunities were plentiful in an earlier industrial era, the neighborhood was still plagued by the precarity that has often characterized factory work including seasonal fluctuations in employment and relatively low pay. But she never worried when she was laid off that she would not soon find another job, and by the end of her career, she could not even recollect the number of jobs she held, almost all in the neighborhood's industrial sector. Her reference to the importance of unemployment benefits tiding her over between jobs, and her eventual retirement on social security, also point to the importance of a welfare state that was substantially downsized in the intervening decades, and threatens to unravel further.

1950, the year Ruth bought her house was an important watershed in Philadelphia's history, marking the peak of its population at just over two million. Over the next sixty years Philadelphia's population would shrink by more than half a million residents.[6] From 1955 to 1980 Philadelphia would lose 68 percent of its manufacturing jobs. Still, in 1980, approximately 136,900 manufacturing jobs remained in the city. The rate of loss accelerated in the following decades, however, and by 2018, there were just 20,000 residents employed in this sector--just 6 percent of the 1955 total (Bureau of Labor Statistics Data 2019). This traumatic structural shift meant that Philadelphia would mark the early years of the new millennium with a series of ignominious first place recognitions. In 2016, Philadelphia had the highest poverty and deep poverty rates among the ten largest American cities with nearly 26 percent of its population below the poverty line and 12.3 percent below 50 percent of the poverty line (Pew Charitable

Trusts 2017). It also boasted the highest rate of childhood poverty among these cities, with 37 percent of Philadelphia children in households below the poverty line. And despite Chicago's media prominence on account of its gun violence, Philadelphia had the unfortunate honor of posting the highest murder rate among American cities with a population over one million from 2003 until the end of 2018, displaced only by a three-year spike in murders in Chicago from 2015-2017.[7]

Ruth also cited the changing status of the neighborhood, both from the perspective of outsiders and former residents. She points toward the near total evacuation of whites from the neighborhood who looked with scorn and condescension upon those who did not manage a similar escape as the neighborhood transitioned to a post-industrial, majority Puerto Rican sector of the city. Her understanding of "diversity" in the early settlement pattern of the neighborhood reflects the changing racial and ethnic micropolitics of the city that were originally configured around the national origin of white Europeans. Over the course of the twentieth century, the distinction between these "white ethnics"--whom Ruth described as belonging to different races--receded in importance as the racial politics of the city were reoriented primarily around a black-white racial binary as formerly differentiated European descendants came to perceive themselves--and behave politically--as a homogenously white population (Ignatiev 1995; Roediger 2005).

The Black Ghetto Takes Shape

When Ruth moved to Sterling Street, Philadelphia's Puerto Rican population still made up less than a fraction of a percentage point of the city's more than two million residents. The urban terrain that Puerto Ricans found when they arrived in increasing numbers in the post-

World War II years were forged primarily through the racial antagonism of whites and the blacks who had begun migrating to the urban North several decades before Puerto Ricans, and in far greater numbers. In Philadelphia, and in other northern cities, racism against blacks shaped the contours of urban ghettos in ways that had profound effects on the incorporation of other racialized minorities.

A historical look at the US ghetto shows that these physical spaces are in fact objectifications of social relationships mediated by macroeconomic processes, political negotiations, race, ethnicity, and histories of colonialism and slavery. These relationships are in turn shaped further by the spaces themselves. Interrelated processes such as immigration and migration, industrialization and deindustrialization, and urban-to-metropolitan population diffusion leave historical sediments that shape the character of life of subsequent generations and determine with varying severity the possibilities facing cities and their residents.

Slavery and southern plantation-based agricultural production determined the population distribution of blacks up until the 20th century, confining the vast majority to the rural southern United States. At the turn of the 20th century, the black population in northern industrial cities numbered on the order of only a few thousand. New European immigration and the procreation of immigrants and their descendants drove population growth in the nation's largest cities during this period. Close-knit ethnic neighborhoods, often organized around religious institutions, constituted the micro-geographies of these cities (A. F. Davis and Haller [1973] 1998). 19th century and early 20th century European immigration occurred during, and helped drive, a period of tremendous urban growth that corresponded to an unprecedented period of American industrialization when manufacturing dominated labor market opportunities (Licht 1992, 12).

Employers, desperate to meet labor needs during this rapid industrialization, enthusiastically welcomed these new immigrants.

Following the abolition of slavery at the conclusion of the American Civil War in 1865, blacks began to move north in growing numbers. The pace of migration accelerated during the early 20th century, as the pull of increasing economic opportunity in the North, spurred by the production demands of World War I, combined with the push of Jim Crow racism in the South. It was during this time that the first black urban ghettos began to take shape (Massey and Denton 1993, chap. 2).

We can see the process of ghetto formation unfolding most clearly where historians have carefully studied evolving segregation patterns such as in Detroit (Sugrue [1996] 2014) and Chicago (Hirsch 1998) though statistical data shows that most northern industrial cities underwent similar transformations (Massey and Denton 1993). In the early 20th century, the small population of blacks residing in the urban North lived interspersed with non-black city dwellers, rather than in majority black neighborhoods. As the population of blacks increased in these cities, they also became much more concentrated. In Detroit for example, as the black population grew from 5,741 and 1.2 percent of the city in 1910 to 40,838 and 4.1 percent of the city in 1920, blacks found themselves confined to increasingly homogenous racial ghettos. In the following decades, the majority of Detroit blacks inhabited a densely populated 60 square block portion of the city's Lower East Side (Sugrue [1996] 2014, 23). Chicago demonstrated a similar dynamic of early ghetto formation. In 1890, "no large, solidly Negro concentration existed" in the city (Hirsch 1998, 3). A short ten years later, the black population had suffered "an extraordinary degree of segregation" and by 1920, 85 percent of Chicago's African-American

population, which had grown to 110,000 from just a few thousand three decades earlier, lived in the city's segregated "black belt."

By World War II most large industrial northern cities, Philadelphia included, had well-established, almost entirely homogenous racial ghettos (Massey and Denton 1993, 42). The boundaries of these "first ghettos" would restrict the geographic distributions of newly arriving blacks and shape their life experiences during the period of much accelerated black migration that followed. The influx of blacks from the South during and after World War II--termed by historians the "Second Great Migration"--dwarfed earlier periods of migration. In Philadelphia, the 1940 black population stood at 250,880 (13 percent of the city), up just 30,000 from ten years earlier. Over the next ten years, however, Philadelphia gained more than 120,000 black residents, raising the black population to 18 percent of the city. By 1970, Philadelphia's black population reached 653,747 individuals (34 percent of its total population) and the city was so segregated that 83 percent of its black residents would have needed to move to achieve an equitable racial distribution (Massey and Denton 1993, 47).[8] The growing influx of black (and Puerto Rican) migrants, however, was not enough to offset the rate of white evacuation and the city's population started declining after 1950.[9]

New arrivals to the city faced a severe housing shortage that had several supply and demand side causes. The shortage was exacerbated by the virtual cessation of housing construction during World War II as all production shifted to address war-related needs (Sugrue [1996] 2014, 52). The World War II era saw general vacancy rates as low as one percent in some cities. The situation faced by blacks, however, was inordinately more severe than this general pattern would suggest as racism confined them to the parallel housing market of preexisting ghettos. Throughout the urban North, the borders of these ghettos were violently patrolled and

resisted by white neighborhood gangs and by organized community mobilization (Meyer 2000). This violence often exploded into full-on race riots when city governments attempted to build public housing in non-black communities in an effort to systematically address the particularly acute housing crisis among blacks (Hirsch 1998, 4). Access to already existing public housing was also restricted as blacks faced much lower acceptance rates despite their more disadvantaged financial position. Public housing remained far more available to whites than blacks until well after the end of World War II (Sugrue [1996] 2014, 88). In Philadelphia, property destruction, extreme harassment, and physical violence met blacks, and later Puerto Ricans, attempting to transgress the color line in housing (Nowak 1986, 51–53; Binzen 1970; Wolfinger 2007, 179–91).

As the overtaxed housing stock of the ghetto inevitably deteriorated, local officials branded these neighborhoods as unsalvageable problem areas in need of clearance (Massey and Denton 1993, 55–57). Government "slum clearance" only exacerbated the housing crisis by simultaneously reducing available housing units and increasing the number of people looking for residence. Taken together, these factors conspired to produce the paradoxical result that blacks paid higher rents for housing that was in far worse condition relative to whites. As the housing crisis worsened for both blacks and whites, the federal government became more actively involved in seeking its solution. Its response would profoundly reshape cities and their surroundings, with dramatically different impacts on blacks and whites as well as the Puerto Ricans who were arriving in increasing numbers.

Puerto Ricans Arrive

At the 2010 census, 121,643 Puerto Ricans lived in Philadelphia, comprising approximately 8 percent of its total population. This made it the US city with the second largest population of Puerto Ricans, trailing only New York City. Exactly a century earlier, Philadelphia's Puerto Ricans numbered less than one hundred and by 1940 there were still only roughly 400 in the city. These early Puerto Ricans lived interspersed among several thousand other Spanish-speaking immigrants, primarily from Cuba and Spain, as well as with other working class Poles, Russian Jews, Italians, and African Americans in three small concentrations in Philadelphia's Southwark, Spring Garden, and Northern Liberty neighborhoods. They found their way to Philadelphia primarily through informal networks with the earlier Spanish-speaking immigrants. These "pan-Latino enclaves" were anchored by employment opportunities, such as at cigar-makers in Southwark and at the thriving Baldwin Locomotive Works in Spring Garden, and by religious and civic institutions catering to Philadelphia's diverse Spanish speaking population (Vazquez-Hernandez 2010, 2017).

Although only numbering 1,600 in 1950, Puerto Ricans by then already comprised the majority of Philadelphia's Spanish-speaking residents (Siegel, Greer, and Orlans 1954, 18). Nevertheless, they received little official recognition from the city until an explosion of racial violence targeting Spring Garden's growing Puerto Rican community attracted public attention (Whalen 2001, 183–94). On July 17, 1953 a bar fight in the neighborhood spilled out into the street where a white man was stabbed by an assailant presumed to be Puerto Rican. According to newspaper reports, a gang of fifteen white men subsequently broke into the homes of two Puerto Rican families, who bore no relationship to the original incident, and began beating the occupants in an act of general retaliation breaking furniture and injuring a child in the process

(Siegel, Greer, and Orlans 1954, 50). When the police attempted to arrest one of the white attackers, he struck at the officers and helped set off a two-hour melee that involved between three hundred and a thousand residents--some armed with knives, bottles and bricks--and forty to seventy-five responding officers. Street fighting continued for several nights the following week resulting in multiple police injuries and thirty-five arrests. Only five of the arrestees were Puerto Rican, and they were all apprehended on the night of the original incident. Historian Carmen Theresa Whalen, in her book about Puerto Ricans in post-World War II Philadelphia, notes that the outbreak of racial violence occurred in the area of most rapid Puerto Rican population growth in the city. With whites comprising 83 percent of residents, the neighborhood was also the only one with a significant Puerto Rican population that was still majority white (Whalen 2001, 185–86). Highlighting the racist impulse behind the attacks, a friend of a rioter on trial testified that the defendant had complained that "the spiks were getting... in the neighborhood" before joining the violence (ibid., 187).

Follow the riots, Philadelphia's Commission on Human Relations launched a study on the "demographic characteristics, problems and attitudes" of Philadelphia's Puerto Rican population which had more than quadrupled in the previous four years to 7,600 after decades of slow growth (Siegel, Greer, and Orlans 1954). The commission framed the study as a needs assessment to "enable local health, housing, employment, education, welfare and other agencies to meet adequately the new demands upon their services" while admitting that "the matter was given added urgency" by the recent violence (ibid., 7-8). The report drew on interviews with 209 Puerto Ricans living in Philadelphia and 102 of their neighbors, 72 of which were white and 30 of which were black. The report notes that the area of fastest growth of the Puerto Rican population was in the "dilapidated center of the city" rife with low quality housing that had been

marked by the city for redevelopment in the coming years (ibid., 25). The report confirms that the migrants from Puerto Rico came to Philadelphia in search of better employment opportunities than those on the island. Their rate of employment was slightly higher than those of their neighbors, with 69.6 percent employed and an additional 20.3 percent seeking work, and most of their neighbors perceived Puerto Ricans to "work as hard or harder" than other neighborhood residents (ibid., 33, 55).

In addition to exposing the confusion regarding Puerto Rico's political status--only 44 percent of their neighbors knew that Puerto Ricans were American citizens--the report also highlighted the uncertainty that resulted from trying to categorize the new arrivals according to a US white-black racial binary that did not accord with Puerto Rican notions of race or the reality of Puerto Rican creolization under former Spanish colonial rule (Siegel, Greer, and Orlans 1954, 52). While the most recent US census categorized 78 percent of Puerto Ricans as white, only 3 percent of their Philadelphia neighbors considered Puerto Ricans to be white. Twenty-five percent thought that Puerto Ricans were neither "white nor colored" but had "their own color" or were "in between." The remaining two thirds of respondents were split evenly between classifying Puerto Ricans as "colored," or as a heterogenous mix of "some colored" and "some white." Of those who thought Puerto Ricans were heterogeneously composed, estimates of the relative proportion of white Puerto Ricans spanned from 5 to 95 percent of the total population.

Also revealing were the responses to survey questions that gauged the relative "social distance" between black, white, and Puerto Rican respondents (Siegel, Greer, and Orlans 1954, 52,60-62). Assessing the relative racism of white neighbors, one of the survey interviewers commented that they "generally think of Puerto Ricans as inferiors, but, at the same time seem to place the Puerto Rican on a plane above the Negro." While Puerto Ricans felt, on the whole, that

their white neighbors were prejudiced against them, they underestimated, in some cases dramatically, the actual antipathy of their neighbors. Puerto Ricans overestimated how likely white Americans were to accept them as family by marriage, as personal friends, neighbors, workmates, and as US citizens. The white American neighbors in the area of the Spring Garden riots reported the highest rates of hostility toward their Puerto Rican neighbors.

The sudden expansion of the Puerto Rican population in Philadelphia brought to light by incidents of racial violence was not simply an organic outgrowth of earlier settlements; it was stimulated by coordinated efforts between private businesses and federal, local, and insular politicians to recruit Puerto Rican labor to the Philadelphia region (Whalen 2001, chap. 3). In fact, contract labor programs played a key role in establishing many of the Puerto Rican communities across the United States (Maldonado 1979). The earliest regional effort to recruit Puerto Rican workers occurred when the Campbell Soup company in nearby Camden, New Jersey petitioned the War Manpower Commission to fly in Puerto Rican men to meet the increased demand of wartime production (Sidorick 2009, chap. 3).

The formal arrangement was short-lived. Congress cancelled the so-called "Puerto Rican Deal" to recruit island labor to the continental United States just one year after its launch in 1944, in part due to its concerns that unlike labor imported from outside the United States, Puerto Ricans could not be deported after the term of their contracts ended (Maldonado 1979, 111–12). In fact, of the 2,200 Puerto Ricans recruited to work in the continental United States in 1944, only 15 percent returned to the island. Still, Campbell continued to privately recruit Puerto Ricans, especially for its lowest-wage seasonal work, and even sent company representatives to the island to establish semi-formal recruitment networks (Sidorick 2009, 90–93). Together these efforts attracted some one thousand Puerto Ricans to Campbell during the war years. Often

living in crowded, filthy, gender-segregated barracks, and confined to the lowest-paid, most unstable jobs with the least potential for long-term tenure or upward mobility, Puerto Rican men did in fact leave Campbell in pursuit of greater local opportunity often moving to Philadelphia.[10]

Additional coordinated efforts recruited Puerto Ricans in a gender-specific pattern (Whalen 2001, chap. 3). Employers recruited men for agricultural work in South New Jersey and peri-Philadelphia farmlands. Like the Campbell Soup factory recruits, many of these farm-labor migrants treated their agricultural contracts as stepping stones to more desirable urban employment in Philadelphia.[11] Puerto Rican women, on the other hand, were directly recruited to the Philadelphia textile factories that were especially concentrated in the neighborhoods north of Spring Garden, including Kensington, where the majority of the Puerto Rican population would eventually settle after being pushed out of their earlier neighborhoods by city-sponsored gentrification (Nowak 1986). Because of the gendering of most jobs in textile factories as women's work, many men resorted to employment in the bottom rungs of the low-wage, poorly organized, blue-collar service sector as waiters, busboys, dishwashers, and janitors. The gendered difference was pronounced: among Puerto Ricans employed in Philadelphia, 72 percent of women, but only 42 percent of men, worked as factory operatives while 6.6 percent of women and 29.2 percent of men worked in the "private household and service" sector (Siegel, Greer, and Orlans 1954, 35). Those working outside the city limits in agriculture were almost all men (Whalen 2001, 50).

The formal recruitment that established the pioneer communities anchoring the growing Puerto Rican population in Philadelphia was part of a larger development agenda between continental and insular politicians to address "overpopulation" on the island. Puerto Rico's poverty was cast as an issue of overpopulation almost from the moment the United States took

possession of the island at the conclusion of the Spanish American War in 1898.[12] The notion that Puerto Rico was "overpopulated" became even more prominent during a phase of rapid industrialization beginning in the 1940s dubbed "Operation Bootstrap." The plan set out to entice continental capital with enormous tax breaks and other incentives in what economic historian James Dietz (1986, 210) characterized as a strategy of "industrialization by invitation"--a largely failed development approach that has persisted into the present.[13] What followed was an ultra-rapid conversion of Puerto Rico from a primarily agricultural economy organized around the production of cash crops like tobacco, coffee, and sugar, into a mostly textile-based industrial economy over the course of less than twenty-five years (ibid., 259). While the associated policies succeeded in increasing industrial employment in Puerto Rican cities, new urban manufacturing jobs came nowhere near to offsetting the loss of agricultural employment in the countryside and island-wide unemployment began to rise rapidly. Deliberately undermined, the rural labor market imploded, initiating internal displacement to the island's cities and, increasingly, to the US mainland (ibid., 277).[14]

Altogether, these factors propelled more than 650,000 Puerto Ricans to emigrate to the continental United States between 1945 and 1964. Migration continued at a slower, but steady pace in subsequent decades, with US census-based estimates reporting a net emigration of approximately 65,000 in the 1970s, 126,000 in the 1980s, and 110,000 in the 1990s (Rivera-Batiz and Santiago 1996, 170; Cohn, Patten, and Lopez 2014). Over this time period Puerto Rico's development-by-invitation policy remained essentially unchanged even as the nature of industry on the island shifted from textile manufacture to pharmaceutical and other high-tech production (Dietz 2003, 21; Dietrich 2013).

As Yarimar Bonilla and Marisol LeBrón (2019) note in their analysis of the preexisting vulnerability that was brutally exposed by hurricane Maria in September, 2017, the extreme fragility of this decades-long economic policy became painfully evident when the expiration of major tax breaks in 2006 prompted US corporations to dramatically scale-down their operations on the island, and in many cases, desert it altogether. Almost overnight, Bonilla and LeBrón write, the island was plunged into a severe recession, initiating mass public services privatization and public spending cuts that, nevertheless, did little to halt the ballooning of public debt which surpassed $70 billion within ten years.[15] Although the island government declared its debt unpayable in 2016 its colonial status prevented it from declaring bankruptcy. Instead, Puerto Rico was forced to accept the installation of an unelected Fiscal Control Board that has since further intensified austerity measures in service of extracting debt payments which by 2014 were already consuming approximately a third of Puerto Rico's annual revenues. These dramatically deteriorating conditions spurred an exodus unseen since the 1950s. A net 503,000 Puerto Rican residents migrated to the mainland between 2006 and 2016 followed by a further 200,000 that fled in the two years after hurricane Maria devastated the island (Mora, Dávila, and Rodríguez 2018; Center for Puerto Rican Studies 2019).

"Whiteness as Property": Metropolitan Reconfigurations and the Abandonment of the City

In a seminal article in critical race theory, lawyer and legal scholar Cheryl Harris (1993) argues that whiteness is a form of property that has and continues to receive legal protection as such. She writes, "White identity conferred tangible and economically valuable benefits and was jealously guarded as a valued possession, allowed only to those who met a strict standard of

proof" (C. I. Harris 1993, 1726). She traces the explicit and implicit legal construction of whiteness as a "vested interest" beginning with landmark court cases such as Plessy v. Ferguson and Brown v. The Board of Education, through to the growing number of more recent legal attacks on affirmative action programs to conclude that "whiteness as property is the reification, in law, of expectations of white privilege" (ibid., 1784).

The history of 20th century US urban development demonstrates the "property interest in whiteness" to include quite literally an interest in white property in the form of real estate to be protected against incursions from racial minorities. In the New Deal politics shaping the experience of an increasingly urban black and Puerto Rican population, social democratic policies promoting public housing and public welfare sat opposed to policies that promoted private homeownership through initiatives that almost exclusively benefited whites. While blacks and Puerto Ricans demanded relief from increasing ghettoization, whites sought to pursue the post-World War II American dream of the detached single-family home in distant, racially homogenous suburbs.

Government initiatives, such as the Home Owner's Loan Corporation (HOLC) and the GI Bill of Rights, although not explicitly racially targeted, in practice subsidized white suburban homeownership. The Federal Housing Administration branded areas with even marginal black populations unsuitable for investment through a process of redlining (Rothstein 2017; Gordon 2008). This guaranteed neighborhood deterioration and racial turn-over from majority non-black to almost exclusively black occupancy within months to years. The net effect was to place an ever-greater number of blacks in ever worsening housing (Sugrue [1996] 2014, 44,60). White privilege in the labor market and effectively racist federal policies facilitated the growth of a white suburban middle class while these same forces enlarged and entrenched urban ghettos. In

this context, white flight--the massive abandonment of northern cities by white residents--became a fire that fueled itself. The results in Philadelphia were dramatic: the white population plummeted from a high of 1,728,806 in 1930 to 562,585 in 2010, dropping the white proportion of the city from 89 to 37 percent.[16]

As whites continued to leave the city, attracted by the federally subsidized, racially exclusive dream of detached homes and spacious lots--potent American symbols of middle-class ascendancy--vacancies began to open in neighborhoods adjacent to existing ghettos. Across the country, these vacancies along with the increasing black demand for housing, strengthened by expanded, but circumscribed, economic opportunity from the economic boom of World War II, created extremely lucrative conditions for profiteering real estate agencies. Realtors began "block busting," the process of converting white blocks to black blocks by selling houses to blacks in previously racially closed-off areas and convincing their white residents that their neighborhood faced imminent racial turnover and home value collapse. Panicked whites with enough resources to relocate sold their houses at cut-rate prices to realtors who then turned huge profits reselling these homes at a large premium to blacks.

As William Julius Wilson ([1987] 2006) has demonstrated, during the period that followed, US ghettos expanded and differentiated as blacks with sufficient purchasing power moved to newly available city neighborhoods. The relocation of a nascent black middle class into previously white areas left behind a hard core of poverty in the historical black ghettos. The pressure-release valve of housing available in the suburbs reduced white opposition to ghetto expansion. Resistance was now mostly limited to those whites too poor or too attached to their homes to move. Nevertheless, the unwillingness of many whites to live next to blacks, either as a result of racial antipathy and/or out of fear of falling home equity, guaranteed that neighborhoods

with new black arrivals would remain racially mixed only briefly. Instead, these neighborhoods underwent rapid racial turnover and became extensions to historical black ghettos, reforming the frontiers of black neighborhoods which resolidified into an expanded "Second Ghetto" (Hirsch 1998).

Urban politicians who hoped to reverse, or at least stem, the evacuation of relatively wealthy city residents viewed growing ghettos of hyperconcentrated poverty as significant impediments to reversing the fortunes of their ailing cities. Starting with "slum clearance" initiatives in the early- and mid-20th century, industrial cities have continuously undergone "redevelopment" aimed at improving the infrastructure of the city to attract and retain businesses and affluent residents. In the immediate post-World War II period, the private interests that remained tethered to the city and unable to follow affluent whites to the suburbs "shaped the debate on urban problems, and established public priorities" (Hirsch 1998, 268). These interests pressured local and state governments to create a legal framework that would give them tremendous power to define the direction of urban redevelopment and capture its benefits (ibid., 263). Concretely, the pressure of parties such as Marshall Field and Company, the Michael Reese Hospital, and the University of Chicago led to novel legislature in Illinois, such as the Redevelopment Acts in 1941 and 1947 and the Urban Community Conservation Act in 1953, that would function as templates for urban housing policy across the nation, including the landmark federal Housing Acts of 1949 and 1953 (ibid., 269).

The first neighborhood occupied by Puerto Ricans in Philadelphia offers an instructive example of how the process of slum clearance, urban renewal, and gentrification shifted the poor in a pattern that was repeated, with some variation, in different neighborhoods across the city (Bauman 1987; Becher 2014) and in other major northern and midwestern metropolises (Sugrue

[1996] 2014; Hirsch 1998; Gordon 2008). In 1949, Philadelphia chose the census tract containing the highest concentration of Puerto Ricans in Philadelphia for what would become celebrated as the nation's first redevelopment project under the new Housing Act .[17] The area was selected because it was among the city's most deteriorated neighborhoods and exemplified the prior configuration of mixed-use (i.e., residential and industrial) construction that had fallen out of favor among urban planners. Between 1950 and 1962, Philadelphia destroyed more than 10,000 housing units in this census tract and the immediately surrounding area, representing a total 85 percent of the city's housing demolitions in that period (Adams et al. 1991, 107). By 1980, North Philadelphia neighborhoods collectively suffered a net loss of 35,000 housing units and a substantial drop in their average home value relative to the rest of the city (ibid., 119-20).

Over the same time period, the areas west and south of Philadelphia's largest Puerto Rican settlement received an influx of private capital driving up property values and housing costs. The neighborhood immediately to the west became an early target for gentrification because of its location near several major cultural landmarks, including the city's art museum, and the fact that the neighborhood had remained mostly white, less poor, and with a better housing stock which could be renovated rather than destroyed and completely rebuilt (Nowak 1986, 57–58). To the south, the city, in close collaboration with downtown businesses and the real estate and finance sector poured resources to restore Center City as Philadelphia's commercial, shopping, and business district (Adams et al. 1991, 110–13). Together, housing scarcity resulting from the decimation of low cost rental units and the building economic pressures west and south of Spring Garden forced an exodus of its poor inhabitants. Between 1960 and 1980, the area lost 46 percent of its residents who moved northward to neighborhoods

like Kensington in search of affordable rents in these persistently neglected city sectors (Nowak 1986, 68).

As in the case of the area settled by Philadelphia's early Puerto Rican residents, in the majority of instances, redevelopment efforts have occurred at the expense of poor minority populations. Throughout the United States the homes of mostly poor racial minorities were seized through eminent domain powers granted by the federal and local government and demolished for the construction of highways, office buildings, and high-end housing. Compensation, when given, usually flowed to slumlord owners rather than the tenants who were often renters. Sometimes, city governments deemed decayed urban neighborhoods as the only politically palatable sites for public housing and seized and demolished homes to make way for new public units. These destroyed homes were rarely if ever replaced by an equal amount of affordable housing, even when clearance was planned for the purpose of building new public housing. The result was a mass displacement of people left to find new homes in a shrunken low-cost housing market with little assistance.

Despite these efforts, Philadelphia, along with all major northern cities, continued to hemorrhage residents as the more affluent chose to settle in suburban communities and the poor remained in central cities. The resulting racial and economic segregation dramatically reconfigured metropolitan politics to the detriment of cities (Self 2003; Adams et al. 1991). Urban tax bases collapsed at the same time increasingly politically organized black populations made demands on the state. A new conservative political class crystallized in the suburbs around homeownership and low taxes that sought, successfully, to shield itself from sharing any economic liabilities with the cities that these suburbanites had abandoned with the aid of federal subsidies and wealth previously accumulated through urban industrial employment. Facing

mounting financial crises, cities raised taxes, accelerating the process of tax-motivated desertion. Suburbs continued to attract residents with low taxes by continuously expanding and successfully mobilizing to isolate themselves from the social and financial costs of concentrated urban poverty. The segregation of political constituencies, tax bases, and labor markets favored the suburbs and substantially weakened core cities economically and politically.

In turn, cities responded by desperately pandering to private interests to ask for support in development initiatives that these private stakeholders often designed themselves. The main result has been the redevelopment of limited areas of urban downtowns, like Center City in Philadelphia, with little effect on the surrounding poor neighborhoods (Gillette Jr. 2005, chap. 5; Adams et al. 1991, chap. 4). The desertion of public and private investment frequently forced these neighborhoods to welcome "nuisance industries" like prisons and sewage processing plants, further decreasing the quality of life and home values in the neighborhoods which are least able to resist their arrival (Gillette Jr. 2005, 103–4). Lacking alternative resource bases, the inability to attract private development interests to struggling neighborhoods undermined even the sincerely well-intentioned attempts of local politicians to strengthen the infrastructure of crumbling inner-city neighborhoods beyond the desirable downtown development zones (Adams et al. 1991, 107–13).

Deindustrialization in a Racialized Labor Market

In the labor market, as in housing, blacks and Puerto Ricans have faced continuous disadvantage. In the early stages of migration to the urban North they faced overt racial exclusion from the best jobs in the industrial economy. More recently, they have been especially exposed to the fallout of deindustrialization. The union-protected, relatively well-paying

industrial employment that provided bridges to middle class status for earlier white workers and underwrote their wealth accumulation--objectified for example in suburban homes--was first denied to racial minorities and then simply rendered irrelevant as it increasingly ceased to exist as blacks and Puerto Ricans gained access to this dying economic sector.

Historian Walter Licht's examination of Philadelphia's economic history from 1840-1950 sheds light on the black urban employment experience in the city in the pre-World War II era. He establishes that, just as in housing, black labor operated in a circumscribed parallel market. Licht presents evidence that "black Philadelphians… in effect never became part of Philadelphia's particular economic order" (Licht 1992, 45). Despite having the highest school attendance rates in the city, blacks were excluded from formal apprenticeship which, unlike educational attainment, actually was a strong predictor of job acquisition and employment security in the city's industrial sector (ibid., 112-13). While whites enjoyed easy access to industrial jobs, blacks were almost wholly excluded until World War II led to restricted European immigration and dramatically increased industrial production and labor needs. The simultaneous drop in immigration and the growth in labor demand created room for both black and Puerto Rican workers as the "war period witnessed the first large-scale reversal in discriminatory employment practices in Philadelphia" (ibid., 46).

The late entry of blacks and Puerto Ricans to the industrial labor market made them particularly vulnerable to deindustrialization. Deindustrialization led to a shift in the type of employment, from factory work to services, and the site of employment, from the central city and its neighborhoods to the suburbs, the southwestern United States, and overseas. It also led to an overall shift in the distribution of jobs toward an "hourglass" labor structure with an explosion of high-paying white-collar service jobs, a growth in low-paying service jobs and the

disappearance of middle-income jobs that facilitate upward mobility (Kalleberg 2011; Adams et al. 1991, 43,180-5). Whites were able to take advantage of decades of access to these middle-income jobs, which had few formal educational requirements before the latter half of the 20th century, to establish economic security. Blacks and Puerto Ricans, on the other hand, never really accessed these jobs in sufficient numbers or for a sufficiently long duration, and those few that did faced other racially-inflected obstacles to achieving middle class status. Deindustrialization all but eliminated middle-income industrial jobs accessible to those with little or no formal credentials, leaving black and Puerto Rican ghetto residents without the primary avenue to economic stability historically available to whites.

A variety of factors rendered the economic position of Puerto Ricans even more vulnerable than those of blacks. Especially important is the fact that Puerto Ricans have had far less access to public employment opportunities. Employment in the municipal government, in public administration, and with private government contractors has been critical to the emergence of a black middle class both in Philadelphia and across the country (M. B. Katz 2012, 86–87). This has not been the case for Puerto Ricans who historically have been excluded from these jobs. Furthermore, Puerto Ricans both entered industrial employment later than blacks, and in much greater relative proportions. As a result, they were particularly affected by deindustrialization since they were more dependent on factory work than Philadelphia blacks, who were employed in more diverse sectors--partially as a result of historic exclusion from the industrial sector in the pre-World War II era and partly as a result of finding better opportunities in public and quasi-public employment that became more attainable as their political power increased in the city. As a result, Philadelphia Latinos have persistently had the highest poverty rates in the city, with an overall poverty rate of 38 percent, unchanged from 1970 to 2016, and a

childhood poverty rate of 49 percent, compared to blacks who in 2016 had poverty rates of 31 percent across all age groups and 42 percent among children (Pew Charitable Trusts 2017).

The Ethnic Segmentation of the Philadelphia Drug Economy

The Puerto Ricans who migrated to Philadelphia in large numbers immediately after World War II were seeking already-vanishing factory jobs. Displaced from their first neighborhood footholds in the city by slum clearance, redevelopment, and gentrification, they moved north into neighborhoods like Kensington that fell along the "the line of least resistance" in the zones of degraded housing that lay between the white neighborhoods to the east and black neighborhoods to the west (Gonzalez 1987). Sterling Street residents who moved to Philadelphia in the 1960s and 1970s were the last Puerto Ricans to find jobs operating machines in local factories in anything like substantial numbers.

It is in this context of the increasing separation of ghetto residents from meaningful, dignified, and life-sustaining participation in the mainstream economy that the illicit street drug trade in Puerto Rican North Philadelphia flourished. Its growth is most intelligible if it is understood as one of the few significant remaining sources of income generation that is accessible to neighborhood residents. As Philippe Bourgois ([1995] 2003) has shown, drug dealing is a form of labor that values--and reinforces and further enhances--the cultural skills, knowledge of the streets, and ability to mobilize violence of the most impoverished members of urban ghettos. In contrast, the low levels of formal education and the limited social capital of most residents restrict their access to the small number of service, commerce, and factory jobs remaining in their community.

Although by no means limited to it, the Puerto Rican corner of Philadelphia is home to by far the most active drug market in the city. Exploring the specific historical and ideological forces that have led to Puerto Ricans dominating the drug trade in Philadelphia demonstrates how race structures the articulation of different agents into modes of production (S. Hall 1980), this time outside of the formal economy. Sharad Chari's (2004) concept of provincializing capital is also useful here. In his account of how men of the Gounder caste ascend to control capitalist production in Tiruppur, India, Chari (2004, 763) highlights the specific "regional historical and geographical processes that have enabled certain subaltern men to accumulate capital." His analysis of the construction and power of local hegemony enjoyed by the Gounder inform the present analysis of the legitimation of the superexploitative hierarchy of the Kensington drug labor market.

The African American dealers who commuted daily from black neighborhoods on the opposite ends of the city to sell heroin on Sterling and Cliff Streets first pointed out the unique characteristics of the organization of the neighborhood's drug economy. These African American dealers had substantial experience dealing drugs in black neighborhoods and they unanimously observed that "*papi*-owned corners,"[18] as they refered to drug blocks controlled by Puerto Ricans in Kensington, were more dynamic, profitable, and organized than in black neighborhoods. The analysis below offers five principal reasons for this phenomenon: 1) the liminal colonial status of Puerto Rico positioning Puerto Ricans at a unique interface between Latin American drug production and US drug consumption; 2) the physical location of the neighborhood in the racialized geography of Philadelphia; 3) the variability of racial and ethnic hostility between blacks and Puerto Ricans and their predominantly white would-be customers; 4) racialized policing practices; and, 5) the unique hierarchical organization of neighborhood drug sales that

are analogs of drug dealing operations in Puerto Rico and, in Philadelphia, are unique to the Puerto Rican section of the city.

The fact that Philadelphia's Puerto Rican neighborhood has historically been home to the city's purest heroin is largely a product of the physical, political, and cultural liminal space Puerto Rico occupies between drug-producing Latin American nations and the drug-consuming United States. This positioning is a result of over a century of US colonial control. Geographically, linguistically, and culturally proximate to neighboring Caribbean and Latin American nations, but with the right of free movement between the island and the mainland United States, Puerto Rico is an ideal conduit for the flow of illegal drugs.

The reorganization of heroin and cocaine smuggling networks that occurred in the late 1980s and 1990s positioned Colombians and Dominicans at the center of the East Coast chain of supply that passes through the Caribbean, often through Puerto Rico itself. While most of the heroin in Philadelphia has historically originated in Colombia (Rosenblum, Unick, and Ciccarone 2014), heroin dealers in North Philadelphia reported that Dominicans often controlled the smuggling networks between the Caribbean and the East Coast of the United States that brought Colombian-sourced heroin to the streets of the city. Dominicans, who use Puerto Rico as a trampoline to migrate to the United States, and pay to marry Puerto Rican men and women to obtain legal status, have extensive relationships with Puerto Ricans. Blacks simply do not have such privileged access to Latino wholesale networks, nor do they have the cultural capital of Spanish language fluency, and therefore cannot acquire as high quality of heroin.

Additionally, developmental neglect and exploitation under continuous colonial domination has made Puerto Rico completely economically dependent on the United States. It is the poorest region under US control, with more than 43 percent of its population on food stamps

(Stein 2019). Under this pressure, the 20th century has seen massive migration from the island to the mainland as explored above. More than half of the Puerto Rican population now lives in the continental United States, often in poverty that exceeds all other urban ethnic groups, as is the case in Philadelphia (Pew Charitable Trusts 2017). Relationships between mainland Puerto Ricans and those residing on the island are extensive (Duany 2002), especially in cities like Philadelphia which continue to draw new migrants from the island. As a result, there is a great deal of back-and-forth movement between the two spaces, further facilitating the operation of trans-Caribbean drug smuggling networks.

Philadelphia's Puerto Rican neighborhood is located immediately west of historically working-class white neighborhoods. The majority of the customers of Puerto Rican drug corners are poor white drug users from other impoverished Philadelphia neighborhoods, especially these adjacent areas. There are also some wealthier buyers from the surrounding tristate (Pennsylvania-New Jersey-Delaware) regional suburban sprawl who arrive in cars and contractors' pickup trucks. In addition to abutting the poor working-class white neighborhoods, the Puerto Rican neighborhood is also easily accessible to these other buyers via the major interstate highways and subway lines.

White customers must walk or drive into non-white neighborhoods to find retail drug markets of cheap, high-quality heroin, crack and powder cocaine. This interethnic public exchange between strangers is consequential. Extreme segregation in Philadelphia means that any white face is immediately conspicuous in black ghetto neighborhoods that are often more than 98 percent black. The Philadelphia Police Department's central crime-fighting strategy from the 1990s to the late 2000s of aggressive stop-and-frisk guided by racial profiling becomes an easier task in the setting of homogenously black neighborhoods. White people also draw

attention from the police in the Puerto Rican neighborhood, but not nearly as readily. Puerto Ricans are phenotypically diverse and many of the white drug users patronizing Sterling and Cliff Streets celebrated the fact that they did not stick out as much in the neighborhood. Police find it difficult at times to distinguish white users from light-skinned Puerto Ricans and also between the few remaining white residents and drug customers making it harder to engage in racial profiling of drug customers in the Puerto Rican neighborhood.

It is interesting to note that the importance of race to policing here supersedes the commonly recognized dynamic of racially profiling minorities. It is true that, at the scale of the neighborhood, the entire physical space is subject to a form of "racial profiling" that transforms everybody into a potential criminal simply by their positioning within a criminalized and racialized physical space. But at the individual level profiling blacks and Latinos loses all meaning in neighborhoods that are nearly exclusively composed of these populations. Instead, it is the violation of rigidly established racial apartheid by whites entering the neighborhood that raises the suspicions of the police. The relative ease of identifying transgressions of this apartheid helps shape neighborhoods as more or less friendly to the interethnic exchange necessitated by the drug market as it exists in Philadelphia.

In addition to policing, fierce racial antagonisms further enforce segregation between whites and blacks. When asked why they preferred buying from Puerto Ricans, white users repeatedly stated that they are fearful of entering black neighborhoods. They believe they are more likely to get mugged in a black neighborhood. They also are more likely to be heckled or physically assaulted by non-drug using blacks angry at the presence of disheveled white drug users. The African American dealers who traveled to sell on Sterling and Cliff Streets also recognized that the Puerto Rican zones were more socially accessible to whites. They marveled

at the relative tolerance of the neighborhood for white outsiders and joked that these whites would be robbed immediately in their neighborhoods.

In the Puerto Rican neighborhood the attitude of residents toward drug users is one of passive hostility. There is a learned invisibilization of "dopefiends," and neighbors will not harass or intimidate users or call the police on them unless the users do something that increases their visibility. The social and economic integration of drug dealing into the everyday life of residents is partially responsible for this passive acceptance. Most local Puerto Rican residents on the street (including the dealers themselves) often express disapproval of drug use and drug dealing and will tell you so if you ask them. At the same time, many neighborhood residents, some of whom have had to rely on income from dealing in the past, express an understanding for participation in the local drug trade as an economic necessity and there is no clear-cut separation between drug dealers and other members of their community to whom they are related as family, friends, and neighbors. This ambivalence surrounding drug dealing recalls Janet Roitman's (2006) insight, drawn from her fieldwork with bandits in the Chad Basin, that activities that are illegal in the sense that they conflict with official law may be construed as licit in the sense that they are ethically admissible forms of economic survival. Ultimately, this ambivalence, largely born of economic need, facilitates the open-air operation of the street drug trade.

In Philadelphia Puerto Rican drug corners are also exceptional in that they are hierarchically organized, as opposed to the drug economy in the city's black neighborhoods where there is more of a free-for-all individualistic mode of operating. Multiple dealers from other neighborhoods confirmed that this structure was entirely unique to Puerto Rican North Philadelphia. This hierarchical structure regulates labor conflicts at different levels of the drug market and disciplines low-level workers, discouraging them from mugging customers or

treating them with excessive violence. Every individual block has an "owner" who holds a monopoly over drug sales on the block. Owners are referred to as "bichotes"--from the English word "big shot," and also a double entendre because the word "bicho" is Puerto Rican slang for phallus. Sometimes the *bichote* is the person with the connection to a wholesale heroin and/or cocaine supplier, but often the *bichote* simply operates as a landlord who charges weekly "rent" to a second person who has their own wholesale supplier and wants to use the *bichote's* block as a retail outlet. Rents are usually in proportion to the level of sales on the block. They typically range from $500 a week up to $5,000 a week for the absolutely busiest blocks in the neighborhood.

The supplier often hires a "runner" to carry the drugs to the drug block and to collect the money from the sales and the leftover drugs at the end of every shift. The supplier also appoints a local administrator, referred to as a "caseworker," who often lives on the block and is in charge of keeping track of the drugs and money, and of hiring street-level dealers and supervising them during shifts. The caseworker pays the hand-to-hand dealers, known as "hustlers," a set percentage of the sales.

The basic retail unit of heroin is a single ten dollar "bag" which, depending on the quality, and whether it is injected or insufflated translates to one or two doses for individuals who have no established physical tolerance to the drug. Fourteen bags are packaged into a "bundle." The dealers rarely keep on their person more than one or two bundles of heroin to minimize their legal liability. Instead, hustlers turn in the earnings from each bundle, minus their share, to caseworkers in exchange for one or two new bundles. Caseworkers keep the shift's accumulated earnings and the large stash of drugs delivered by runners in their house, yard, or back alley while waiting to restock the dealers.

A typical distribution of earnings from the sale of a single bundle is as follows: of the $140 total ($10 x 14 bags), the hustler, who incurs the highest risk of arrest by conducting open-air hand-to-hand sales, earns $30, the caseworker $10, and the supplier keeps the remaining $100 that he uses to pay rent and to pay his wholesale provider of drugs. The roles of hustler, caseworker, runner, supplier, and *bichote* are most frequently distinct, but can also be fluid. It is not uncommon for a caseworker to sell a few bundles himself to make more money and on rare occasion especially greedy and macho *bichotes* take hand-to-hand shifts, greatly increasing their chance of arrest.

If there is a conflict between hustlers that a caseworker cannot mediate, or if there is a conflict between hustlers and caseworkers, the *bichote* will step in to resolve it. He will do so sometimes with a chat or sometimes by organizing a ritualistic, fair "one-on-one" fight. *Bichotes* for the most part respect the ownership of other established blocks and do not often encroach on other corners unless the block's former *bichote* has been killed or incarcerated. There are of course violent transgressions of this rule that erupt in mid-day shootings with machine guns, but by and large, the structure is respected and this decreases the level of territorial violence compared to other neighborhoods where the drug economy is less organized.

An additional factor that mitigates against violence over drug turf is the just-in-time, hyperfluid, microentrepreneurial character of the particular structure described. Only *bichotes* themselves and their closest associates have true territorial investments that persist in time. The low-level participants who make up the vast majority of those employed in the drug trade do not depend on territorial control for access to employment in the drug economy as they would in gang-structured distribution. Since there are no gangs in the neighborhood, hustlers are not limited by corporate affiliations and can work for any drug block they want to. Some hustlers

split their time across multiple drug blocks owned by different *bichotes*. The same goes for caseworkers. If *bichote* ownership changes hands due to death or incarceration, hustlers will often continue selling for the new *bichote*.

Participants at all levels of the drug market hierarchy are interested in attracting and maintaining a large customer base and know that violence against customers will scare them away. There are too many other corners with good heroin nearby for customers to tolerate excessive abuse. In fact, drug crews will mobilize to protect customers if they are being systematically threatened as in the case of a young Puerto Rican man who was killed because he had been mugging the customers of a nearby block. The *bichote* had warned him that there would be retaliation if he continued scaring customers away but the mugger did not demur. Hustlers and local longtime friends of the *bichote* organized themselves and shot the young man in the middle of the block. Several months later, a fifteen-year-old neighbor who was working on another corner volunteered to "shoot at" his own older brother who had mugged several customers of his corner. None of the bullets hit their target this time. Presumably, he missed intentionally.

Primitive Accumulation on Lumpen Bodies

Walter Johnson, a historian of American slavery and a native of Columbia, Missouri, argues that the history of nearby Ferguson demonstrates how "the human byproducts of previous rounds of extractions" can be repurposed for further extraction (2016). His analysis, which draws on Cedric Robinson's notion of racial capitalism, was provoked by the police killing of Mike Brown, the unarmed black resident of Ferguson whose death set off weeks of street rebellions. Johnson's account shows that sustained structural racism produced Ferguson as a space whereby

poor residents become vulnerable to further exploitation, compounding the many previous cycles of exploitation that poor blacks have been subjected to in the United States, beginning with slavery. This insight serves as a point of departure for using the concept of primitive accumulation to understand the mode by which value is also generated and circulated in the often violent and exploitative drug economy that operates in the ashes of abandoned American inner cities.

With that in mind, I will turn to a piece of the history of Cliff Street's heroin and cocaine trade that followed the murder of one of its *bichotes*. Tony, Cliff Street's charismatic African-American *bichote*, was shot dead in front of his family in broad daylight. He was rumored to have been killed by the little brother of one of his sellers whom Tony had failed to bail out of jail following an arrest. Tony had grown up on Cliff Street, mitigating his outsider status as an African American in a nearly all-Puerto Rican neighborhood. He had maintained control of his corner because he "liked to play with guns," as people said, but also, more importantly, because he inherited legitimate control of the block's drug sales by integrating himself as kin into the powerful Puerto Rican family that had first opened Cliff Street to drug sales in the 1980s. When Tony was still working as a street seller for the block's former Puerto Rican *bichote*, Leni, he had fallen madly in love with the *bichote's* niece and his childhood friend, Vanessa, who also worked as a seller. Tony adopted Vanessa's two toddlers fathered by a previous Puerto Rican boyfriend who had recently been murdered. When Leni retired and returned to Puerto Rico, he rewarded Tony with control of the block for being a good nephew-in-law and a loyal worker.

Transitions between *bichote* regimes are especially volatile moments given that the city block, over which they exert control, is the territorial unit that serves as the basis for drug profits. Neighbors often recount the history of their block as a judgmental genealogy of the good and the

bad, the mature and the immature bichotes who controlled it over the years, as they did one day in front of the graffiti memorial of Tony adorning the sidewall of an abandoned rowhome. Several neighbors spontaneously eulogized Tony. A twenty-year-old woman declared, "He was good to the kids," before adding "...and good to us [adults] too." A young man added, "He would get 40 lbs of chicken and ribs and throw these big barbecues for all of us on the block." A young mother agreed, "He would buy ice cream for all the kids on the block." The 20-year-old woman talked again about how Tony fetched her from parties when she was too drunk to walk and escorted her back home in his car, lecturing her, "Why are you doing this to yourself?"

To the block's dismay, Tony's most aggressive cousin, Pete, reputed for liking "gunplay" even more than Tony, descended on the neighborhood to seize control after Tony's death. Everybody expected "at least a body to fall" that summer. They saw Vanessa, Tony's widow, as the legitimate inheritor of the ownership of the corner as Tony's wife and Leni's niece--a legitimate kinship chain--and feared this outsider African American. But in a tense negotiation, Vanessa gave control to Pete in return for his promise to help support her and her kids with a portion of the profits. The first summer after assuming control Pete proactively bought Cliff Street an inflatable plastic Kmart pool for the block's kids to cool off. The half dozen young children happily splashing water in a pool supervised by another half dozen adults on blistering hot days not only provided a perfect camouflage for active drug sales, but more importantly generated the neighborly goodwill of mothers on the block who are the weakest link in the chains of the no snitching tenet.

Classically, an outraged mother, wife, or lover may feel empowered to snitch if her son, husband, or brother is left to rot in jail. Furthermore, a mother can also snitch on the *bichote* and his employees for harassing her daughters or prematurely recruiting her pre-adolescent sons into

drug selling or even for being too violent, disorganized, or disrespectful in their administration of the business.

Julian, a Cliff Street caseworker, conveyed the multi-layered hegemony of masculinized no snitching when responding to a question about why he did not inform on his boss who had failed to bail him out after an arrest.

> **Julian**: The most important thing is pride, you're worried about how they gonna label you, how people are gonna look at you on the street. You think to yourself, "I'm not that kind of person."
>
> Then you also be worried about the peoples that you got out there, putting your family in jeopardy and all that. Yeah, I know I could snitch on someone and be out on the street tomorrow, but then maybe someone will kill me.
>
> And then also it's like, "I did the crime so I gotta do the time."
>
> And I'm trying to get to where these people are at--the top. So if I want to be like them how can I snitch on them?
>
> Plus what goes around comes around. Someone is going to snitch on me too someday.
>
> Also, snitching on someone like Pete would be like cutting off welfare for the whole world. It's weird, but these people provide jobs. If they get snitched on then I am taking money out that man's hand, food out of their kid's mouth.
>
> Plus, people wanna hang with the *bichote*. They admire them so much, they wanna be just like them.

Julian's words highlighted the power wielded by bichotes who recast crumbling inner-city blocks into dynamic economic engines to provide one of the only sources of significant employment for the young men of the neighborhood all the while inspiring their ambition and sense of possibility. Pete often marveled at what can be interpreted as a form of "enclosure" in the classical sense, the conversion of the public space of a decrepit inner-city block into a highly profitable private business: "This here Puerto Rican neighborhood is waterfront property, the most expensive property in the city... a million-dollar neighborhood. It pulls money from all over. White people come here, and when white people start coming, then you're dealing with money." In fact, on the best days, his hand-to-hand drug dealers grossed him $10,000 in heroin sales. The bichotes of a nearby block who was more hands-off and eschewed involvement in daily operations was able to rent ownership rights to sell drugs on his block for $5,000 a week, providing nothing more than permission in return. Ironically, this "waterfront property" consisted of collapsing row-homes--that only a decade earlier were being sold for $1 by the city government, and still often sell for $5-20,000 a unit--interspersed with demolished, overgrown vacant lots.

The income generating strategies of the precariously housed or homeless heroin and cocaine injectors supporting these drug profits include sex work as pimps or prostitutes, petty burglary, street robberies, stripping abandoned houses of metal pipes, recycling, as well as occasionally cash-only odd jobs. Their addiction results in abscesses, overdoses, and many times ends in death or incarceration. Drug-addicted individuals function as the engines of initial accumulation scraping value from their bodies or their surroundings. Similarly, Pete's dealers, cut-off almost completely from any legal employment, risk the very integrity of their body as they shoot to kill and risk their own murder to protect their boss's profits. A moral economy of

violence emerges in the setting of such high stakes of cementing relationships with the performance of assistive violence. This moral economy depends on and produces its constitutive "rider" habitus that consists of a cultivated disposition to mobilize violence on behalf of others (Karandinos et al. 2014). Prison almost certainly awaits those who survive the violence of the street.

Incarceration, and its avoidance, is, in fact, a key economic nexus between the street drug trade and the formal economy, and this is another sense in which inner-city blocks become "million dollar" blocks--a term referring to residential blocks where more than one million dollars have been spent incarcerating their residents.[19] Although prison slave-labor certainly extracts profits from prisoners, they generate most of their value simply by adding to the census of warehoused bodies. This redistributes wealth to predominantly white communities who house the prisons and has led to the growth of a prison-industrial complex of private jails and prisons, correctional officers, wardens, police, probation officers, defense lawyers, and private vendors of food and other services (Gilmore 2007).

Incarceration is not the only way local drug profits are integrated into broader flows of capital. Financial services provided by multi-national banks take a cut as they help to launder money. Of course, drug profits are also spent on consumer goods all along the supply chain. A small but important portion of the profits remain locally as well. The little old ladies who sell food and beverages from their house get most of their business from the dealers on the corner. The corner stores, ice cream trucks, Chinese take-out restaurants, and itinerant clothes salesmen all depend on the massive influx of "white money" that the drug economy attracts.

As this chapter has demonstrated, urban space is produced through multiple processes of segmentation setting the stage for accumulation that a flexible and creative deployment of Marx's

concept of primitive accumulation helps render visible. The concept as deployed here is in line with more contemporary understandings that go beyond Marx's original formulation. In Marx's original formulation primitive, or original, accumulation stands antecedent to the birth of capitalism, buried deep in its history, as the name itself suggests. The present account, like those of other more recent commentators, instead suggests that the processes that the concept point toward--accumulation through "extra-economic" means--remain abundantly relevant to contemporary capitalism (Harvey 2003; Glassman 2006; Luxemburg [1913] 1951).

Classically formulated, primitive accumulation emphasizes rupture and erases continuity. Other accounts of the onset of capitalist social relations, like Tania Li's *Land's End* (2014), question whether the ascent of these social relations always require coercive violence, suggesting instead that they may gain purchase partially through resonance with existing local cultural formations. Harvey offers a synthesis, seeing in primitive accumulation most often "a mix of coercions and of appropriations of precapitalist skills, social relations, knowledges, habits of mind, and beliefs" including "[k]inship structures, familial and household arrangements, gender and authority relations" (Harvey 2003, 146). The account of how a *bichote* "encloses" a city block for his private ownership provides an example of the dynamics that both Li and Harvey describe. Here, force, while always a possibility, gives way to a subtler construction of local hegemony that authorizes *bichote* control and exploitation.

In addition to using the concept of primitive accumulation as elaborated by various readers of Marx, this analysis of drug dealing in Puerto Rican North Philadelphia points to some further creative extensions. A key departure is in the conceptualization of the space of accumulation. The concept of primitive accumulation is most frequently deployed to understand how modes of production beyond, or before, capitalist social relations are brought within them.

The most typical example is enclosure of common land that forces the collapse of agrarian, subsistence economies and creates landless wage laborers to-be. It is perhaps no surprise that the concept is most frequently cited in the literature of land-grabbing (D. Hall 2013).

Deploying the concept to understand accumulation in the ghetto drug market opens the way to examining how a zone of partial exclusion created by capitalist processes themselves serves as a site of further accumulation through violent dispossession. Not only the physical space of the city drug block, but the very marginalized body itself is one such space. By this process, the drug market serves to reintegrate profits that are released by the self- and other-destroying acts of heroin injectors, dealers, thieves, and sex workers--the common cast of the lumpen identified by Marx. This additional surplus is made immediately available for uptake into global circulation and articulates at multiple points with the legal economy. Not only does this suggest that primitive accumulation continues to operate alongside contemporary capitalism, as many other authors have convincingly demonstrated, but right at the heart of it. This continued susceptibility to further exploitation also calls for a more careful account of the lumpen and where they stand in relation to capitalism, both in its above- and under-ground operations. Part of this account includes recognizing that primitive accumulation can create and depend on lumpen habituses like that of the rider just as likely as it is to lead to proletarianization.

Notes

[1] In the late 1970s and early 1980s, around the same time that Cedric Robinson developed his formulation of "racial capitalism," the concept was also deployed to analyze the particular formation of South African capitalism. Peter James Hudson (2017) traces the term's history in anti-Apartheid writing highlighting especially the work of Neville Alexander's *One Azania, One Nation* (1979). Hudson argues that South African usage at that time was designed to understand the particularities, if not exceptionality, of capitalism in South Africa while Robinson sought to foreground the exploitation and elaboration of already existing racialized difference--including, but not limited to skin color--as a global phenomenon of capitalism across time periods. For Robinson, this project included reanalyzing the rise of Western industrial capitalism as a process that exploited racialized differentiation already evident in European feudalism.

[2] U.S. Census Bureau. Population for Whom Poverty Status Is Determined: Income in the Past 12 Months Below Poverty Level, ACS 2017 (5-Year Estimate). Prepared by Social Explorer. (accessed Jun 6, 2019). All the census data presented in this dissertation were compiled using Social Explorer (available at www.socialexplorer.com).

[3] U.S. Census Bureau. Total Population: White, Census 1960; U.S. Census Bureau. Total population: Hispanic or Latino, Census 2010. Prepared by Social Explorer. (accessed Jun 6, 2019).

[4] As Jean and John Comaroff (*forthcoming*) remind us, statistical occulting is one way in which the "empirical erasure" of large-scale unemployment is achieved.

[5] This calculation draws on the following census tables: 1) Unemployment Rate for Civilian Population in Labor Force 16 Years and Over; 2) Employment Status for Total Population 16 Years and Over; and 3) Educational Attainment for Population 25 Years and Over. All are from U.S. Census Bureau. ACS 2017 (5-Year Estimate). Prepared by Social Explorer. (accessed Jun 6, 2019).

[6] U.S. Census Bureau. Total Population, Census 1950; Census 2010. Prepared by Social Explorer. (accessed Jun 6, 2019).

[7] City specific murder rates until 2014 are available from the Federal Bureau of Investigation's Uniform Crime Reporting Statistics data tool (https://www.ucrdatatool.gov). AmericanViolence.org provides a comparison of murder rates among American cities with a population over a million through 2018, utilizing data directly from the Philadelphia and Chicago police departments, among other sources. See also University of Chicago Crime Lab (2017).

[8] At the time of the 2010 census, segregation in Philadelphia had diminished, but just barely, as measured by the "dissimilarity index" (DI) of the city's black and Puerto Rican populations. One of the most commonly used metrics of residential segregation, the DI calculates the percent of a minority racial group within a city that would need to relocate to achieve a distribution across city blocks that matches their share of the city's total population (Massey and Denton 1993, 20). For example, in 1970, the block-level DI of the black population of Philadelphia was 83.2 percent and blacks comprised 33.6 percent of the city's total residents. This means that 83.2 percent of black residents would need to move to achieve an even distribution of 33.6 percent black residents of every city block. In 2010, the black-white DI had only fallen to 73 percent (Rugh and Massey 2014). For Puerto Ricans, the DIs in 1970 and 2010 were 77 percent and 66 percent respectively (Douglas Massey, email message to author, Oct. 10, 2019).

[9] All figures regarding the total population and the black population in Philadelphia in this paragraph were compiled from US Census Data using Social Explorer.

[10] Many of these migrants learned about the growing Puerto Rican population in Philadelphia's Spring Garden neighborhood through one of its Spanish-speaking preachers who traveled from the city to minister to the Puerto Ricans living in the Campbell Soup Factory barracks (Vazquez-Hernandez 2010, 85) and in the agricultural labor camps housing Puerto Rican migrant laborers (Whalen 2001, 78).

[11] Puerto Rican migrants demonstrated a strong preference for urban industrial employment over farm work, citing better wages and more reliable employment. In one study, conducted in the 1950s, 89 percent of Puerto Rican agricultural workers interviewed in Pennsylvania reported that they wished for industrial employment, and in some cases even petitioned surveyors for help in securing such work (Handsaker 1953 cited in Maldonado 1979).

[12] See Briggs (2002) for an analysis of the official discourse surrounding female sterilization campaigns and birth control promotion on the island that dramatically illustrates the centrality of population control as a plank in Puerto Rico's overall economic and social development platform both from the perspective of mainland and insular politicians.

[13] Economic historian James Dietz (1986, 207) notes that while trying to attract mainland capital to Puerto Rico, "It was soon discovered that 'attractive' was not nearly enough: to get U.S. capitalists to invest, Puerto Rico had to be made irresistible. The enhancement of the investment and profit opportunities is the story of the development program from the late 1940s to the present." For a prominent example of incentive-led development that has remained important into the 21st century, see the examination of the development of the pharmaceutical industry in Puerto Rico and its effect on local communities in Dietrich (2013).

[14] Reviewing Puerto Rico's rapid mid-20th century industrialization, Dietz (1986, 183) provides the following account of its contradictory effects: "The gains were significant in many respects: higher levels of production and per capita income; a tendency toward product diversification and a definite reduction in the power of the absentee sugar corporations; land reform; and improved housing, health care, and education. These benefits were not won without costs, however. Some of these were tangible: greater unemployment and even isolation from the labor market for a significant proportion of the population; an increase in the number of migrants to the United States; greater trade dependence on the U.S. market; and increasing private and public debt. Other costs, though less amenable to quantitative measure, were no less real: the psychological shock of rural-urban migration; the implantation of the advanced consumerist ethic of the United States within an underdeveloped country; and cultural subjection to the U.S. media, tastes, work habits, and laws."

[15] In FY2014, the US Department of Treasury reported Puerto Rico's debt to be $71 billion, more than 100 percent of its Gross National Product. This figure does not include an additional $44 billion in pension liabilities. See https://www.treasury.gov/connect/blog/Documents/Puerto_Ricos_fiscal_challenges.pdf.

[16] These population figures were compiled from US Census data using Social Explorer.

[17] *Urban Renewal in the District of Columbia: Hearing Before the House Committee on the District of Columbia* 88th Congress. 2305 (1963).

[18] The Spanish word "*papi*," which literally means "daddy," is often used affectionately in the singular second-person form between Spanish speakers, as in "What's up, *papi*?" The word has been appropriated by African Americans as a third-person, frequently pluralized, racial epithet that is considered disparaging but not severely insulting either by the African Americans who use it or the Puerto Ricans to whom it is directed. "*Papis"* are therefore Puerto Ricans and a "*papi*-owned corner" is a drug corner run by Puerto Ricans. African Americans, however, may also use *papi* in the affectionate sense when speaking to Puerto Rican friends. Puerto Ricans use the word "nigger"--always pronounced, "nigga"--in a similar manner, as an epithet, and as a term of endearment among themselves and occasionally with black friends. The permissibility of Puerto Ricans addressing African Americans affectionately as "nigga" is mediated by a variety of factors, primarily familiarity, and, to a lesser extent, the Puerto Rican speaker's own skin color. African Americans use the term freely amongst themselves as do Puerto Ricans in exclusively Puerto Rican interactions. These complicated linguistic politics reflect the ambiguity and ambivalence of racial antagonism and solidarity in the shared social environment produced by segregated urban poverty.

[19] Million Dollar Blocks is a project by the Justice Mapping Center visualizing the specific city blocks in New York City where the authors estimate that the state has spent more than a million dollars incarcerating that block's residents. The authors write: "The maps suggest that the criminal justice system has become the predominant government institution in these communities and that public investment in this system has resulted in significant costs to other elements of our civic infrastructure — education, housing, health, and family. Prisons and jails form the distant exostructure of many American cities today" (Kurgan and Cadora n.d.). See Cooper and Lugalia-Hollon (n.d.) for a replication of the analysis for Chicago.

Chapter 2: Filial Patriarchy in the Long Shadow of the Carceral State

Introduction

This chapter takes a close look at the experience of Marisol, a Sterling Street mother struggling to care for her three outlaw sons, to examine how the macrostructural transformations discussed in the previous chapter have remade intimate familial relationships, especially with the added pressures of hyperincarceration. This account of mothering suggests a reconfiguration of patriarchy that deemphasizes conjugal unions and elevates the maternal-filial relationship resulting in what I call filial patriarchy--the patriarchy of sons.[1] As we will see this reconfigured patriarchy is closely related to both structural changes in gendered labor markets as well as the explosion of the incarceration of inner-city men, each of which has had contradictory effects on the relationship between men and women. It is also mediated by the affect of strongly felt maternal love. Marisol's experience also reveals a more intimate analog of what I have been calling accumulation through citizenship that operates at the scale of kinship but interfaces with the broader political economy of incarceration. This carcerally mediated accumulation demonstrates another way that young lumpen men set vast amounts of capital into circulation, not by their own labor, but by their abilities to exert legitimate claims--this time on family members, and in particular, mothers--which underwrite a wildly exploitative privatized carceral system.

The Rapid Rise and Fall of an Older Brother

After Tony was killed, control of drug sales on Cliff Street first fell to his right-hand man, and street mentee, Victor. Victor, in his early twenties, was the oldest of three brothers who lived with their mother, Marisol, on Sterling Street. He had grown up with Tony, and considered him his "old head"--a street term for an older male, who takes a special interest in the welfare and success of a younger man, referred to as the old head's "young bol." These old head-young bol relationships vary in intensity and persistence, ranging from simple acknowledgements of mutual affection to long-term mentorship with frequent exchanges of material support and significant trust and reflect the importance of extrafamilial male mentorship extensively documented by inner-city ethnographers (e.g., Anderson 1990, 1999; Duneier 1999). Victor's relationship with Tony was on the latter end of this spectrum as Victor described, starting with a story of the help he received from Tony when he had left home after fierce fighting with his mother over his drug dealing:

> Tony helped me out when I was fucked up [broke], sleeping in my car for a week or two. Before, he wouldn't give me the light of day to work for him cause of my mom. "Are you crazy man? Your mom will kill me!" Tony used to tell me, "You got your high school diploma, you got everything. Go to the army."
>
> Then after a while, he was like, "I guess you alright [to sell]." I guess he thought to himself, "Ain't nobody else [that Victor would work for selling drugs] gonna treat him right, might as well bring him over here." Tony had all these Spanish connects [wholesale heroin suppliers], and the first thing he told them

was, "This my young bol Victor. You gonna deal with him like you was dealin' with me." Tony said to me, "You do the talkin'." To translate and all that.

Tony was my man. He called me five minutes before he got killed. I was literally right around the corner. He called me to tell me, "Yo, come over here, I'm sittin' just waitin' for you to light up [smoke marijuana]." No longer than three minutes after I hung up with him, I got another phone call that Tony got killed. I hit [ran] the stop signs, the lights, go the wrong way down Cliff Street. I pull over and I see Tony in the truck.

I'm thinkin' damn, both my niggas dead. My other bol had just got killed too, not even ten minutes after he dropped me off at my house. Tony got shot, about a month later, the first time while he was in his truck. They shot at him in the car. [Imitating gunfire] "Pop, pop, pop, pop." Through the back seat. He got hit a couple of times. But he made it out. Bein' a big heavyset dude helped him pull through. 'Cause if he had been a light weight nigga like me, he probably been dead. But the second time they got him good. They shot him in his face and everything. And it wasn't nighttime when they got him this time. I know if I woulda been there with Tone I probably woulda been next to him, shot up, if not dead.

Victor's reflections on his relationship with Tony reveals several aspects of his experience of adolescence. Tony, a neighbor and young *bichote,* came to be something like a surrogate father for Victor. Victor rarely saw his biological father, who lived in the neighborhood but had completely abandoned all parental responsibility. Tony's mentorship, which pulled

Victor into the lower-middle rungs of the neighborhood's drug economy, was in direct conflict with his mother's care and the two represented competing axes of influence in Victor's life. The conflict over Victor's increasing drug dealing was just a piece of a protracted struggle that Marisol waged, with very limited success, with each of her three sons. Tony, who knew Marisol, realized and respected this, and initially encouraged Victor to leave the streets behind referring somewhat abstractly to enrolling in the military to pursue one of the only imaginable exits from the neighborhood. But as Victor showed that he was committed to dealing, Tony decided to provide Victor with the only sort of mentorship he was equipped to offer by inviting him in as a junior partner in his drug operations.

Tony provided a model for adult maturation distinct from both Victor's deadbeat father and his mother who toiled for minimum wage as a gas station attendant. As a *bichote* Tony commanded respect in the neighborhood and had the resources to proudly head a household. He provided a model for a man who took responsibility for his wife, his children, and his friends in need. His eventual demise, following soon after the murder of another of Victor's friends, though, gave Victor a harsh reminder of the risks of seeking masculine affirmation through drug dealing that could easily truncate his own life. At the same time, from a practical perspective, Tony's death opened up the opportunity for Victor's ascension into the *bichote* role himself.

Victor's stint as the *bichote* in charge of heroin and cocaine sales on Cliff Street was short lived, however. Within a few months of his ascension, Victor accidentally shot and killed Marco, one of his close friends while playing with a jointly purchased gun after a long night of drinking and drug taking. Panicked, Victor fled the crime scene and went on the run for more than three months before being apprehended. Victor's mother, Marisol, recounted receiving Victor's call immediately after the shooting and hearing him tearful and terrified:

That night [Victor] called me at four in the morning, as soon as it happened. I picked up the phone and said "Victor, what's going on?" All he could say is "Mommy. Mommy. Mommy." And he couldn't say anything else. I started getting scared, I said, "Baby, what's going? What happened." "Mommy, I killed my friend. I'm so scared I don't know what to do." I couldn't believe it, I started crying right then on the phone [pausing, shaking her head]. I didn't know that it happened just around the block. I saw the helicopters out there looking for him in the sky.

Victor was hiding in the tracks and he kept calling me all night. He would hang up and then call me again a few minutes later saying, "I'm scared." I kept telling him, "Victor, come home." Finally, at like eight in the morning he came home. I told him, "Let's call the cops. Let's turn you in, it was an accident." "No mom, they are going to give me life. I'm too scared." I spent the next three months sleeping with the door open, not knowing if he would come home.

Now I don't ever pick up the phone at three or four in the morning because whenever I do it's some tragedy [wipes tears]. Three days before that happened he came to pick me up from work. When I got in, he said, "Mom, I got a gun under the seat." I told him, "[Raising voice] Are you crazy? Why do you have a gun? Get rid of that!" He said, "Awh, let me take you home. As a matter of fact, let me take you home right now, cus you drawling [being annoying]." What does he have a gun for? He doesn't have problems with anyone, he just wanted to act like a cowboy and then, look, he killed his friend!

Struck by the reality that his life had irrevocably changed in a moment, Victor turned instinctively to his mother to look for the reassurance and guidance that he had previously scorned. The call Marisol received was a particularly shocking moment in a constant stream of agonizing events engulfing her children. The near post-traumatic response she described having at the sound of late-night phone calls pointed to an embodiment of the stress of raising outlaw sons that would recur throughout her reflections on the out-of-control trajectory of her children's lives. She felt powerless to intervene, poignantly illustrated by the horror, and ultimate impotence, with which she confronted Victor about brazenly carrying a gun while he drove her home from work just days before the shooting. She could exert no active control, no matter how she tried.

Bureaucratic Indifference and Maternal Guilt

In the months after Victor's incarceration, Marisol frequently fell into nostalgic sorrow recalling her sons' childhoods before they were old enough to begin running wild in the streets. She often pulled out old pictures to remember her sons as innocent children. She repeatedly tried to make sense out of their trajectories telling a tortured story that alternated between a deep sense of maternal guilt and the impossibility of raising sons in the neighborhood made worse by callous government bureaucracies.

> **Marisol:** Victor was a good kid growing up. He was very smart. I remember in middle school I got a call from his teacher and I thought to myself, here we go, Victor's in trouble again. I said on the phone, "What happened? Was

he fighting again?" The teacher says, "No. I have to talk to you. Victor is doing college math. How did he learn this? I am giving him all this extra work because the class he is in is not hard enough for him. Your son is very smart."

I had Victor in music lessons too, for five years. He started when he was eight. [Smiling] Victor plays the piano. I used to pay $75 a month for private lessons. I have a video of him during recitals. Victor knows how to read and write music. Now when I ask him to write me something he says, "Oh, I don't remember anymore, mom." I put him in boxing, all these activities. I thought if I keep them [her sons] busy, keep them in activities then they would stay out of trouble. Every summer, Victor used to go to Rosland University to their summer program. But then when he was fourteen, Victor said, "Mom, I don't want to go this summer." I thought, "OK he has been going all these summers. If he doesn't want to go this summer it is ok." I thought that all that studying all the time might drive him crazy so I let him stay home that summer instead. That's the summer I lost him to the streets.

He started running around, I tried to keep him at home but he would sneak out during the time I was at work. I saw it happening and I didn't know what to do. I went down to family court and told them, look, "My son is a good kid, but I'm losing him to the street. I need your help." They don't have no help for you when you go there. They wanted to tell me, "Oh, we can't do anything now. First he has to get in trouble for us to do anything." [Voice rising with anger] What the hell is that? You are going to wait for him to fuck up before you do anything to help him? But then when he brought the gun to school the social workers called

me and said, "We need to have an emergency meeting about your son." The social workers were here every day looking to see if I had food in the refrigerator [voice trailing off, shaking her head]...

I told them, "What? Are you going to pay my son's lawyer now? No? Then what the fuck are you going to do for me? I came to you before and you didn't want to help me." The judge told me, "If he would have killed someone with that gun I would have gave him life. I don't care that he is only fifteen. He is very lucky he didn't use the gun." To this day Victor has never told me, "I'm sorry mom for bringing the gun to school." He never told me why he did it. He just did it and expected me to accept it.

When I lost Victor, I lost the rest of them. Luis [Marisol's middle son] was like Victor too, he always liked school, he was good at school, but that changed over the years. He wanted to be in the streets like his brother.

Marisol called me into the living room. "Fabian [Marisol's youngest son] never really liked school, but he is very talented though, look let me show you some of his work [drawings]." She pulled out a carefully tucked away manila folder with a photocopy of one of Fabian's drawings dated a little over a month before Victor killed Marco. It depicted a young hand reaching out for the palm of an older hand which opened expectantly to gently embrace the smaller hand. It was in fact very nicely, and realistically drawn. The back carried the inscription: "To the best mom in the world, from one of the three stuges [sic]." Marisol shook her head, wiping tears from her eyes. "Now Fabian doesn't want to draw me anything." Marisol's emotions flipped quickly from sad nostalgia to anger as she said emphatically, "Unless you take your kids

and raise them up in a mountain because if you raise them around here I don't give a fuck how hard you work or how much you tell them! They are going to do whatever they are going to do."

Marisol's story betrayed a strong sense of powerlessness as what seemed inevitable overcame the hope she had for her sons during their childhood. She cited with disdain the negligent social services that she pleaded with for help as she saw Victor get progressively entrenched in the street life of the neighborhood's drug economy. Tellingly, not knowing where else to turn, Marisol reached out to the court system, demonstrating that the criminal justice system loomed largest among the state institutions intersecting with the lives of the neighborhood residents. However, the courts were not set up to provide any sort of assistance or social services to help avert tragedy, and they were totally disinterested in finding her help anywhere else. They only kicked into action as an unforgiving source of punishment that reveled in their strict, unsympathetic application of the law once Victor inevitably fulfilled Marisol's fears.

Adding insult to injury, Marisol suffered humiliation from the state social service system that refused to respond to mothers' pleas for proactive assistance but held them responsible for their children's criminality and sent social workers to interrogate their suitability as parents. Marisol identified the tremendous challenges of raising children in the neighborhood and railed against a state deaf to her calls for help to counter the unfolding train wreck of her children's life. Still, she could not resist internalizing the overwhelming odds her sons faced as her own failed parenting, for example when she fixated on a particular decision she made to allow her son to stay home from a university-run summer program for "at-risk youth" that in any case was eventually defunded not long after.

The Frozen Adolescence of a Junior Gangster

Luis, the second oldest of Marisol's three sons, was also forced into deep reflection by his brother's predicament although he drew different conclusions from his mother. As Marisol suggested, Victor, as a respected older brother, set an example for his younger siblings and they studied his experience for guiding lessons. Victor's incarceration, in particular, provoked an extended soul-searching on Luis's part and called forth a litany of righteous anger over the abandonment of Victor by his friends following his incarceration. This triggered an even more extended diatribe on the exploitation and lack of care among participants in the street drug trade.

> The moment you down [in jail], then you gonna see who your real homies is. I learned that from Victor. Nobody there for him, and he goin' down for something serious. Nobody like, "Here, take this forty dollars [for your prison commissary account]." I never heard one of his homies that he used to be with say, "Yo, what's up with your brother? Can we go see him?" One day when I'm like, "Come on, let's go see my brother!" "Oh you know, I don't like to go visit nobody in jail. That's not my twist [what I like to do]." It's only half an hour! He [another of Victor's friends] got a young bol shot in the back. Young bol in the hospital right now, paralyzed and you don't even go see him. My young bol Hec got killed. After he got killed niggas be like, "You have me reminiscing about my young bol Hec." You never even went to the cemetery! I bet you if you go now, you not even gonna know where Hec's tombstone at! Nobody don't give a fuck!
>
> You don't even gotta go through the experience to see it. All you gotta do is just sit back and watch. Like, my brother put Ivan on everything half n' half

> [brought him in as a partner]. Then my brother get locked up, and you like "Yeah, I got him [will look out for him]." But you don't never look out for him. My brother gave Ivan the car so he can keep on with the connect [heroin wholesaler] that my brother left him. Taina [the mother of Victor's only child] was pregnant at the time and she was always walkin' to her appointments even though he had the car! She come ask you for twenty dollars and you gonna look at her and ask her what it's for. It's only twenty dollars! So my brother stopped fuckin' with him [being on good terms with him].

Luis's words reveal a disillusionment with the presumed bonds of young male friendships and the buckling of social relationships under the increased vulnerability imposed by incarceration. As he noted, the disappointed demands were both material and affective, involving sending incarcerated friends money, asking about and visiting them, and helping care for those left behind, like Taina, the mother of Victor's unborn child. For Luis, incarceration presented a test that revealed ones "true friends," often revealing that there were really none at all. This realization called forth other examples of painful abandonment under the strain of street violence like the abandonment of friends disabled by gun violence and what sounded to Luis like the insincere eulogizing of fallen "young bols." At the same time witnessing these betrayals, most importantly that of his brother, inspired Luis to imagine himself valiantly rising to the challenge--that his brother's friends were not meeting--by "becoming a man" through a daring plunge into the street drug trade.

If he [Ivan] ain't ridin' [supporting Victor], nobody else gonna ride for him [Victor]. Like that's one of Victor's homies! That's why I'm trying to get that started [open a new drug block], so my brother ain't got to worry about nobody. Rest in peace, my old head Tony owned the block. He was just fixin' the house [for Vanessa] and they killed him. She need the money to get the house fixed, and move out of her mom house, and get her kids clothes and stuff. So she gonna let us open up the block, and I'm gonna look out for her 'cause Tone was my oldhead. And I can start putting money to the side for Victor's lawyer so he don't gotta fight it with a public defender. Whatever my brother need, he got. If it's money, he got it. If it's books, he got it. Ain't gotta worry 'bout nothin'.

Because yo, my mom gonna be struggling too. My mom gotta worry 'bout takin' care of my little brother [Fabian] who gonna come out soon. Takin care of my nephew [Victor Jr.] and herself. My mom can't take care of all of us. That's why I don't even wanna go back to the house. 'Cause it's gonna be hard for my mom to take care of me, put food on the table for me, put sneakers on my feet, and I'm grown already.

Fabian gonna come out and Fabian gonna go right back to hustling. He told me hisself. So, he gonna get locked up again eventually. I don't like to say it, but it's part of the game when you selling drugs. I don't even want to do it [sell drugs]. I want to work legit, 'cause I don't like workin' in the streets. But I ain't got time to be a momma's boy no more. It's not like I ain't tried to get a job. It's time for me to grow up now.

Luis saw plunging himself headfirst into the drug economy as his only viable path to "growing up." In imagining the fruits of this proud and brave attempt to become a man, he articulated idealized dreams of assuming the role of a beneficent patriarch who would take responsibility for himself, ease the burden on his mother, look after his older incarcerated brother's many new needs, and even contribute to the care of an entire second family--that of Tony's widow. The sense of mounting responsibilities pushed Luis toward the one form of employment at his fingertips so that he might achieve the economic basis for proudly assuming masculine responsibility. He clearly demonstrated ambivalence toward this path, and even pined for legal employment, but given all the pressures he saw himself facing, he did not feel he had the luxury of time to keep looking for legal employment, lest he remain a drain as a "momma's boy."

Bringing the Heat Home

Victor was eventually sentenced to eight to sixteen years for the accidental killing of Marco. A few weeks after the sentencing, I was at my computer answering emails when a fusillade of gunshots pierced through the late-night winter air. There were seven staccato pops in two uneven sets and then the revving of an engine as a car screeched off Sterling Street, its tires slipping in the snow before catching the asphalt underneath. Immediately, I thought of Marisol and her sons. I waited five minutes, unsure if there would be any further gunshots and then put on my winter coat and boots to walk up the block to Marisol's house.

When I reached her stoop, I could not see any obvious evidence of the shooting. Relieved, I wondered if I misplaced the sound of the gunfire that had maybe come from an adjacent street instead, but a second later I noticed Marisol's neighbors' door had been shot

through with more than a half dozen bullets and that the brick façade of Marisol's house was itself chipped with at least one shot. I felt certain that the shooter had intended to hit Marisol's house and not her neighbors' who were a family of undocumented, Honduran immigrants not involved in the drug trade who held semi-legal restaurant jobs working off the books for less than minimum wage.

Marisol's middle son, Fabian, who had recently been released on parole, was in the house at the time of the shooting. He called Marisol at the gas station where she worked and she quickly hurried home, arriving just before the police returned to the scene after a first lackadaisical pass-by immediately after the shooting. Another neighbor told Marisol that she had called the police right after the shooting happened and had watched a squad car roll down the street slowly but that the officer did not stop to investigate when he did not see anyone outside. Outraged, the neighbor called again for the police to return now that Fabian had summoned Marisol.

> **Marisol**: [Shaking her head] I'm gonna see if I send Fabian to Boston tomorrow, and I'ma just have to leave. Because they were trying to shoot over here but I guess they didn't have a good aim. These people [the next-door neighbors] don't bother nobody, this lady goes to work, she's never home.
>
> They're not happy with the [Victor's plea] deal, you understand? Now I have to pick up and move. 'Cause the cops are not gonna stand in front of my house all day to watch my house. [Police walkie-talkies crackle as they approach the house].

[Marisol to her Honduran next-door neighbor, in Spanish] *Mami*, close the door, they are going to call an officer that speaks Spanish, ok?

[Peaking her head into the neighbor's front door and pointing to the bullet holes in their living room ceiling]. Look up, they hit all the way up to the ceiling. This was meant for my son...

Police officer: [Walking up to the steps, shouting to the other neighbors gathering nearby] Alright, guys, go in the house! No one's hurt, right?

Marisol: No.

Police officer: And nobody saw anything, right?

Marisol: No. They were trying to shoot at my door, I know it. We just have to wait 'till it happens again, basically. Because I know it's gonna happen again.

Officer: Well, do you know who did it?

Marisol: I have a feeling I know who did it, but I can't go and point the finger 'cause I wasn't here, you know what I'm saying? I mean if you don't see it, well then what can you do?

Officer: Right.

After searching the street a bit with his flashlight, the police officer returned to tell Marisol that it was going to be impossible to find the bullet casings in the snow, and that they had probably been flattened by other passing cars by now, anyway. He instructed her to call the police department if she had any further information to share and told her that they would let her know if there were any developments on their side. Back in her living room, Marisol tried

simultaneously to process the events and to plan how to protect her two sons, her recently born grandson, and the mother of her grandson's baby, who had moved in with her after Victor's incarceration. She suspected that the shooter was related to Marco and was expressing anger that Victor received the relatively lighter conviction of manslaughter rather than murder as well as what Marisol thought could be interpreted as a favorable assignment at a prison rumored to have better services available to the prisoners, including limited job training and educational programs.

Marisol: [Shaking her head, and looking at the front door] They are going to find out they got the wrong building and they gonna come back. [Yelling into the kitchen] Fabian, you are going to Boston tomorrow!

Fabian: [Yelling back] Why am I gonna go all the way to Boston? I'm not gonna go all the way over there...

Marisol: You gotta go 'cause it's fucking dangerous! Them shots were for here. And I'm pretty sure they'll figure out they got the wrong house and they're gonna come back in the middle of the night. They gonna wait for a rainy day and they gonna come back. 'Cause cowboys usually do shit like this on a day like this [when the weather is bad]! Taina has nowhere to go, where is she gonna go?

I knew something was gonna happen, but I didn't think it was gonna happen this soon. I figured they were gonna wait a little bit longer. But they desperate and angry. That's what it is. His [Marco's] friends, his cousins, you understand? And if they was to know that my door doesn't lock, they would have came in here. Believe that! This is just the beginning of what the fuck they're

gonna do [tapping the table nervously]. I know they mad. Because of the prison where they gonna send Victor. Even after I apologized to them [after the sentencing]. So that's making things worse too. They figure it's a luxury prison. That's another thing, there's a lot of things, so they're just mad.

You know I got people [to retaliate]. I could put myself on the same page, but I'm not gonna do that. I don't want my brother to come down here and get really upset and get shit started. I can't tell anybody. I can't make a big deal of this. What do they [Marco's family] want me to do? They want me to sacrifice all my kids for them? Victor is already locked up. If they not happy with his sentence that's not on me! It gets me because if they [the bullets] would have hit the door, they would have gotten one of them in here. They [Fabian, Taina, Victor Jr.] were all here. If someone has to pay for what happened I just hope that it's not the baby [Victor Jr.] or someone innocent [wiping away the tears beginning to roll down her cheeks].

[Shouting angrily] All the years I've been here and now I have to fucking pick up and leave. It's crazy! [Calming down] When Victor comes home, he can't come around here. That's why I'm saving that money for him. It isn't much, but it will be something to get him started.

This shooting was a powerful, and jarring, testament to how dramatically the actions of her children affected Marisol and her entire household. Even as outlaws tearing through the streets, carrying guns, and selling drugs, they returned to their mother's house, and that is where their enemies came to search for them. Although spectacular in some sense, this moment of

heightened tension illustrated the constant anxiety that Marisol experienced on account of her sons and how she was constantly occupied with thoughts of how to protect them in the face of life-threatening danger, a concern shared by many of the mothers' in the neighborhood whose sons were participants in the street-drug trade.

Marisol spent less time lamenting the physical danger her own children put her in, though, and more time stressing over how she might strategize a safe exit for the growing family under her roof and anticipating the risks Victor would face when he eventually returned from prison. She worried that the accounts were unbalanced between Victor and Marco's family. This concern had led her to encourage Victor to take responsibility for the murder by accepting the plea deal rather than taking the case to a jury trial to argue for a further reduced sentence on account of the accidental nature of the death. She now worried that this shooting was just the beginning of violence that would strive to balance those accounts even as she attempted to proactively head off further violence by apologizing to the family and resisting any seemingly favorable treatment for her son during sentencing.

Running Scared

Although Marisol's initial suspicions illuminated the complicated stakes of the inconsistently overlapping legal and street logics of crime, punishment, and retribution, these suspicions turned out to be incorrect. Upon learning of the shooting, Luis sheepishly admitted to his mother that he knew who was responsible. It was not Marco's family, but C-Rock, one of Victor's friends who had been in the car when Victor shot Marco and who had given a sworn statement to the police as a witness to the murder. Since Victor's sentencing, Luis had been relentlessly taunting C-Rock on Facebook for

being a snitch. Just a few days before the snowstorm drive-by, Luis revealed that C-Rock had confronted him in the street and shot at him from his car. After being targeted by two murder attempts in quick succession, Luis fled the neighborhood and avoided speaking to his mother because he did not dare face her scolding.

After several weeks in hiding, I successfully brokered a meeting between mother and son to help Luis develop a long-term plan for himself. I drove Luis to the gas station where Marisol worked on a freezing cold evening. When Marisol saw me arrive with her son shivering, she immediately pulled us into the dingy bathroom adjacent to her cashier's booth. The tiny bathroom was the only heated structure that could just barely fit all three of us. Her own cashier's booth surrounded by scratched, bulletproof Plexiglas, in which she had spent eight hours a day, several days a week, for more than a decade, was much too tiny.

Marisol: [Affectionately but in a tone of reproach] It's cold out. Where's all your stuff at? You don't gotta coat?

Luis: [Shrugging] Nawh, I ain't outside. I ain't really need a coat.

Marisol: [Changing the subject sternly] Do we need to be running around scared of this kid [C-Rock]?

Luis: [Shrugging dismissively] Nawh.

Marisol: Yo, I'm asking you a question! This is serious.

Luis: [Staring at his sneakers] My homie called me yesterday and he said he talked to C-Rock and that C-Rock said he was gonna fall back and chill. He's a punk.

Marisol: [Interrupting, outraged] Ain't that much of a punk! He came around and shot up your house. And he has a couple of bodies [killed other people] from what they tell me. [Turning to George] If you see him, you can't believe it. He's a baby in his 20s but he looks like a teenager.

[Turning to Luis] How many times he shot at you that other night when you were walking home? Huh?

Luis: [Softly] Once.

Marisol: Did you see your life flash in front of you? If he would've shot you late at night with no one around like that you woulda bled and you'd a' been dead.

[Tears filling her eyes speaking more softly] I need you to call C-Rock's friend and make sure everything is squashed [resolved], Luis. Because I'm really, really fricking worried man. It's no joke man. I don't take that lightly, you know, someone shooting at my house!

To do something like that, C-Rock must be off the hinges some fricking where. You don't know how that boy feels. He was in that car with Victor and Marco. Marco was his friend before Victor was his friend. You understand? And now you provoking him and carrying on! You don't know what sort of animosity he feels.

[Turning to George with tears flowing] You know, as a parent, you expect to die and not see your kids die. And my boss started noticing I have problems, 'cause I been messing up the register counting the money wrong.

It's not a good feeling for me to know that one of my kids is running because [turning back to Luis and shouting] there's a cat shooting at my home! [Softly again, eyes filling with tears] That's so messed up, I don't sleep.

Isn't it bad enough that Marco's dead? It's not a good feeling, Luis. I don't want to have to pick up my phone and hear the news [choked up] that they killed you. [Speaking in a hoarse whisper with tears flowing heavily] I can't, Luis. My heart can't take it.

[Composing herself again] You gotta sit down and think. What is it that you want to do? You could do a lotta good for yourself, man, instead of causing so much harm. [Voice rising] You wasting your time being with these cats. They ain't going nowhere. It's only two paths you can take when you on the streets: die or get locked up.

[Softly again] Look, now is when you gotta wanna do what you always told me. Either you gonna sign up for the National Guards or get in more trouble. [Dejectedly, tears flowing] But now with your case [the ongoing felony drug trial], it's probably not even possible for you to do that. And how much were you making when you got locked up last time? Thirty dollars selling stupid bundles [packs of $10 bags of heroin] for someone else? And how much you lost for that 30 dollars? Don't you see that? Cause it's not like you were standing on the corner making millions.

[Sighing] Of all the years that we lived here I would have never thought that I need to sit in my house and be freaking scared cause of some dumbass shit my sons did.

[Changing the subject and touching Luis--who has been staring at his sneakers the whole time--on the shoulder affectionately] What are you going to do, where are you gonna go now? You coming home?

Luis: [Looking up eagerly, his eyes filling with tears] Can I come home?

Marisol: You can come home. I don't have a problem with you coming home.

Luis: But you gonna be mad, though.

Marisol: Yeah, but I've always been here for you. I might not say things in the right way. I might scream. But it's because I get blue in the face trying to talk sense to you. But I'm always gonna be your mom, and I'm always gonna be here to give you advice. That's not gonna change, man.

I can't see you doing the wrong thing and just sit there and accept that. That's not love. When you love somebody and you see them doing something that is going to take them on the wrong path you have to tell them.

Every time you stand at the corner you gonna get caught with something. [Turning to me] And I don't want him on the corner, George. Watching out for the cops. That's no life. You need to stay off these frickin streets and get with your game plan. If you can't get with Job Corps, sign up for community [college]. Do something positive. I want you to take this shit [shooting] as an experience for your life [to make a change].

Like his older brother Victor, Luis turned to his mother when his outlaw behavior resulted in consequences that he could not handle. Even though he had previously stated he did not want to

be a "momma's boy," the reality was that he could not sustain himself economically and he could not plan his way out of the complications he brought on himself by his immature taunting that put his entire family at risk. The conflict between young men, of course, took on additional deadly possibilities given the ready access to firearms that converted any heated, impulsive dispute into a potentially deadly encounter.

While Luis tried to downplay the stakes of the conflict, his mother, whose perception was unclouded by her son's self-protective bravado, was so shaken by the shooting that it had begun to put her job at risk as she made basic mistakes involving the gas station's account. Marisol saw her eldest son's sentencing, and this recent death scare, as a potential crossroads for Luis. She implored him to "get with his game plan" and consider how he might permanently escape the neighborhood, or at least its street drug trade, through the limited options she could imagine for him: joining the military, enrolling in community college, or signing up for Job Corps.

In fact, each of these possibilities was already precluded by Luis's legal status. Neither the military nor Job Corps would consider him with a pending felony case, or while he was on probation, though the former occasionally granted "moral waivers" for convicted felons who had completed their full sentences. His legal status also excluded him from federal financial aid to enroll in community college. Even if he had been able to enroll with financial support, Luis belonged to the most vulnerable population of community college enrollees who had abysmal graduation rates and often left school as unemployable as they started, except newly saddled by debt (Volkwein et al. 1998; Paulsen and John 2002; Jackson and Reynolds 2013).

The Filial Entitlement of Outlaw Sons

Soon after Luis returned to his mother's house, he began feeling his mother's pressure to "get with his game plan." He framed himself as helplessly trying to navigate the overwhelming experience of coming of age faced with dramatically restricted opportunities in the legal labor market while the street drug trade beckoned as a less-than-ideal, but always readily available outlet.

> **Luis:** Gotta get a little ass job. I'm trying. You gotta crawl before you walk, walk before you run. She [my mom] don't see it like that. She want you to come out and just run. How am I gonna run if I don't know how to walk? I don't know how to crawl? I don't even know how to stand on my own feet right now. Gotta hurry up and get a job. I don't get a job, I'm'a hafta sell drugs. Doesn't mean I'm gonna stop trying [to get a job]. I keep on tryin', but I get cased up [arrested multiple times], then the tryin's over, ain't nothing to do but sell drugs the rest of my life.

Desperate to keep her son from returning to drug dealing, Marisol convinced her boyfriend, an undocumented Mexican man who ran a small, under-the-table drywall contractor operation that employed other undocumented immigrants at sub-minimum wage fixed day-labor rates to hire her son for occasional day work. After only a few shifts, Luis had begun complaining that he felt disrespected by being ordered around at work and by having to work with undocumented day laborers. He only lasted a week more before he quit in indignant frustration when Marisol's boyfriend repeatedly asked him to stay overtime to complete the

required work that often extended beyond the standard day-shift length but would not offer him higher wages than his other employees.

Marisol was furious at what she perceived was Luis's inability to subordinate himself in line with his objective qualifications in the labor market, the way that she did at the minimum-wage gas station attendant job that she had held for more than ten years.

> **Marisol**: Luis can't keep a job because he is complaining, "Oh, they did this to me at my job." You know how many things they have done to me at my job? But it's a job, so I know I got to keep it. I work every day three to eleven p.m. at the gas station. I have to take two buses to get there. I don't have help from anyone. I don't have any help from their dads. So I put everything that happens in my job aside and forget about it. I can't just say, "Oh my god, this is such a fucked up job. I'm going to quit this job and go look for another job." Well guess what? Welcome to the world! You didn't go to school, you didn't do shit, you stuck. Stick it out! Tough it out!

Before long, Luis had begun selling heroin again, and Marisol realized that Fabian too had quickly reinserted himself into the drug trade as he previously had promised Luis he would. This led to frequent shouting fights between Marisol and her sons over their drug dealing, including the one below that I witnessed first-hand while visiting Marisol in her home. Fabian was in the kitchen eating when Marisol unleashed a barrage of complaints to me, loud enough for him to hear in the other room, while she wiped tears streaming down her cheeks.

Marisol: I can't take this, my kids, they don't need me. They only talk to me if they need money. Otherwise they have nothing to say to me. Fabian just came home since *last* night. He comes home now to eat and then he is going to go back out into the streets, [yelling loudly for Fabian to hear] on some corner to sell drugs!

Fabian walked through us to the front door with a steely-eyed look on his face, paying no mind to his crying mother, or to me, and opened the door to exit. As he was about to leave, his mother yelled at him in desperation, "Go ahead! Go out there to sell drugs!" Her weeping intensified, though as always, she cried silently, as if dissociated from the physical response to her emotions. Her tears went on rolling down her cheeks as she talked and yelled. Fabian responded in a cold, controlled, but loud voice, "I already did [sell drugs]. I'm going back out to do the same thing." He walked out and slammed the door. Marisol turned back to me and began recounting the slew of affronts she suffered from her sons blending what she saw as their recalcitrant commitment to drug dealing with more everyday examples of young male chauvinism and their lack of appreciation.

Marisol: You see? I'm so tired of this. I can't take it anymore. I'm going to leave. I'm going to sell the house, fix my passport and I'm going to take off. Go somewhere where no one can find me, where there aren't even phone lines! Up in some of the mountains in the Dominican Republic where there is no signal.

Why should I stay here? I just work all day and no one even gives a fuck. They just use this place to sleep sometimes and eat. I wash my dishes before I

leave the house and I come back tired at night and the sink is dirty again and they are just sitting there watching TV. When I start cleaning again no one ever says "Oh, mom let me help you." The other day, I came home and no one had taken out the trash. So I grabbed it and was dragging it out and Fabian was just sitting there with his legs out. I had to say, "Excuse me, can I get by?"

They don't listen to me. I have to pretend like everything is ok and accept everything. "You sell drugs? That's good!'" They want me to say that? And then when I get mad they say, "Look there she goes again! She is going off like an atom bomb!" Of course I'm going to go off! I'm sitting here letting it build all this time, so when it goes off it goes off for real and they get scared when I start throwing shit around.

I ask them, "What do you want out of your life?" and they just sit there and look at me like I'm stupid. And now they are out there in the streets everyday selling drugs, and it's just a matter of time until they get locked up for good or killed. When what happened with Victor happened Luis and Fabian were crying and saying, "Mom we are going to change. Mom I promise we are going to change." Two weeks later they were back to the same shit, like nothing happened! I give them money anyway and then they go and hustle too. What do they do with all that money? Why do they have to risk their lives out in the streets to buy $100 sneakers and clothes?

Marisol's words demonstrated a profound disconnect between mother and sons. From her perspective, her sons were taking incomprehensible risks in the streets for an ultimately trivial

monetary pay off. As Bourgois's ([1995] 2003) account of Puerto Rican crack dealers shows, however, participation in the street drug trade is motivated not only by raw economic necessity, but also the pursuit of masculine respect and ambition. Unlike the subordinated position of bottom-rung service sector employment, the crack economy valued the particular cultural capital of the poor Puerto Rican crack dealers Bourgois studied. Rather than serve as liabilities in a white-collar office setting, their quick tempers, command of violence, and fearlessness were assets in the street drug economy. Participation in the crack economy also provided the hope of striking it rich, or at least achieving a relatively high status within the immediate social hierarchy of the neighborhood by trying to emulate the success of the tangible models of local drug bosses. Likewise, Victor, Fabian, and Luis pursued the basis for a budding masculine autonomy in continued participation in the drug economy, even as their mother tried to keep them from selling drugs by increasing her financial support of them.

In reality, though, the manhood they pursued in the streets proved illusory. Even while dealing, they remained profoundly dependent on their mother. In fact, their participation in the drug economy often increased, rather than decreased, their dependence in multiple ways as Marisol intervened to help them navigate potentially deadly conflicts or supported them during the periods of incarcerations that inevitably resulted. Far from achieving their sought-after autonomy from--let alone active support of--their mother, they demonstrated masculine entitlement as they abused their mother's care in ways both large and small.

Embodying Maternal Agony

The fallout of Marisol's son's participation in the street economy increased not only the material demands on Marisol, but also produced severe emotional and psychological stress.

Marisol, in a way, subsidized her son's participation in drug dealing not only through her material labor as a gas station attendant but through the affective labor of a caring mother providing unconditional love under the most stressful of situations. This affective labor came at a huge personal cost. It was her primary source of stress, and at the most acute moments, this stress flared into readily visible, concretely embodied, health crises.

Following the resolution of the potentially deadly dispute between Luis and C-Rock, Fabian's return home became Marisol's most urgent source of anxiety. Very soon after his return, Fabian was re-arrested for selling drugs. He was quickly bailed out by friends who were selling with him and again returned to the same drug corner provoking the following reflection from Marisol:

> They let him [Fabian] go, but where is he at? Down there [on the drug block] again. I'm just tired. My arthritis flared up so bad I couldn't walk. I couldn't move my arm or anything. Matter of fact, we went to see Victor, and I couldn't even pick up the baby. That's how much in pain I was.

Just when things seemed like they could not get worse, Fabian shot someone during a dispute over drugs while he was on bail for his recent selling arrest. Marisol's home once again became the center of attention for the local police department just as it had been during the multiple police raids she endured while Victor was on the run after shooting Marco. Subjected to the even more heightened stress of the moment, Marisol nearly suffered a total breakdown in her health. She recounted the physical manifestations of her experience of the latest police raid provoked by her children's actions:

They [the police] broke my door, 'cause of him [Fabian]. "Police! Police!" There was like fuckin' twenty cops in here, guns in arms, just flippin' everything. They asked me, "Is the gun here?" "Hey, look, I don't know. I'm not gonna sit here and tell you don't search. Do whatever. Just please, I don't have much..." They went in my room, threw everything, slammin' the drawers. They threw all the shit from the trash on the floor. They went in the boxes right there, dumped everything. I was like, "I'mma fuck Fabian up, I'mma kick his ass. Look at what they doin' to my house 'cause of him." I started shakin'. My whole body. I don't know why. I didn't know that could happen to you. I couldn't stop. I don't know if it was my nerves. The lady cop was like, "You turnin' pale." Next day, my bones hurt. When I got up, I hurt so bad, I couldn't move. These kids make me go through shit that I never been through.

Fabian was apprehended later that day and taken to the police district where Marisol visited him. After she left the district, she again suffered an acute health crisis, this time suffering a potentially lethal attack of high blood pressure.

Marisol: My blood pressure went up really high after I left Fabian. I was walkin' [in the police district lobby] and I got this really, really bad headache. When I was outside, everything started to get blurry, like when you lookin' through fog. I had this really bad taste in my mouth. And then, all of a sudden, everything went black and I passed out. I come back [regained consciousness],

and I'm in the ambulance. They said that my blood pressure was, like, 260, 265. I haven't said nothing to Fabian. I'm just tryna stay calm because if I get sick, who's gonna do for [take care of] them? Who the fuck is gonna do for me? But I gotta start thinkin' of me.

Only months later, Luis too was incarcerated when he was caught selling bundles of heroin in the nearby suburbs. His plan to remain as cautious as possible by staying off his neighborhood's hyper-visible, open-air heroin corners by making deals over the phone had backfired when his customer set him up for arrest to reduce his own sentence on a separate case. Marisol reflected on her struggle to alter the seemingly inexorable trajectory that resulted in the incarceration of all three of her sons:

I had they life planned out in a whole different way. Things didn't go the way I planned. I'm starting to see things for what they are. That they are older and I have no control over the decisions they are going to make in life. It's like, "I'm tired trying to provide for you so that you don't have to go outside and do the things that you are doing." I'm gonna start to use tough love. Fuck that, man. That crying and, "Oh my God, I love you" hasn't got me nowhere with them!

I am starting to accept that that's what they want. I'm going to leave. I do not want to be here no more. It's not because of what's going on outside [drug dealing right in front of her door]. None of that bothers me. I get dressed and I'll go to work and I don't see nothing. I try not to see nothing. Because it hurts me for myself, and it hurts me for the fucking people out there doing drugs. I'm tired

of going out there and seeing that it's my kids are the ones that are supplying it and doing dumb shit. Because what the fuck do my kids do? They are out there selling drugs. And it hurts me as a parent. I sometimes look at people and I be like, "Who knows? The drug he bought, he probably got it from my son." And that shit makes me feel bad.

But at the end of the day that's what they wanted to be doing and it still keeps pulling me down. I'm getting older. I don't have the time or the money or the patience. I'm going to help you if you want to help yourself. If not, stay the fuck away from me! Somebody has to lift me up because I can't do it by myself no more. And if I'm going to do it *by* myself I'm going to do it *for* myself. You have to understand, because I am drowning and you are bringing me down with you. I can't [sniffling, wiping tears], I can't... [tearing up] I want to leave from here so bad [barely able to finish sentence, drying tears]. But I am here, stuck dead [unable to go on]...

As Marisol watched Fabian and Luis fall deeper into the streets despite Victor's painful cautionary example, she acknowledged that caring for her sons came into direct and harsh conflict with caring for herself. This realization was strengthened by her worsening health that she connected directly to the stress of caring for her children. Marisol expressed feeling totally overwhelmed, "stuck" not so much as a result of her immediate life circumstances as a single mother living in one of Philadelphia's poorest neighborhoods as by her unbreakable bond to her outlaw sons who she could not control, protect, or effectively care for. She struggled with the guilt of her own responsibility for their outlaw behavior as she confronted the realities of the

drug trade that they participated in and which played out every day on her own block. Searching for a strategy for self-preservation, Marisol contemplated materially and psychologically wiping her hands clean of them as her only option, identifying the multiple overwhelming material and affective demands she faced ("I don't have the time or the money or the patience.") Marisol often tried to tell herself she was going to "stop caring" so that she could protect herself yet she was never able to accomplish this detachment, even when she found herself with all three of her sons incarcerated.

Marisol's continuing commitment to her children stood in stark opposition to their fathers' total abandonment of parental responsibility. Neither of the two fathers of Marisol's children had any material or emotional presence in her or the children's life. Since she separated from Fabian's father when Fabian was still a toddler, Marisol never again lived with another man despite having several long-term boyfriends, none of whom the boys perceived as father figures. Even when their sons were incarcerated, the fathers did not offer any assistance at all. In fact, her sons' incarcerations presented another opportunity for the fathers to demonstrate their neglect. Marisol, with little expectation, reached out to Fabian's father after he was incarcerated for the shooting to encourage him to reach out to Fabian. Despite his father expressing sorrow at his son's incarceration, he offered no help, and did not reach out to his son.

> **Marisol:** Fabian's father started cryin' [on the phone]. I said, "What the hell? What you cryin' for? You need to stop drinkin' and get your shit together so you can help your son, you could come talk to him, give him advice, 'cause I'm tired of talkin' to him." I told him, "You'se not a kid anymore. You need to say, 'I'm gonna stop this [drinking].' Your son really needs you. And I need you, to at

> least say, 'Damn, I'm gonna be there.'" Not financially, 'cause he ain't got shit. But, he went back to drinkin', pretty soon he'll be sleepin' in the streets again or stayin' at his sister's, stayin' at a cousin's. Next thing you know, they get tired of him and he goes into a program.

Victor and Luis's father similarly provided no support to Marisol or his sons, nor did he visit them after their arrests. During a prison visit, Victor admitted to his mother that his incarceration had woken him up to the depths of his father's abandonment. "Mom, when I come home I don't want to see him again. You always try and not tell me what kind of asshole he is, but I'm a grown man, I know what kind of shit he put you through." Marisol was yet again left on her own to look after her sons as they navigated another wrenching stage of their lives as prisoners.

Incarcerated by Maternal Love

Megan Comfort (2007, 7) cautions that, even though the personal reverberations of incarceration can be severe and long lasting,[2] studies that focus exclusively on the experience of incarcerated individuals overlook the effects on the millions more "who, through their contact with loved ones and close associates caught in the revolving door of corrections, experience restricted rights, diminished resources, social marginalization, and other consequences of penal confinement, even though they are legally innocent and dwell outside of the prison walls." With this insight in mind, Comfort develops a theory of "secondary prisonization" through her analysis of the experiences of the female romantic partners of incarcerated men. Her work shows how continuous exposure to the harsh disciplinary regimes of prison visitation converts wives and

girlfriends into "quasi-prisoners" (ibid., 16) and powerfully structures the particular forms of intimacy that are possible between incarcerated and non-incarcerated romantic partners.

More frequently, though, incarceration not only places romantic relationships under severe strain, but frequently ends them entirely (Massoglia, Remster, and King 2011; Lopoo and Western 2005). For example, in their qualitative study of fatherhood among men with histories of incarceration, Edin et al. (2004) found that over the course of their participants' incarceration, nearly every one of the mothers of their children had ended their relationships and established new romantic relationships with non-incarcerated men. While these studies greatly contribute to our understanding of the impact of incarceration on intimate relationships, focusing exclusively on men and their romantic partners leaves unexamined the way criminal justice involvement structures the experience of women who are often more durably bound to incarcerated men than their romantic partners: their mothers.

Turning our attention to the way mothers experience the behavior of their outlaw sons, both while they are engaged in criminal activity in the street, and when they are subsequently incarcerated, reveals what we might call an "affective cage of maternal love." This experience exceeds the "prisonization" that Comfort describes, which is only one element of the broader "stuckness" experienced by mothers like Marisol. Throughout this chapter we have seen how Marisol's life was dominated by her concern for her sons. She described it repeatedly as a constant source of gut-wrenching agony and nerve-shattering anxiety that in its most acute moments escalated into medical crises. Although these moments of frightening embodied stress emphasized to her that caring for her sons was fundamentally at odds with caring for herself, Marisol could not betray her love for her sons and turn her back on them.

Can we understand this captivating maternal love as a buttress to a particular aspect of patriarchal power oriented around filial rather than conjugal bonds? Bourdieu places the production of affective states, like love, squarely at the center of his account of power. For example, in his analysis of the gift, he suggests that debt in asymmetric exchange is internalized not simply in material terms but also in affective terms by producing feelings of devotions and love in the recipient (Bourdieu 2000, 199). This is a piece of his larger analysis of symbolic power that posits that power durably inscribes affective dispositions into the body and that these dispositions reproduce domination (ibid., 171). Looking specifically at the affective ties in social relationships, and particularly in kinship, Bourdieu notes that the dispositions underlying symbolic power are often "experienced in the logic of feeling or duty" and "affective devotion or love" that have permanence beyond their original conditions of production (ibid., 180).

Introducing the question of power into an account of maternal love and devotion troubles the concept of "care" by demonstrating the violence that results when deeply felt duties to care are so traumatically out of sync with the conditions of possibility that would enable such care. In other words, Marisol's experience reflects the disturbing consequences of caring in the context of multiple abandonments--for example, by the fathers of her children and by the state. In examining maternal love, we are returning to the foundational relationship undergirding relations of care and Marisol's refusal to abandon her children no matter how much they agonized her represents an unwavering, and ultimately punishing commitment to a personal "ethic of care."

But what happens when committed intimate care persists in conditions that are so hostile to caregivers? Or in other words, what happens when the ethic of care does not scale to social care, and the structures of support that could enable intimate caregiving are absent? Retaining an unfailing commitment to care in this context can transform maternal love into an experience of

agony rather than affirmation, or even worse, into self-immolating sacrifice.[3] As we have seen from Marisol's experience of mothering three sons who are active participants in the neighborhood's drug economy and all ended up imprisoned, the overwhelming responsibility to care is simultaneously imposed on mothers by the abandonment they face both by the state and by the fathers of their children, and at the same time is assented to with tremendous affective intensity. This account of mothering in the inner city illustrates the inherent risk when the need for intensive care, the moral and pragmatic obligations to provide care, and the capacity to care are all differentially distributed along lines of gender and class. In a situation where the personal ethic of care is not matched by a social ethic of care, what emerges is an impossible burden, felt with all the moral and affective intensity of unshakeable (maternal) love.

Carceral Accumulation through Kinship

The incarceration of her children placed Marisol under a new set of material and affective demands. With three sons incarcerated, each in a different prison, Marisol stretched herself emotionally and financially to help ease the loneliness and stress that her sons faced and to remain a calming presence for them. Her experience visiting her sons in prison revealed exactly the dynamics of "secondary prisonization" that Comfort described among the wives and girlfriends visiting their incarcerated romantic partners. Like those women, Marisol was exposed to the humiliating and hostile disciplinary regime of the prisons despite she herself being "free." These prison visits also revealed the costs Marisol incurred in time, money, and emotional labor, as she explained:

I visit Fabian and stay for the weekend. It's a five-hour drive. I leave on Fridays, go to the hotel go to sleep wake up on Saturday visit with him the whole day go back to the hotel go to sleep go see him on Sunday and stay until twelve. From eight in the morning to three o'clock in the afternoon I'm just sitting there talking shit with him. And I buy him a lot of food! I spend $100 just in food for the weekend. Rent a car, 'bout $105 for the weekend. Hotel 'bout $60 a night. Take my own towels, and my own sheets from home. Make this journey twice a month.

It's two to two-and-a-half hours to go see Victor. I go and come back, the baby and I. I go see him three times a month now that the baby is small. I want him to have that bond with his son. I want his son to know him and I want him to know his son. To encourage him, like, "You got something to come home to." I didn't memorize Victor's inmate number. One of the guards used to give me a hard time and one time I snapped! He wanted to give me an attitude, "Oh, why don't you memorize the number." I said, "'Cause my son is not in college! He is in a fuckin' prison and I don't want to remember that he is here. Are you going to let me in to see him, yes or no?"

For Fabian, it's the walk of shame. It's three fuckin' check points. Sometimes when I get in the visiting room, Fabian come and hug me and I be like, "Hold on Fabian, I need a breather do not touch me because I feel like punching the shit out of you." "Why, Mami?" "Because! [Voice rising sharply] I gotta do the walk of shame! The fucking guard checks me once, he checks me twice. How many times he gonna check me?"

> It's not easy. Especially, when the visits are over and I have to turn my back and leave. I have to be real strong. That's why I tell them, if you go back to jail, I'm not visiting you guys, 'cause it takes a lot out of me. I ain't visiting and don't ask me for my money. I went to see Luis one day, and the bus wasn't running [from the train station] up to the prison. It doesn't run on Saturdays. Didn't I catch my ass walkin'? It was a good two miles. That's how dedicated I was, 'cause, "I got to go see my son" [rolls eyes].

Marisol's sons' heightened financial and emotional reliance on their mother by virtue of their incarceration revealed the structural freeze incarceration imposes on the imprisoned by placing them into a position of extended vulnerability and dependence. Incarceration rendered formal the status of Marisol's sons as labor superfluous to the needs of the economy while also helping guarantee their long-term exclusion by saddling them with a criminal record that further reduced their employability.[4] At the same time that it locked in their status as non-working men, incarceration introduced other modes by which their non-laboring bodies could generate private profits. The money that Marisol spent while visiting her sons, the portion of her monthly gas station attendant's wages that she deposited in their commissary accounts to spend on overpriced prison-store commodities, and the price-gouging rates Marisol paid for collect calls to speak with her children between visits all point to the multiple forms of hyper-exploitative private profiteering that parasite from the relationships of the incarcerated to those beyond the prison walls. Like Marisol, those shouldering these financial costs are almost always women, and frequently mothers (deVuono-powell et al. 2015).[5]

This mode of carceral accumulation that leverages claims on kinship ties points to a broader changing political economy of incarceration in the United States. Despite the continuities between slavery and contemporary prisons highlighted by popular activists arguing that prisons are "the new slavery,"[6] and the occasional spectacular reporting on the exploitation of prison labor,[7] the relationship between incarceration and labor has changed dramatically since the formal abolition of slavery in the United States (J. Comaroff and Comaroff 2016, 44). Following emancipation, former slaves states across the South responded to the sudden crisis in labor provoked by the end of formal slavery by reincorporating newly freed slaves back into modes of forced labor through mechanisms such as private convict leasing and state-operated prison farms (Novak 1978; Lichtenstein 1996; Blackmon 2009; Perkinson 2010; Mancini 2018). In many instances, such state-run carceral labor enterprises not only facilitated local industry but also produced significant profits for the involved state governments. For example, in 1903, approximately 25 percent of Alabama's state revenue was produced by prison labor and nearly 100 percent of prisoners were "leased" out to private contractors or forced to work in prison farms (Blackmon 2009, 94, 112).

By the time the American "prison boom" commenced in the late 1970s and 1980s, however, the usefulness of black labor to American capital had plummeted, and incarceration emerged as a strategy for managing the unemployment of the inner-city poor, rather than to channel their labor power toward production (J. Comaroff and Comaroff 2016, 21; Wacquant 2009). Furthermore, in this more recent period, the small output of prison labor has not come anywhere close to offsetting the costs of incarceration to the state let alone netting it a profit. It is clear that the monetary profits that *are* generated by incarceration are now only negligibly related to the actual labor capacities of prisoners and largely fall into private rather than state hands.

This is not to say that the incarceration of primarily black and Latino men is not at the center of a massive enterprise of accumulation. Writing about the explosion of incarceration in California in the 1980s, a harbinger for skyrocketing national incarceration rates to come, Mike Davis (2000) calls the construction and staffing of prisons in depressed areas of white rural California a form of "carceral Keynesianism" offsetting the plummeting economic fortunes of these areas (see also Gilmore 2007). In addition to the local creation of public sector jobs in "corrections," prison growth created multiple additional opportunities for profiteering as states increasingly outsourced the provision of necessary "services"--such as food, clothes, health care, and telecommunications--to the private sector. Some of the costs of these provisions are borne by the families of the incarcerated, and some by the state itself. Now, in a dramatic reversal of the *raison d'etre* of earlier prison labor arrangements, less than one percent of people in prison are employed by private corporations, and less than six percent work for state-run "correctional industries" (Sawyer and Wagner 2019) and work programs are frequently considered a service to inmates that are targeted for elimination as too costly to run (Blinder 2015).[8]

The sum of these transformations has led scholars of the contemporary American carceral state to conclude that prisons are better conceived of as warehouses for "decommissioned labor" (J. Comaroff and Comaroff 2016, 21; Wacquant 2009; Western 2006), rather than as institutions for disciplining the reserve army of labor or as sites of significant economic production. However, there is an additional grotesque irony at play not fully captured by the analysis of prisons as warehouses. This irony is that, while incarceration represents a dramatic truncation of citizenship in nearly every conceivable way, prisons have paradoxically emerged as one of the few sites where the most vulnerable can access any set of social services at all as the state is obliged to provide certain basic necessities of life that it refuses many of its poor, non-

incarcerated citizens (Wacquant 2009).[9] In fact, in its intersection with biological citizenship, carceral status in the United States has emerged as a surprising ground for buttressing claims to medical care for the most marginal. In *Jailcare* (2017), for example, Carolyn Sufrin argues that the San Francisco jail emerges as one of the only spaces for poor, unstably housed, pregnant women to access obstetric care of any kind. These arguments are supported by the remarkable fact that incarcerated individuals are the only group constitutionally guaranteed health care in the United States.[10] Even more troubling, this line of reasoning is supported by the fact that some health indicators show improvement *during* incarceration for the most vulnerable populations, demonstrating the depths of risk faced by those caught in the carceral dragnet even prior to incarceration (Wildeman and Wang 2017).[11]

The changing political economy of incarceration then reveals a double extraction through the bodies of the incarcerated underwritten on the one hand by the families of the incarcerated, and on the other hand by the state itself.[12] The two modes of extraction demonstrate certain structural homologies. The individual, whose labor has been rendered superfluous to the needs of capital, exerts claims on the one hand at the intimate scale of kinship and on the other hand at the scale of the state--as in the case of prison health care and bare minimum standards for shelter, food, etc.--that are exploited for commercial ends. These parallels are not surprising if we understand both kinship and citizenship to be, among many other things, two modes of structuring recognition and legitimating claims-making.

The Reconfiguration of Patriarchy

It is notable that Marisol felt trapped by her relationship to men, but that these men were her sons, not the fathers of her children, or her subsequent romantic partners. As suggested above, we can partially understand Marisol's unrelenting and self-sacrificing commitment to her

unrepentant outlaw sons as constituting a form of patriarchal power reoriented around the filial, rather than conjugal relationship. This reorientation seems to be intimately related to the structural transformations affecting the employment prospects of neighborhood men because of their contradictory effects on women. On one hand, the erosion of employment opportunities for men, coupled with the relatively increased access of women to the labor market, has weakened male power over female romantic partners. On the other hand, this same process has increased the dependence of men on their mothers. As a result, structural shifts in the economy and the shifting dynamics of gendered labor seem to have simultaneously contributed to undermining traditional patriarchal arrangements while giving rise to new forms of patriarchy oriented around maternal duties to their formally unemployed and/or outlaw sons.

Although Marx did not write much about the political economy of gender relations or family structure in his account of the rise of capitalism in industrial Europe this was apparently not because of a lack of interest in the matter. Upon Marx's death, Engels discovered extensive notes on anthropologist Henry Morgan's 1877 *Ancient Society* which took up this very theme. Engels organized Marx's notes and further developed the analysis to write an early version of what we might consider a political economy of sex with the 1884 publication of *The Origin of the Family, Private Property and the State*. The book was influential for arguing that gender oppression was the product of historical and social processes rather than an inevitable product of biological difference. Moreover, it argued that the particular structure of gender relations was strongly influenced by economic arrangements.

There is a direct lineage between Engel's seminal work and later Marxist feminist scholars that sought to situate gender, marriage, kinship, and sex oppression within a broader project of historical materialism (Meillassoux 1981; Goody 1981; Federici 2004). Although

substantially more nuanced in their data collection and analysis, these later Marxist-inspired feminist anthropologists similarly sought out the correspondence of family structure and political economy often arguing that the structure of the family and the subjugated status of women under capitalism was not only a product of, but also fundamental to, its operation. The attempt to explains systems of gendered of oppression by primary reference to capitalism was tempered by criticism, including from Gayle Rubin (1975) in her landmark essay entitled *The Traffic of Women,* that argues that such accounts fail to explain relations of oppression that exceed the boundaries of capitalism, both temporally and spatially. Though she argues that an analysis that takes historical capitalism as its point of origin cannot account for the diversity and extent of gendered oppression, she does not contest that particular economic arrangements will give rise to or shape the particular form gender oppression takes. Logically then, transformations in the former may provoke a transformation in the latter.

While the criticisms summarized by Rubin that gender oppression is multiply determined in a far more complex and varied manner than suggested by Marxists accounts that hew too close to the unilinear material determinism apparent in Engel's *Origin*, there is little reason to doubt that the structure of the labor market can exert a shaping, even if by no means totally determining, force on the structure of gender relationships. For example, Ruggles (2015, 2016) uses US demographic data to relate changing family structure to major transformations in the national economy. He argues that increasing opportunities for wage labor among men provoked a shift from multigenerational "corporate families" organized around family farms in the 19th century to "male-breadwinner" households that predominated by World War II. Increasing wage labor opportunities for women in the post-World War II period, accompanied by a stagnation and then a precipitous decline in real wages for men starting in the 1970s, provoked a shift to "dual-

earner" households and the advent of "female-breadwinner" households. He concludes that "patriarchal control over women began to erode with the rise of female wage labor" and that "more than anything else, the changes in families reflect changes in work" (Ruggles 2015, 1779,1803).

While analyses such as these demonstrate widespread changes in family structure, the effects of macrostructural transformations on family structure are especially pronounced among the poor who are most vulnerable to such changes. William Julius Wilson ([1987] 2006) implicates the dramatic erosion in male employment, along with incarceration, in the decline of marriage and rapid rise in female headed households among the black US inner-city poor over the preceding decades (see also Western and Wildeman 2009). Ethnographies of inner-city poverty have also repeatedly emphasized the erosion of male employment prospects on gender relationships, masculinity, and male parental involvement contributing to the inability to reproduce patriarchally arranged households that their male participants often valorize in their discourse (Liebow [1967] 2003; Hannerz 1969; Stack 1974; Bourgois [1995] 2003; Anderson 1999; Contreras 2013). Bourgois ([1995] 2003, chap. 6), explicitly argues that the changing opportunity structure facing inner-city men and the feminization of low-wage labor in the shift from industrial to service employment has inverted gender power dynamics and led to a "crisis of patriarchy" often precipitating violent reactions from men who feel their status slipping vis-à-vis women.

The material presented here suggests an important elaboration of these accounts of the effects of structural change on gender dynamics. By and large, accounts of inner-city masculinity and the shifting balance of power between men and women have analyzed masculinity from the perspective of the man as an actual or potential romantic partner and father. Such accounts can

be productively extended by foregrounding filial in addition to conjugal relationships. After all, from the perspective of kinship roles, men are not only failed or successful patriarchs but they are also the children of women. This perspective reveals that the same structural transformations have produced contradictory effects on gender relations as structural changes are mediated by other factors, in this case the specific kinship role of mothers.

Marisol's struggle to care for her three outlaw sons, both during their childhoods and well into an adolescence prolonged by low employability and incarceration illustrates these points powerfully. The same structural factors that allowed--if not forced--her to manage a household without any assistance from the fathers of her children simultaneously positioned her to be independent from male romantic partners and to also indefinitely shoulder the outlaw behavior of her children, financially and emotionally. Steady employment in the bottom rungs of the minimum-wage service sector, which the fathers of her sons, and her sons themselves, either were excluded from or rejected, both reduced Marisol's reliance on the former and increased the dependency of the latter. The same forces, then, that have undermined conjugal patriarchy have elevated filial patriarchy. The transition from the former to the latter marks a shift from the iron fist of the husband to the more insidious and symbolically powerful form of patriarchal domination oriented around the self-sacrificing caring embrace of the mother.

Notes

[1] This shift of focus from the conjugal to the mother-son relationship immediately recalls Raymond Smith's ([1956] 1971) classic account of matrifocality in British Guyana. He defined this as a family system where women, as mothers, are the focus of social relations and men, as husband-fathers, are relatively marginal. In this system the conjugal tie is deprioritized relative to the mother-son relationship which is fundamentally anchored by reliable reciprocity based on future support from sons which in turn also minimizes the long-term reliance of women on husbands. Smith writes, "When a woman's children grow up she can always depend on their mothers for help, in the form of money or presents of food, and they will make sure that she has a roof over her head as long as she lives" (Smith [1956] 1971, 66). This is quite unlike what I am describing in this chapter as "filial patriarchy" which arises from the persistent dependence of sons on their mothers and their inability to significantly assist them as they age.

[2] The exceptionally high rates of criminal justice involvement and incarceration in the United States have attracted attention from scholars across academic fields. Much of this work demonstrates the harmful impacts that persist beyond incarceration which Chesney-Lind and Mauer (2011) term the "collateral consequences" of incarceration. These include long-term harms to employment prospects (Pager 2007), families (S. Wakefield and Wildeman 2014), and neighborhoods (Sampson and Loeffler 2010). They also include short and long-term outcomes in health elevating the risk for death from overdose, homicide, suicide, and a multitude of chronic health conditions, including dramatically and persistently worsening long-term mental health (Schnittker and John 2007; Binswanger, Heagerty, and Koepsell 2007; Nosrati et al. 2017; Wildeman and Wang 2017).

[3] This insight recalls Garcia's (2010) analysis of intergenerational heroin use among Hispanos in New Mexico. As referenced in the introduction to this dissertation, Garcia argues that the induction of children into heroin use represents one of the only modes available to parents to ease the suffering of their children in the setting of intense desolation, dispossession, and the near-total state abandonment that displaces the full responsibility of care onto already intensely strained kin-relations.

[4] See, for example, William Julius Wilson's ([1987] 2012) early seminal work on the labor market effects of incarceration during the 1980s--the early years of the prison boom. More recently, the work of Bruce Western (2006, chap. 5, et passim) and Devah Pager (2007) details the cumulative effects of a near quarter century of hyperincarceration on employment prospects among poor minority men arguing that incarceration reproduces and intensifies racial and class inequality, partially as a result of its labor market effects.

[5] Drawing on surveys with hundreds of formerly incarcerated people and their family members a collaborative report led by the Ella Baker Center, Forward Together, and Research Action Design found that family members assumed the primary responsibility for the court-related costs of convicted individuals in 63 percent of cases, and among these cases women took primary responsibility for these costs 83 percent of the time (deVuono-powell et al. 2015, 9).

[6] The most prominent example of the popular argument that incarceration represents a new form of slavery is Ava DuVernay's award winning film "13th." The film uses the 13th amendment to the US constitution--which reads: "Neither slavery nor involuntary servitude, *except as a punishment for crime* whereof the party shall have been duly convicted, shall exist within the United States, or any place subject to their jurisdiction [emphasis added]"--as a point of departure for investigating the rise of mass incarceration in the United States with an emphasis on modern prison labor as the perpetuation of African American plantation slavery.

[7] The widespread reporting (e.g., Zaveri 2018; Vesoulis 2018) on California's "inmate firefighter" program during the outbreak of wildfires throughout the state in the fall of 2018 provides a striking example of the hyperexploitation of prison workers. This program provided more than 1,500 of the 9,000 responding firefighters. Participation earned the minimum-custody inmates who were accepted into the program sentence reductions and improved prison accommodation but paid a mere $2 per hour, plus an additional $1 per hour during active firefighting duty. Vesoulis (2018) reports that these firefighters faced higher rates of injury than non-incarcerated firefighters, and much of the reporting at that time highlighted that firefighters trained under the program are not able to pursue similar employment after release because of their criminal records (e.g., Sibilla 2018). Remarkably, the pay-rate for inmate firefighters was actually much higher than for most other prison workers across the country whose average earnings range between 0.14 and 1.33 dollars per hour (Wendy Sawyer 2017).

[8] Writing in the New York Times about the closure of work programs in Mississippi, Blinder (2015) notes that, "Although the programs were once regarded as sources of cheap — or free — labor for local governments, as well as employment for trusted inmates, officials in some states have concluded that they are too expensive to maintain."

James Kilgore (2013), a prison scholar and activist who spent more than six years in federal prison, argues against the popular activist narrative that prisons are contemporary "slave labor camps." He writes that his "memories of prison yards feature hundreds and hundreds of men trying to pump some meaning into their life with exercise routines, academic study, compulsive sports betting, religious devotion, and a number of creative and entrepreneurial 'hustles.' But being under the thumb of Bill Gates or entering a Nike sweatshop was just about the farthest thing from our warehoused reality."

[9] Incarceration, on the whole, obviously represents a dramatic restriction of citizenship. Beyond the evident physical restrictions, the incarcerated and the formerly incarcerated are stripped of several rights guaranteed to citizens without a history of incarceration. Most states prohibit inmates from voting, while many prohibit those with a felony conviction from voting after release. Felons are also banned from public housing and excluded either by law or practice from much of the labor market. These formal exclusions are accompanied by many additional long-term negative impacts previously cited in footnotes 2 and 4.

[10] The 1976 Supreme Court Case *Estelle v Gamble* ruled that failure to address the medical needs of prisoners constituted "cruel and unusual punishment" and was therefore in violation of the Eighth Amendment of the US Constitution. See Rold (2008) for one account of the historical context of this landmark case and its deployment in the years since.

[11] In their review of the literature on incarceration and health, Wildeman and Wang (2017) note that while many studies find a substantial decrease in mortality among black men who are incarcerated relative to black men in the general population, the effects of incarceration on health outcomes subsequent to release are universally negative, and often severe.

[12] This change in the status of the prisoner has also contributed to the tentative turn to prison reform. While the prisoner was a body whose labor might be exploited to generate profit state prisons ran labor camps and private prisons sought to replicate the model. As the cost of incarceration outstripped by many orders of magnitude the profit that could be extracted from the labor of prisoners and returned to state coffers, imprisonment became an increasingly large cost rather than source of revenue for states. Under increased pressure as a result of the global financial crisis beginning in 2008, many states pursued bipartisan efforts to reduce the costs of incarceration and the US prison population declined in 2010 for the first time since 1973. While this fact is rightly celebrated by prisoners' rights advocates and anti-mass incarceration activists, it must also be understood as the state turning away from the many increasingly expensive obligations it had assumed by incarcerating so many people.

Chapter 3: Accumulation Through Citizenship: Pain, profit, and disability in the US opioid epidemic

Introduction

As will become apparent in this chapter and the next, diagnoses of physical disability provide a pathway to a form of biological citizenship that has taken on growing significance for the poor as the American welfare state continues receding and labor precarity increases. In this chapter, I argue that the claims on the state associated with this form of citizenship produces novel opportunities for capital accumulation rendered possible by the neoliberal hybridization of the vestigial welfare state and private enterprise. Successful claims result in official state recognition of new or expanded obligations to its citizens; yet, the state often devolves fulfillment of these obligations to the private sector restricting itself to the role of contractor and payer. This combination of state recognition and private fulfilment produces the potential for what I call "accumulation through citizenship."

To delineate the key elements of accumulation through citizenship, I will investigate two cases emerging from fieldwork data. First, I will examine how the market interests of companies producing narcotic painkillers shaped the pharmaceuticalization of pain and led to the current "opioid crisis" of mounting overdose deaths from these medications and chemically related street drugs, including heroin.[1] I will then turn to the market for the treatment of Hepatitis C (HCV), the rates of which are rising along with increasing opioid addiction and injection drug use--the primary mode of transmission of the virus in the United States.

Poisonous Citizenship and Deadly Accumulation in the Opioid Epidemic

In 2017, a record 72,306 people died of drug overdose in the United States (National Institute on Drug Abuse [NIDA] 2018a). More than 49,000 of the deaths were attributed to the opioid class of drugs that includes prescription painkillers, street heroin, and illicitly manufactured fentanyl and fentanyl analogs. The total represents a 14 percent increase over 2016 driven almost entirely by the increase in opioid-related deaths. 2017 marked the eighth year in a row that overdoses led motor vehicle accidents as the number one cause of accidental death in the United States long since surpassing the fatalities inflicted by AIDS at its peak in 1995 before the availability of anti-retroviral therapy (NIDA 2018a; Bastian et al. 2018; Centers for Disease Control and Prevention [CDC] 2011). As mentioned previously, the impact of overdose deaths have been so large that they have dragged down US life expectancy for three years in a row for the first time since the double insult of World War I and the Spanish Flu similarly brought down US life expectancy in the 1910s (Frieden 2018).

The current wave of opioid addiction first surfaced with a steady increase in prescription painkiller overdoses beginning in 1999 followed by increasing overdoses first from heroin and then from fentanyl, an ultra-powerful synthetic opioid (NIDA 2018a). Between 2011 and 2012, the White House and the CDC declared the growing rates of opioid-related overdoses an "epidemic" and a "crisis," and it is now consistently referred to as such in popular, activist, official, and academic discourse (Executive Office of the President of the United States 2011; CDC 2012).

Perhaps somewhat counterintuitively, the opioid epidemic can be understood partially as a result of a "poisonous" biological citizenship based on the recognition of physical suffering, especially through a diagnosis of chronic pain, that qualifies individuals for access to a substance

that is both therapeutic and potentially deadly. Though diagnosis of any sort has the potential to undergird biological citizenship, it does not in itself guarantee a meaningful extension to the rights or claims of an individual vis-à-vis the state or the transformation in subjectivity or personal or political identity associated with the term. Biological citizenship is most likely to obtain when diagnosis works as a "biological passport" to otherwise inaccessible resources, often material but also symbolic and subjective as was the case in Petryna's (2002) original formulation of Ukrainian citizens categorized as "radiation suffers."

The diagnosis of chronic pain functions as such a passport. Musculoskeletal conditions, such as back and neck pain, comprise the single largest qualifying diagnostic category for Social Security Disability Insurance (SSDI), which along with Supplemental Security Income (SSI), has emerged as a critical form of biological citizenship for the American poor. These conditions account for 33 percent of all SSDI beneficiaries (Social Security Administration [SSA] 2019a). These diagnoses are also highly associated with receiving opioid prescriptions. A recent analysis found that 44.7 percent of all disabled SSDI recipients also qualifying for Medicare were prescribed opioid painkillers and just under half received long-term opioid prescriptions (Morden et al. 2014). With a street value of a dollar a milligram these pills have the potential to become an additional source of economic support for the poorest disability beneficiaries with chronic pain diagnoses.

On the basis of diagnosed disability, these programs provide cash assistance to about 18.1 million Americans (SSA 2019a, SSA 2019b). Those without substantial work histories receive a standard monthly stipend of $783 as part of the SSI program while individuals who have met a minimum work threshold receive on average $1,233 from SSDI. These programs also qualify beneficiaries for public health insurance through Medicare or Medicaid. A 1987 study of the

programs conducted by an Institute of Medicine Committee chaired by Arthur Kleinman suggested a close relationship between economic conditions and petitions for disability-based assistance. The authors note that although in the United States SSDI and SSI are "not used explicitly to counteract unemployment... the labor market appears to influence application rates" and further suggest that "the number of people who identify themselves as disabled fluctuates with changing economic conditions" (Osterweis, Kleinman, and Mechanic 1987, 92).

The importance of disability-based cash assistance increased after Bill Clinton fulfilled his campaign pledge to "end welfare as we know it" by signing the Personal Responsibility and Work Opportunity Act (PRWORA) in 1996 (M. B. Katz 2008, chap. 12). The bill replaced the sixty-one-year-old Aid to Families with Dependent Children (AFDC) with Temporary Assistance for Needy Families (TANF). On the eve of its repeal, AFDC provide $22 billion dollars in cash assistance to 13 million poor Americans, averaging $435 per beneficiary, per month--an amount that represented a decrease in real value of more than 50 percent over the previous quarter century. In its place, TANF introduced a maximum life-time coverage cap of five years, set strict work requirements for beneficiaries, and devolved implementation and management to individual states through block-grant funding. The net effect was to cut the number of beneficiaries by 63 percent within a decade "effectively removing it as an important program in the nation's safety net for the poor" (Moffitt 2015, 734). These reforms most devastated the poorest women, especially those with children, who as a group experienced a 35 percent decrease in government assistance of any form between 1983 and 2004 (ibid., 741). Over the same time period, the growth of other forms of public assistance, such as general Social Security benefits and tax credits awarded to the working poor, as well as SSI and SSDI led to an overall triple redistribution of benefits: "(1) a redistribution away from non-elderly and

nondisabled families to families with older adults and to families with recipients of disability programs; (2) a redistribution away from non-elderly, nondisabled single-parent families to married-parent families; and (3) within single-parent and married-parent families, a redistribution of transfers away from the poorest families to those with higher incomes" (ibid., 742).

Patients Selling Pain Pills

In the setting of a broader retrenchment in public assistance for the poor, disability benefits and the street value of pain pills provided a critical source of stable income for several Sterling Street residents, including my neighbor, Tina. Tina had grown up in New Jersey and Philadelphia but had left the area in her late teens. For most of the time that she lived outside of the state, Tina was legally employed and did not sell or use drugs although many of the men she dated were involved with drug dealing including her previous boyfriend, an abusive Cuban meth trafficker. For many years, Tina returned to Philadelphia only for short visits to see family. This changed once she was diagnosed with lupus. As the disease became increasingly debilitating, she moved back to the city permanently to be closer to family.

Tina had grown up in the surrounding neighborhood. She was unhappy to have to return to Philadelphia, and unhappy to suddenly find herself unable to work. Knowing of my planned career in medicine, Tina would often share details of her health and her struggles to cope with the dramatically restricted independence her illness imposed just as she did one evening that she invited me over to eat one of her specialties, *pollo asado* [Puerto Rican-style roast chicken]. As we sat in her tiny but meticulously organized first floor apartment, she vented her frustrations:

Tina: The only reason why I live here is because I'm sick and I want to be close to family, because there's nothing that I like about Philly.

George: What don't you like about Philly?

Tina: [Pointing toward the street] I don't like the killing, I don't like all the poverty, I don't like the dirty streets. I don't like how we *have* to live. I don't like to see the drug addicts. To me it's like a zoo, you have to fight to survive.

[Pauses, looks at me shaking her head and smiling] George you can eat with your hands. You don't have to eat all proper here! [Knocking at the door].

Tina stood up to let in a Puerto Rican man in his early thirties. They exchanged a few pleasantries in Spanish before Tina told him that her husband, Hector, was not home. The man was disappointed since he had arranged to buy some of Hector's Percocets[2] which he had been receiving since he crushed his toe salvaging a used refrigerator during a junking expedition. It turned out that the man was one of Hector's regular pill customers. Tina told him not to worry, that she had her own prescription and that she could sell him some of her pills. The man's face brightened. He pulled out a wad of crumpled money and counted out $125 dollars on the table next to me. Tina shook the pill bottle and handed it over to him to check the contents: fifty small white Percocet pills. Satisfied, the man threw the pill bottle in the front pocket of his backpack and bounded out the door. Tina returned to the table with a wide smile.

Tina: [Looking at my empty plate] Bet you're nice and full now!

[Fingering the bills on the table] Sometimes they give you fake money. But, I know my money and this is real money! You gotta check the bills for marks, too [rifling bill by bill].

George: From the police?

Tina: Yup. They put a mark on them like a little blue stamp or sometimes a little red face. Nothing's marked. Hector knows this guy. If he was a cop right about now we would've been busted! It's like there's people that buys them, and then they sell them, they keep selling them over.

George: But you only charged him $2.50 each?

Tina: Yeah, that's wholesale price. If you buy the whole bottle. I didn't even know that you could sell them when I was new here until someone was like, "Well I can pay you for them." I needed the money, so I asked, "How many would you buy from me?" He said, "Well how many do you got? I'll take them all!" That's how I jumped into selling pills every month. I used to sell one for only two dollars. When I started hanging out, people started to tell me, "Girl, that's not how much they cost!" I didn't know that they used to go for five or ten dollars [sold individually rather than in bulk].

I used to stay with [keep] like fifty just in case I would get into pain in the wintertime and I would sell the rest. There was a lot of time that I would go through a lot of pain. I went through times when I couldn't get up out of bed because I would sell my medication. I knew I was getting sicker and sicker because I wasn't taking my medication for my lupus. I only filled the medicine that I could sell not the medicine that would probably get me better.

And on top of that, I was malnutritioned because I didn't have enough money for food so I was basically starving myself. I didn't want to tell nobody that. I didn't tell my mom. I didn't want to worry her. But she saw I was so skinny and she was like, "Oh my god this girl is going to die if she keeps going like this." It got to the point where my potassium level would go down low. So my mom started bringing me boxes of Boost that she got for free from her church. One day I had to tell her, "You know, I'm selling my medicine because if not, I can't live. I can't depend on you. You have your own bills to pay. You can barely make it!" My mom sometimes would stop paying one of her bills just to give me fifty or a hundred dollars, so I could have a little bit of something just to buy myself some soap and deodorant and just like basic needs as a woman that I am.

And that's what welfare don't understand. They are so hard because they look at you like you just want money. And I'm looking at them like [talking to an imaginary bureaucrat], "Do you really think I want to be on welfare when I used to make money working? Do you think I want to be in this situation [voice cracking with emotion]?" The first little bit of money that welfare gives you is like $80 or $75 and then you have to wait all the way until next month. [Raising voice indignantly] What are you supposed to do with that! And at that time food stamps were only $130.

When I first came here, I used to cry every day because I couldn't work. Once you're used to working your entire life and then all of a sudden you're locked in your house you get depressed. You feel like ramming yourself against a wall! They're still times I want to run out and get a job and I know I can't do it.

That's the part that the government doesn't understand. There are some people that just want to be lazy and they just don't want to work. But I worked all my life!

I know I'm sick, but I miss it. I miss relating with other people. The first year that I got to my job I got two raises. I've got certificates in there to prove it. I was such a thriver, such an over-worker that I jumped over everybody that was already there. If my boss asked me, "Tina can you stay over time?" I never said no. By the second month I was already second to the supervisor. They were there like, "She's always reliable, she'll come in whenever we need her, she never says no." At my second job, I got promoted three times in one year!

That's just how I am. I go to a job and I get promoted and I just move up the ladder real quick. Like I would sit there with the supervisor and look through the books and learn how they doing the schedules. I taught myself a lot of things. I could take something I could read it and I learn from whatever I'm reading. If I would go to college, I would probably be an excellent student. I just want to know everything!

Permanently disabled and unable to work, Tina eventually also qualified for SSDI, but selling her pills continued to be an important supplement to her monthly income. Long-term prescriptions for painkillers are a second significant resource available through the biological citizenship of disability for patients who either receive prescriptions in excess of their pain control needs or who endure often crippling pain, as Tina did, and sell their pills to meet more urgent financial demands such as the cost of rent and food.

While there was no indication that Tina's doctor knowingly overprescribed her painkillers or unethically received any financial benefit from doing so, reasonable patient claims to having chronic pain also provided cover for the outright unethical selling of prescriptions by corrupt physicians. This was the case for another one of my neighbors, Paula.

Doctors Selling Pain Pills

Paula had chronic pain resulting from a horrific car accident that left her with a wide sunken scar running from her ankle to her knee. On most days, the injury caused her moderate discomfort. Occasionally, it flared into intense pain. She received prescription painkillers for the injury and, like Tina, often had to decide whether her pain was significant enough to use the pills herself or if they provided greater value sold on the street. Paula was thrilled to find a new prescribing physician in a neighboring county who agreed to give her large amounts of Percocets every month.

> **Paula**: I get Percocets. I go to the doctor every month for my prescription. I got in a bad car accident in Puerto Rico years ago and I got nineteen surgeries [pointing to her ankle]. I'm always in pain. I can't walk more than two blocks, so he gave them to me. I told him I need four or five a day so he gives me one-hundred and fifty [5mg Percocets] a month. I know people there that take thirty a day.
>
> **George**: If you asked him for more would he give them to you?
>
> **Paula**: I don't think he will. Now he's going to give everyone drug tests. He haven't told nobody why, but we think that it's because people used [illicit]

drugs. He told one person that came out [had a positive drug test] with cocaine and weed: "One more time that you come here with weed or cocaine, I ain't gonna see you anymore." He started saying he doesn't want us to mix the medication with the cocaine 'cause something might happen, we might overdose or something and then they're gonna sue him.

George: How did you find the doctor?

Paula: Somebody took me. They told me that you could get Percocets. He won't give you the prescription just to give it to you, though. He gotta make sure you got a condition. He sent me for x-rays and they looked bad. I don't got no ankles. I got four screws holding my foot, so my foot don't move.

Paula's injury provided sufficient cover for what proved to be an unscrupulous physician running a pill mill. Later in the conversation Paula revealed that the man who first pointed her in the direction of her new pain doctor had pre-arranged to buy her entire Percocet prescription to subsequently resell. He also paid Paula to drive a carpool of several more pain patients who had the same arrangement. On each occasion, Paula and the others would visit the doctor, obtain their monthly prescription, fill the script paying in cash at a nearby pharmacy, and, immediately upon arriving back to Philadelphia, would hand over their pill bottles to the ringleader of the operation.

On the surface, Paula's physician seemed to do his due diligence by demanding that his patients present sufficient evidence of a cause of chronic pain before he prescribed them large quantities of painkillers. Paula's objective evidence of injury, such as her x-rays revealing orthopedic plates and screws and her surgical scars, made it easy for the physician to repeatedly

prescribe her large numbers of Percocets without concern of attracting legal attention. He therefore skirted the ambiguous line between legally permissible medical care and outright criminal practice. Nevertheless, as demonstrated by his recent crackdown on his patients citing fear of lawsuits and his seeming limit on meeting requests to further increase prescriptions, he was well aware of the risks he incurred by becoming a high-volume painkiller prescriber, especially for a population that had preexisting histories of substance abuse and inexplicably traveled close to an hour across county lines to see him.

The physician's fears were well founded and apparently based on prior experience. Only a few months after Paula began seeing him for prescriptions, the local news reported that Paula's physician had been charged with the "distribution of a controlled substance resulting in death." A year before, one of his patients had died of an overdose. In the months leading up to the patient's overdose, the physician had prescribed him multiple large volumes of oxycodone pills without any convincing documentation of medical need. The ensuing investigation revealed a process that concorded exactly with what Paula described. The physician worked directly with multiple traffickers like the one who contracted Paula to recruit additional pain patients. After receiving painkiller prescriptions from the doctor, the patients were driven to compliant pharmacies where they picked up their pills. They then immediately turned these over to the traffickers. Over the course of the two years examined by the investigation, Paula's doctor was single-handedly responsible for the illegal distribution of over one million oxycodone pills, a scale of distribution that the investigators characterized as rivaling drug trafficking and that earned him a twenty-five-year prison sentence.

The doctor's prosecution occurred against the backdrop of precipitously rising overdose deaths that had started increasing in 1999. These deaths tightly tracked the growth in officially

documented opioid prescriptions that in 2011, at the peak of sales, were the most frequently prescribed class of medication (IQVIA 2018; Volkow and McLellan 2016). Though both Tina and Paula received Percocets, which were one of the most widely prescribed opioids, the most profitable was OxyContin, a long-acting formulation of the same active ingredient manufactured by Purdue Pharma. OxyContin's release in 1996 marked the beginning of the precipitous rise in opioid prescriptions that facilitated Tina and Paula access to long-term, high-volume opioid prescriptions and provided cover for corrupt physicians trading scripts for cash (and in some cases sex and illicit drugs).[3]

Patients' Rights, Professional Ethics, and the Movement for Pain

A 2007 article in the journal *Pain Medicine* advocates establishing pain treatment as a fundamental human right with a focus on improving global opioid access (Brennan, Carr, and Cousins 2007). The article takes as its point of departure the declaration of the 2004 inaugural "Global Day Against Pain," sponsored by the WHO and international pain advocacy organizations, that "pain relief should be a human right" to consider how a human-rights-based framework might furnish the practical mechanisms to forcefully counter "medical and lay opiophobia and opioignorance" and overcome domestic and global restraints on opioid prescribing (ibid., 209). It reviews strategies that include framing pain management as an ethical issue backed by statements by professional bodies and professional misconduct regulation and as a legal right backed by constitutional guarantees, statutory regimens, and negligence and medical abuse law. Published with nearly no acknowledgment of the ten years of rapidly rising opioid overdoses in the United States sparked by the introduction of OxyContin in 1996, the article articulates a strategy for the global deregulation of opioid prescribing that reflects the power of

framing access to opioids as an issue of patient rights and professional ethics. The WHO's inauguration of a "Global Day Against Pain," cited by the article's authors, marked the culmination of a growing movement calling for greater medical recognition of pain and the expansion of treatment with opioids that predated OxyContin's release but that Purdue, the drug's maker, quickly joined and manipulated to expand its pool of potential customers.

Pain has had a long, ambiguous status in the history of Western medical science.[4] Initially pain was conceived of as an important sign of underlying illness that could guide clinical intervention but that did not in itself necessitate treatment. Any further significance attached to pain veered into the realm of "dolorism," or the spiritual and philosophical exaltation of suffering (Dormandy 2006, chap. 43). An "anti-dolorist" medical perspective that instead defined pain as degrading, horrific, and unnecessary was slow to emerge. Dr. John Bonica, the founder of the first dedicated pain clinic and the father of pain medicine as a distinct medical specialty was an early champion of this perspective (ibid., chap. 49). Bonica's personal encounters with pain as an Army physician and his own persistent pain from multiple injuries suffered during an earlier career as a show wrestler shaped his conviction that pain was a medical issue in of itself that needed to be treated regardless of its underlying cause. Unlike more contemporary pain clinics, Dr. Bonica's clinic, established in 1960 in Washington state, and those formed in its mold were rare exemplars of multidisciplinary medical care involving the coordination of nurses, physical therapists, psychologists, and multiple other medical specialists. The purely pharmaceutical fix of painkillers upon which later pain clinics heavily relied was only one component of this comprehensive integrated pain treatment model (Baszanger 1998, chap. 2).

The growing hospice movement to improve the care of the dying was also crucial for changing perceptions and responses to patient pain. Dr. Cicely Saunders founded the first inpatient hospice center, St. Christopher's Hospice, in London in 1967 seeking to remedy the medical neglect of patients with incurable illness by hospitals of the era which were structured around the care of the acutely ill with the expectation that patients would either recover or perish. St. Christopher's subsequently inspired the formation of the first hospice center in the United States in 1974. These centers were founded with the belief that dying patients deserved medical care even without the hope of cure and, importantly, that the pain they faced required concrete medical intervention in addition to moral support from clinicians. It was this latter point that led Dr. Saunders to energetically advocate for the liberal use of morphine among dying patients, commenting in a study that she conducted prior to the foundation of St. Christopher's that "opiates are not addictive for patients with advanced cancer; that the regular giving of opiates does not cause a major problem of tolerance" (Saunders 1963, cited in Dormandy 2006).

In the decades that followed, the treatment of pain grew into a global medical agenda, though one that frequently remained unimplemented. In 1974, Bonica led the founding of the International Association for the Study of Pain (IASP) which quickly grew to include more than 1,500 members in fifty-five countries. The following year he helped inaugurate *Pain*, the first medical journal devoted to the topic (Baszanger 1998, 80). In 1986, the World Health Organization published recommendations for improving the treatment of pain in cancer patients that included an "analgesic ladder" outlining the use of increasingly powerful opioids for patients in severe pain (World Health Organization 1986). The WHO recommendations became a guiding model for pain treatment within and beyond the context of cancer care. Despite increasing recognition of the need for improved pain treatment, advocates pointed out that

practice lagged significantly behind the growing theoretical consensus as illustrated by comments by the Minister of Health of France, a guest of honor at the 7th meeting of the IASP, in 1990. Citing data by a French patient advocacy group, he denounced the slow response of physicians to improve pain control among cancer patients and lamented clinicians' fear of addiction and the minimal training given to medical students regarding the treatment of pain. His critiques would be echoed by similarly high-profile pain treatment advocates who were increasingly concerned with pain in all its manifestations beyond the realm of cancer care.

It was amidst this growing movement that Purdue Pharma released OxyContin in 1996. In the United States, the utility of opioids for pain management in the setting of acute and cancer-related pain was, by then, well-established, while their use in chronic, non-cancer pain was still far more controversial (Van Zee 2009, 223). In the case of acute pain, for example after traumatic injury or surgery, opioid prescriptions were typically prescribed at low to moderate doses for brief durations. The treatment of cancer-related pain often involved longer durations and higher doses commonly reaching levels sufficient to cause overdose in opioid naïve individuals. There was little controversy in the medical community, however, of the appropriateness of using daily, high-dose, indefinite opioid therapy given the intensity of pain suffered by cancer patients, the lack of other therapies, and the self-limiting nature of their terminal illness. Addiction was a relatively minor concern and high-dose prescriptions of opioids were, at that time, mostly limited to the cancer setting (Kolodny et al. 2015).

Already, Purdue produced MS Contin, a slow-release, high-dose formulation of morphine which was one of the most commonly used medications for patients suffering from cancer-related pain. Purdue realized that for OxyContin to be truly profitable its use needed to expand well beyond this limited market that the company already dominated. This required convincing

physicians, regulators, and insurances of the general safety of opioids in a much broader range of clinical settings and specifically of OxyContin's superiority among available options (Ryan, Girion, and Glover 2016a).

Right at the time of OxyContin's introduction, the movement to establish opioid therapy as a standard of care in clinical settings beyond cancer pain and acute injury picked up steam coalescing under the campaign slogan of treating "Pain as a Fifth Vital Sign." The American Pain Society (APS), the US branch of the IASP and the country's primary professional association of pain specialists, provided the basis for this campaign in their 1995 clinical guidelines recommending institutional goal-setting for systematically eliciting, tracking and improving self-reported pain scores. On the one hand, turning pain into a vital sign flattened the complex experience of pain temporally and qualitatively into a numerical, point-in-time artifact. It was an operation that epistemologically discounted the full meaning of the patient pain experience by eliminating its narrative expression and the multiplicity of its existential and moral meanings (Kleinman 1989). On the other hand, it was precisely this reduction that paradoxically rendered pain more legible to a medical system that, in any case, is increasingly blind to narrative and captivated by quantification.

APS president Dr. James Campbell conveyed the logic of elevating the clinical status of pain to that of a vital sign shortly after the publication of the organization's guidelines. He argued that clinicians needed to be trained to "treat pain as a vital sign" because "[i]f pain were assessed with the same zeal as other vital signs are, it would have a much better chance of being treated properly" (Campbell 1996, 86). The APS specifically identified deficiencies in clinician undergraduate and graduate education, physician concerns regarding addiction, state and federal regulation of opioid prescribing, and reimbursement policies as barriers to increasing pain

management (Max et al. 1995, 1874). Accordingly, Dr. Campbell stated that he would recommend that the APS guidelines be adopted as part of the formal hospital accreditation process. To support this call and related advocacy, the APS would create, with "[pharmaceutical] industry support," the American Pain Foundation (APF) which Dr. Campbell also eventually came to head. The goal of the new foundation would be to harness patient stories to increase public awareness of pain and advocate with and on behalf of pain patients. Together with the APS and other pain advocacy organizations, the APF would also lobby to ease restrictions on opioid prescribing, improve reimbursement for pain treatment, and pass other supportive legislation.

These efforts quickly bore fruit. In 1996 only months after the Food and Drug Administration (FDA) approved OxyContin, the APS and the American Academy of Pain Medicine (AAPM), another major professional society of pain physicians, approved a consensus statement--written by a committee chaired by the Vice President of Purdue Pharma--on the use of opioids for the treatment of chronic pain that stated that addiction was rare in patients prescribed opioids (Haddox et al. 1997). In 1998, the Federation of State Medical Boards (FSMB) released guidelines supporting the use of opioids for chronic non-cancer pain which encouraged increased pain management and reassured physicians that they would not face scrutiny for prescribing even large volumes of opioids for long durations if clinically indicated (Joranson et al. 2002).[5] In 1999, the Veterans Health Administration (VHA) became the first major health system to take up the call to formalize more vigorous pain management by requiring that physicians document pain using a scale of 0 to 10 at every encounter as part of their "Pain as the 5th Vital Sign" campaign, borrowing with permission the APS's by then copyrighted slogan (Department of Veterans Affairs 2000). The following year, the Joint

Commission on Accreditation of Healthcare Organizations (JCAHO), the organization certifying hospitals and clinics for Medicare and Medicaid funding, released updated pain management standards requiring increased monitoring and treatment of pain (Phillips 2000). Accompanying changes tying physician compensation to patient satisfaction with pain control in many settings further incentivized the prescription of opioid painkillers (Zgierska, Miller, and Rabago 2012).

In addition to institutional policy changes, increased pain monitoring and treatment received legislative support and, in some cases, became legally mandated. In 1999, California passed Assembly Bill 791 stating that "[e]very health facility... shall, as a condition of licensure, include pain as an item to be assessed at the same time as vital signs are taken. The pain assessment shall be noted in the patient's chart in a manner consistent with other vital signs" (cited in Baker 2017, 3). The state also passed bills requiring physician and medical student education related to pain which inspired similar legislation in other states (Fishman et al. 2004). Then in 2000, after vigorous lobbying by the APS, APF, and other pain-related patient advocacy groups and professional societies, the US Congress passed legislation inaugurating a "Decade of Pain Control and Research" (Lippe 2000, 213). The legislation highlighted the undertreatment of all categories of pain, including chronic non-cancer pain, as a major public health issue. It also encouraged physicians to not fear reprimand when prescribing opioids for pain control and mandated increased governmental support for pain-related research and education.

Purdue led corporate donations to support the patient and professional advocacy efforts calling for the liberalization of opioid prescribing in the name of patient rights and professional ethical responsibility. A report by ProPublica found that Purdue contributed nearly 90 percent of the five million dollars in funding available to the APF in 2010 and made additional contributions directly to individual physicians on the APF board (Ornstein and Weber 2011). The

report also found that the company funded guides published by the foundation targeting patients, clinicians, and journalists. These guides exaggerated the benefits and minimized the risks for opioid pain treatment. One publication geared toward physicians discussed how they might convince patients that taking opioids would not lead to addiction. Another online publication called on patients to counter negative press regarding opioid treatment by contacting journalists and newspapers to express their outrage over "one-sided coverage."[6] The APF also supported Purdue in legal battles, including siding against addicted patients bringing a class action lawsuit against the company in 2001.[7] In 2005, the foundation filed an amicus brief calling for the reversal of the conviction of a Virginia doctor found guilty of fifty counts of drug trafficking that included prescribing a single patient 1,600 pills all at once and 500,000 pills in a three-year period arguing that the ruling would have a chilling effect on physicians who treated pain patients.[8]

A subsequent congressional investigation additionally found that, led by Purdue, the five largest opioid manufacturers contributed almost nine million dollars to at least fourteen patient advocacy groups and professional societies between 2012 and 2017.[9] Purdue alone accounted for nearly half of the total donations. Collectively, the companies also contributed nearly ten million dollars to individual physicians affiliated with the fourteen organizations. The report concluded that these organizations and affiliated physicians worked to align "medical culture with industry goals," repeatedly minimized the risk of addiction, and lobbied against the restriction of opioid over-prescription as overdoses mounted.[10] Other investigations uncovered additional ties between opioid manufacturers and regulatory agencies (Catan and Perez 2012). The FSMB received over two million dollars from opioid makers beginning a year before the release of their 1998 guidelines encouraging pain treatment and allaying physician concerns regarding

regulatory scrutiny. Purdue also made financial contributions to JCAHO in advance of the release of their 2000 pain standards which repeatedly framed aggressive pain treatment as not only a regulatory imperative but a question of patient rights and professional ethics. The company also supported the production and publication of booklets by the FSMB and JCAHO detailing the policy changes and offering advice for their implementation.[11]

At the same time that Purdue supported patient and professional advocacy for the wholesale liberalization of opioid prescribing the company sought to position OxyContin as the best choice among the available opioid drugs. Since OxyContin was simply a reformulation of oxycodone, an opioid painkiller long available in generic form, establishing its competitive advantage relied on convincing physicians of the improved safety and convenience of its time-release mechanism. Citing the same discredited data as the pain advocates it supported, Purdue repeated in advertisements and in direct communication to physicians and regulators that the risk of addiction to patients receiving opioid therapy was "less than one percent."[12] The company argued that OxyContin's long-acting delivery mechanism further reduced this already minimal risk by producing steady blood levels of oxycodone for a full twelve hours. The steady release of the drug purportedly prevented alternating euphoria and withdrawal as was more likely with instant release formulations that delivered their entire pharmaceutical contents into the bloodstream at once. The twelve hours of effective pain control per dose, the company argued, increased the convenience of administration and reduced the experience of breakthrough pain and reactive dosing between scheduled administrations (Ryan, Girion, and Glover 2016a).

Purdue assembled one of the largest armies of marketers in the history of the pharmaceutical industry to deliver what proved to be frequently misleading or entirely false messages regarding the safety and efficacy of OxyContin. The sales force dedicated to promoting

OxyContin grew from 300 in 1996, the year the drug entered the market, to over one-thousand by the time of a congressional investigation spurred by growing reports of overdoses--especially in Central Appalachian states of Kentucky, Virginia, and West Virginia--and mounting evidence of substantial diversion of OxyContin reported by the DEA (General Accounting Office [GAO] 2003, 19). Members of the sales force were paid among the highest salaries in the pharmaceutical industry, with bonuses reaching $240,000 and totaling $40 million in 2001.[13] Purdue also cultivated a "physician speaker bureau" to promote OxyContin. This bureau comprised 2,500 clinicians who had attended all-expenses paid conferences regarding the use of OxyContin and were subsequently trained to deliver company-approved lectures touting the product at professional meetings and educational events held at hospitals. From 1996 to 2002, events conducted by Purdue's physician speaker bureau reached over 5,000 physicians, nurses, and pharmacists (GAO 2003, 21–22).

Soon after OxyContin's approval, aggressive pain management including long-term opioid therapy for chronic pain, became increasingly not only medically acceptable, but institutionally and legally mandated, in a vastly broadened array of clinical contexts driven in large part by Purdue's marketing and the impact of the patient and professional advocacy it steered. As a result, the volume of prescriptions for opioids as an entire class rose over ten-fold to more than 60 million annual prescriptions and 240 billion milligrams of morphine equivalents between 1995 and 2011 (IQVIA 2018; Dart et al. 2015). The growth in opioid prescriptions was primarily underwritten by the publicly funded Medicare and Medicaid insurance programs which together accounted for more than a third of total expenditures on opioids since 2006 dwarfing both private insurance outlays and patient self-pay and representing a staggering transfer of

wealth from the American populace to the pharmaceutical industry (Zhou, Florence, and Dowell 2016).

OxyContin itself quickly became a "blockbuster drug." It earned Purdue a total of $35 billion by 2015, with annual sales rising exponentially from $44 million in its first year on the market to a peak of over $3 billion in 2010. The drug, which by 2001 accounted for 90 percent of Purdue's revenue (GAO 2003, 9) catapulted the Sackler family, which own the company, into Forbes's list of America's twenty richest families (Ryan, Girion, and Glover 2016a; Morrell 2015). By 2004, OxyContin was the most prevalently abused opioid even though at its peak distribution, the drug accounted for less than five percent of total opioid prescriptions (CDC 2018; IQVIA 2018; Cicero, Inciardi, and Muñoz 2005). Although OxyContin itself was only a fraction of the total volume of prescribed opioids, Purdue gained the most financially from the liberalization of opioid prescriptions given that the majority of the other formulations were low-cost generics.

Though Tina and Paula received large volume long-term painkiller prescriptions as part of this trend, they both avoided becoming addicted since they used the medication only intermittently and sold off the majority of their pills. On the other hand, the increasing availability of opioid painkillers was a key factor for many of Sterling Street's customers whose addictions began with prescription painkiller pills before progressing to multiple times a day heroin injection.

From Prescription Pain Pills to Street Dope

In fact, the majority of young addicts visiting Sterling Street to purchase heroin shared remarkably similar stories of initiations to opioid use. Ryan, one of the block's regular customers, belonged to this group.

After purchasing heroin on Sterling Street on the advice of other homeless addicts in the neighborhood, Ryan began patronizing the block almost daily. Over the course of several weeks of regular visits he became friendly with some of the dealers including Paula's son, Carlos. Paula would often allow him to inject in her bathroom and he would hang out in her house, sometimes for hours. Ryan would play video games with Carlos when Carlos was not on shift selling heroin and he would listen to Paula complain about her husband's latest masculine failures. In exchange for Paula's hospitality, Ryan would bring Paula bags of syringes and condoms from the local needle exchange for her to sell to the block's customers.

Over many overlapping visits to Paula's house, I learned more about Ryan's life and his initiation into heroin use. When we met, Ryan was twenty-nine years old. His first encounter with opioids occurred five years prior in the form of a Percocet prescription following a work injury. By twenty-seven he was using heroin daily.

> **Ryan**: I had been prescribed Percocets due to a work-related injury for a long period of time and I became addicted to them. I had been working a factory job about four or five years in that I got through a friend [in a deindustrialized distant suburb of Philadelphia]. One day, I was making custom-fit wind shutters and doors and I blew out my shoulder. The pain pump they gave me after was never supposed to be used for the kind of surgery I had and it caused progressive

cartilage damage in my shoulder. Now I have bone-on-bone action on my shoulder that will never go away and I'm not supposed to work a job where I have to lift more than twenty-five pounds above my waist.

I used to run out of my Percocets, though, 'cause I was eatin' too many. So, I would go looking to buy more on the street. When they weren't around, my friend would sell me his mom's OxyContins. She had them prescribed for life. When I first started the Oxys, I swallowed 'em for like a couple days, and then my buddies said, "try sniffin' 'em, it's a lot better." In the beginning it was just like one or two [80mg OxyContins]. By the end I was buying them by the hundreds, and doin' anywhere from ten to fifteen a day.

I thought the Oxys [OxyContin] were the same thing as Percocets. I didn't realize how addicting they were. It was pretty much a wrap [a set course] after I started using those.

Ryan belonged to the new generation of heroin initiates who were younger and whiter than older users. In fact, there was a relatively stark ethnic divide immediately visible on Sterling Street. The street level hand-to-hand hustlers were almost universally Puerto Rican, and less commonly African American, representative of the demographics of the neighborhood. The vast majority of the customers, on the other hand, were young and white like Ryan. Only a minority of the heroin customers were Puerto Rican or African Americans, and these tended to be middle aged belonging to a previous wave of heroin initiates.

A clear difference that emerged in conversation with users distinguishing these two historical waves was their mode of initiation to opioid use. While the older, non-white users had

almost exclusively initiated heroin use directly, almost all of the younger, white users had first been exposed to opioids through prescription painkillers, just like Ryan had. The majority, in fact, followed precisely Ryan's course: they started with relatively low dose Percocets which contained 5-10 mg of oxycodone then progressed to the 40-160 mg mega-doses of oxycodone contained in OxyContin. This transition dramatically escalated users' addiction and accelerated their path to exclusive heroin use which provided larger equivalent opioid doses for less money. Like Ryan, most users began by swallowing these pills, then crushing and sniffing them, and then injecting them, to increase the amount of opioid available in the bloodstream, before switching exclusively to heroin and repeating the pattern of sniffing followed by injection.

The shift to using OxyContin was a determining one for many individuals on their way to heroin addiction. As Ryan noted, the much higher dose of OxyContin rapidly escalated his addiction. The higher concentration of oxycodone per pill is especially significant for those who consume them intranasally or intravenously as the amount of filler powder material in the lower concentration Percocet pills becomes overwhelming when crushing multiple such pills to obtain a necessary dose. This often makes it impractical to sniff and difficult to inject, requiring multiple syringes for a single dose, which is not only logistically cumbersome, but also cuts the rush of the initial injection into a fraction of what a single-syringe preparation would produce. This dosage increase ratcheted up peoples' habits and the minimum amount of opioid necessary to stave off withdrawals, as Ryan explained:

> I had just started injecting them when they [Purdue] switched to OPs [tamper-proof OxyContin reformulation]. You couldn't crush 'em, so you couldn't sniff or shoot them. Even if I swallowed 'em, I would still be sick [in withdrawal]

which was what really started my heroin addiction. I had used heroin a little bit when OxyContin was crushable, but at that point I only sniffed it and I only did it when I had problems finding OxyContin. Once they switched to the OPs though I really just went straight to heroin and immediately started shooting it.

I had friends who had also originally started with OxyContin, but then moved on to heroin even before the OPs because heroin was a lot cheaper. An 80-milligram OxyContin was $40 or $50, a bag of heroin was $10. My friends had come down to Philly and met dealers in the open-place [open-air] drug market down here. They passed me their phone numbers when I started using heroin. I think I only sniffed it for a day, maybe two days and then I started shootin' it right afterwards. I watched my friends do it [inject] so I knew what to do. I bought the needles from a pharmacy and I did it myself. Mostly, I'd go [inject] in my arms but I've gone in my feet and legs before. I was going in my neck for a little while [points to bruises on neck] because it's a much better rush. It hits you a lot quicker, a lot better. But there were times when my veins had gotten really bad and I actually was having problems hittin' anywhere else. My groin is the one spot I never hit. I heard it's good, though. I just... couldn't do it.

The combination of the reformulation of OxyContin in 2010 and the increasing cost of his pill addiction pushed Ryan to search for a cheaper and more dependable supply of opioids. Many of the other recent heroin initiates also cited OxyContin's reformulation as the precipitant for switching from pills to heroin.

Ryan, like many of his peers, found a stable, high quality source of injectable opioids in the form of the powder heroin available 24 hours a day, 7 days a week in Kensington's open-air drug market. As Ryan's opioid addiction escalated, he began to travel to Kensington regularly to purchase heroin. The easy access provided by the open-air retail market, which required no special relationships with dealers to purchase drugs, helped reduce the barrier to transitioning from pills. To help defray the escalating cost of his use, Ryan brought home heroin for resale serving as a link between inner-city Philadelphia's open-air drug market and the growing heroin scene in his suburb.

> **Ryan:** Before I moved down here, I sold heroin for a little bit. A couple years ago I would buy grams off of this one guy for $100 each and pack it up into the [individual dose] wax bags myself. You cut a straw and dip it into the dope and as much is in the corner end of the straw that's how much you'd put in the bag. I would get like a bundle [14 bags] and a half out of a gram and sell each bag for ten dollars back where I'm from, cheaper than anyone else. They would buy 'em from me and then sell 'em for fifteen to twenty dollars.

Eventually, Ryan's addiction spiraled out of control. He lost his job, his apartment in his hometown, and his car. Heroin became the main, if not only, organizing principle of his life, and he relocated fulltime to the neighborhood to be near his supply. When he had enough income to afford paying for housing, living in the neighborhood allowed him to take advantage of the cheap rooms-for-rent in illegally subdivided houses. When he could only scrounge enough money to stave off heroin withdrawal, the neighborhood furnished ample abandoned buildings to squat in

during cold winter months. Living in the neighborhood also allowed him to take advantage of several income earning strategies to afford a heroin habit that ranged between $60 and $140 a day.

> **Ryan:**I sell works [clean syringes] at Bryant Street [subway station] for a dollar apiece. But I also kind of tour-guide people sometimes. There's different people who come down and they buy me bags to take 'em to wherever the best dope is. The process is like, you come off the El [subway] and you say, you know, "What's good? I'll buy you a bag if you tell me where to get good dope." Of course, I'm standing here selling fucking works for a dollar a piece. "You giving me a bag? I'm taking you to the best in town!"
>
> They [the dealers] usually give out samples in the morning. That's how you find out what's really good and that's where I'll take people. A lot of people like to do that. That way, they know they're not gonna get burned [ripped off]. I have a couple of steady people that come down and look for me, usually from the suburbs. That's probably where most of my dope comes from, maybe around four or five bags a day. Sometimes, I inject people and they give me a couple of dollars or buy me a bag.

Though he no longer trafficked heroin back to his hometown, Ryan continued to support himself by serving as a knowledgeable intermediary for heroin users with less advanced addictions in a role similar to the one his friends, and other hardcore addicts he met in the neighborhood, had played for him. These relatively less intense users did not live in the

neighborhood and were too afraid to buy heroin with confidence there. In essence, Ryan was able to fill a liminal space between the dealers and relatively inexperienced users to support himself by serving a slightly less destitute and less addicted base of suburban white users who travelled to the neighborhood to purchase drugs before returning home. Ryan, like others employing this income generation strategy, spent the majority of his time in between his own self-administered doses of heroin and the base of the Bryant Street Station which served as the portal to the neighborhood for commuting heroin customers. Twenty-four hours a day the more hardcore addicts, who, like Ryan had relocated fulltime to the neighborhood, stood on this street corner offering clean syringes and picking up individuals in need of a guide for hire.

In addition to serving as a local guide, Ryan parlayed his constant presence in the neighborhood into further free bags of heroin by building relationships with the local dealers.

> **Ryan:** Some of 'em [the dealers] will give you a couple bags every morning if you bring customers to them all day. That's called runnin'. Other times, they'll ask you to test their dope if they know you from copping [purchasing drugs] or from bein' around the neighborhood. You'll be walkin' by and they'll say, "Hey, come over here, go into this abandoned house real quick and try this out for me and tell me what it's hittin' for [what is the quality]. Is it a seven or eight or ten [out of ten]?" They want to know what it's hittin' for so they know whether to buy it themselves or not. And I'd better be honest with 'em, because if you tell 'em to buy some junk and they buy a lot and it doesn't sell, it could be your ass [they could come after you].

Occasionally, he also helped others sell suboxones, a medication used for the treatment of opioid addiction that users would purchase from the street in an effort to detox themselves or to stave off withdrawal when they could not find enough money to buy heroin. Through a combination of these strategies, Ryan was able to afford enough heroin to hold withdrawals at bay, though he rarely had enough money to buy a sufficient dose that would push him into the pleasure of his early use. He told me that at the time of our conversation he avoided homelessness by signing over his entire welfare and food stamp allotment to a slumlord running an illegal flop house for heroin users.

Like Ryan, many of the younger users who purchased heroin on Sterling Street had their first exposure to opioids by orally ingesting relatively low dose opioid painkillers. Though many used opioids recreationally previously, often a legitimate prescription, after a work injury in Ryan's case, represented the first steady supply available to individuals and the first time they took daily opioids. While Ryan, and others, may have avoided addiction taking these pills recreationally at parties over weekends, daily dosing with prescribed opioids quickly transformed into steady habits. Like Ryan, individuals would then escalate their consumption beyond the amounts and frequencies at which they were prescribed until they ran through their prescriptions far ahead of schedule. Often, individuals would also move from oral ingestion to sniffing which increased the bioavailability and therefore cost-effectiveness of each dose and shortened the onset of effects, providing a stronger and earlier "rush."[14] After a prolonged period of often increasing daily doses individuals found themselves physically addicted and at risk of excruciating withdrawals if they abstained from around the clock opioid dosing.

Both Ryan's initiation to opioid use and his progression through his addiction closely resembled many of the younger heroin users buying drugs in the neighborhood and distinguished them from the older generation of users preceding them. Many of the pivotal developments driving the opioid crisis also powerfully shaped Ryan's trajectory.

The Four Deadly Phases of the Opioid Epidemic

Ryan's addiction was intimately linked to the increased availability of opioid painkillers both in doctors' offices and in the street that resulted from the expansion of their scope of use that generated such huge profits for companies like Purdue. As pharma profits from opioid painkillers sales skyrocketed, so too did the overdose deaths attributed to these drugs. While fatal overdose represented the most dramatic outcome, the total population of individuals estimated to be addicted to opioids rose at an even faster rate than the body count. Ryan's personal story of transitioning from pills to heroin mirrored large-scale national trends as prescription painkiller addiction paved the way for later phases of the opioid epidemic. These later phases were characterized by shifts of the opioid source chemical driving overdoses first from prescription pills to street heroin and, most recently, to ultrapowerful illicitly manufactured fully synthetic fentanyl analogs (Dasgupta, Beletsky, and Ciccarone 2018). Each transition accelerated the transformation of the abandoned tracks next to Sterling Street into a veritable graveyard of overdoses stunning even the block's long-term residents who had witnessed more than twenty years of nearly uninterrupted heroin sales on the block.

Opioid overdose deaths began rising immediately after the introduction of OxyContin and continued growing in proportion to the increasing volume of annual opioid prescriptions. As the death count rose, public health officials identified OxyContin, and Purdue's marketing

campaign, as a primary culprit driving overdoses. In 2003, the FDA censured Purdue for their misleading advertisements in flagship academic medical journals and for distributing promotional material not first submitted to the FDA for review (GAO 2003, 26–27). Starting in the early 2000s, the company began facing increasingly frequent lawsuits charging it with responsibility in overdose deaths (Haffajee and Mello 2017).

The ensuing investigations revealed the extent of Purdue's exaggerations and falsifications of key claims regarding OxyContin in addition to repeatedly overstating the scientific foundation for asserting that opioids in general carried low addiction potential (Kolodny et al. 2015, 562–63). A congressional investigation concluded that "Purdue conducted an extensive campaign to market and promote OxyContin using an expanded sales force" and included additional comments from the DEA that "the company's aggressive methods, calculated fueling of demand and grasp for major market share very much exacerbated OxyContin's widespread abuse and diversion" (GAO 2003, 56). In 2007, Purdue pled guilty to misbranding OxyContin and agreed to pay $600 million in fines while three executives were also charged as individuals and agreed to pay $34.5 million dollars.[15]

One of Purdue's critical misrepresentations regarding OxyContin specifically concerned the duration of the drug's effect. Soon after its introduction, multiple patient reports surfaced that OxyContin did not last the advertised twelve hours. Instead, patients following medical instructions often found themselves in pain unexpectedly. The possible paradoxical effect of opioids sensitizing the body to pain over time could also contribute to patient discomfort.[16] If patients had been taking opioids for a sufficient length of time to develop dependence they would experience the pains of withdrawal ranging from mild flu-like symptoms, after as few as three days, to severe nausea, vomiting, diarrhea, insomnia, and excruciating full body aches for

those with longer histories of use (Ballantyne and LaForge 2007). Rather than protecting against the hypothetical peaks and troughs of older instant release formulations, as Purdue argued in its promotional campaigns, patients taking OxyContin in strict adherence to doctors' orders could in fact experience the euphoric highs of the drug, the intense lows of withdrawal, and the immediate and total relief of redosing (Ryan, Girion, and Glover 2016a).

In 2009, after officials expressed concern that extra strength OxyContin formulations were involved in a growing number of deaths, Purdue was forced to withdraw their 160mg maximum dose pills. In 2010, after continuing concern regarding OxyContin's susceptibility to crushing for sniffing or injection, Purdue developed a tamper-resistant coating for the pills. Apart from responding to regulatory concern, the new coating allowed Purdue to renew its patent for OxyContin which was set to expire in 2013 (Noah 2015). Ironically, after years of promoting the safety of their product, Purdue argued successfully to regulators that they should prohibit generics modeled after the original OxyContin from entering the market because they lacked the safety profile of Purdue's new tamper-proof pills (Cicero, Ellis, and Surratt 2012; Evans, Lieber, and Power 2019).[17]

Like Ryan personally experienced, the reformulation of OxyContin pushed users into the black market *en masse* and marked the second phase of the opioid epidemic when street heroin surpassed prescription pills as the driving cause of overdoses. The transition was especially easy for individuals, like Ryan and the other customers of Sterling Street, who lived near major urban heroin markets though by this time, heroin was becoming more accessible in smaller towns and rural areas as traffickers followed the wake of the countrywide increases in opioid addiction (Quinones 2016).

Nationally, it produced a dramatic uptick in heroin overdoses at exactly the same time that prescription pill overdoses dipped for the first time in ten years (NIDA 2018b). Climbing rates of opioid prescriptions and overdoses had also attracted growing attention from law enforcement agencies which began more aggressively policing pill mills. Although this likely had a smaller effect than the reformulation of OxyContin, the crack down on pill mills and prescribing further restricted the supply of opioid pills, driving more already addicted individuals to find street sources to stave off withdrawal (Cicero, Ellis, and Surratt 2012; Evans, Lieber, and Power 2019). These supply reduction strategies were implemented without improving drug treatment capacity or access leaving a large population of already addicted individuals with little recourse but the street heroin market (Mallatt 2018).

In 2013, the opioid crisis entered its most lethal phase as fentanyl, a fully synthetic opioid, surpassed heroin as the number one cause of overdoses. Because fentanyl is between 50 and 100 times as powerful as street heroin the margin between a dose that staves off withdrawal and a lethal administration is razor thin. The technical challenge facing traffickers of bulking raw fentanyl into a homogenous dilution of the intended potency leads to deadly variability between doses. Though fentanyl has long been an occasional contaminant in street heroin, prior to 2013 it never before achieved such widespread presence. Now, many markets have undergone near total substitution from heroin to fentanyl (Ciccarone 2017).

The precise reasons for fentanyl's increasing prevalence are not completely clear; however, historical transformations in other drug supply markets provide some possible explanations. The first relates to the market advantage of increasing drug potency in the setting of vigorous interdiction. Because fentanyl is many times more powerful than even pure heroin, a much smaller volume of smuggled material can produce an equivalent number of doses for street

consumption. While this sort of advantage may be beneficial in any market setting, interdiction increases the pressure for the substitution of more concentrated formulations for less powerful ones as the relative risk of smuggling increases.[18]

A second factor is the generally increasing synthetic production of various illicit recreational drugs since the 1980s (Kau 2008). In the case of opioids, synthetic production is far more efficient than the cultivation of organic sources. For the same initial investment, wholesale traffickers can make between one and two million dollars per kilogram of fentanyl versus eighty-thousand dollars per kilogram of heroin purchased and resold (Drug Enforcement Administration 2017, 62). Again, while there is a general advantage in pursuing synthetic production in many market contexts, interdiction adds a much stronger incentive to innovate.[19]

The final advantage of synthetic compounds is also related to defeating interdiction. Their novel chemical fingerprints render these drugs more difficult to detect, both in the containers in which they are smuggled and in the bodies of consumers who are drug tested. This novelty also often places them, at least temporarily, in a legal gray zone (Kau 2008). These last two factors are leading to what might be characterized as a fourth phase of the opioid crisis. Illicitly fentanyl analogs are becoming even more prevalent than fentanyl itself as industrial producers try to skirt legality in source countries and decrease the detectability of their shipments to target countries by producing slight variations of the same compound sometimes producing versions even stronger than the already ultrapowerful fentanyl.

The net result of the chemical equivalence between licit and illicit opioid compounds, the misguided overinvestment in interdiction as part of a failed war on drugs, and trends in the global political economy of production is the spread of stronger and more dangerous substances that have made opioid addiction deadlier than at any other point in history. As legal prescriptions

of OxyContin continue falling and organized crime steps in to meet the massive demand for opioids in the United States initially sparked by corrupt corporate profiteering masquerading as patients' rights, professional ethics, and health advocacy movements, Purdue has started to employ similar marketing strategies to counter "opiophobia" abroad and cultivate an international market for OxyContin (Ryan, Girion, and Glover 2016b).

A Bonanza for Gilead Sciences: Intravenous Drug Use and Hepatitis C

In 2017 I visited Central Appalachia for fieldwork on the response to the opioid epidemic in the region which contains several states that have consistently topped national opioid overdose rates since the 1990s. While there, I visited the public health department of one the most affected cities in the region to meet with its commissioner and learn about their plans to address the growing number of overdoses. The commissioner strongly supported a harm reduction approach including syringe exchange and increasing access to addiction treatment with methadone and suboxone despite the prevailing political sensibilities in the city and region, which, outside of the behavioral and public health communities remained vocally opposed to these initiatives. In the elevator on my way up to his office for our initial meeting, I was startled to find myself side-by-side with out-of-town representatives from Gilead Sciences, the manufacturer of new, highly effective, but extremely costly, Hepatitis C (HCV) medication. They were also on their way to meet with the commissioner. He greeted us all and asked me if it was ok if the representatives joined us for a tour of the facility and the syringe exchange program.

The Gilead reps had flown in from Washington, DC to meet with the commissioner to discuss setting up an HCV testing center in the department subsidized entirely by the company. The region had been experiencing the country's fastest rising rates of HCV infection as the

dramatic increase in the population of injection drug users overwhelmed the state's poorly resourced and politically hamstrung public health department which had suffered significant cuts during back-to-back years just as overdoses were crescendoing in the region. Upon diagnosis of HCV, the state would be obliged to provide patients treatment with Gilead's costly medications. When I undiplomatically commented to the reps that this seemed to be a very wise business investment given how much Gilead stood to gain from the arrangement, they responded with a chuckle and a seemingly well-rehearsed speech that they were from the company's "community outreach division" and had no relationship with its marketing or sales departments.

After our tour concluded, the director invited me back to his office for our promised meeting. With the door closed, he bristled at the drug company's transparent attempt to extract profits by exploiting the impoverished region's skyrocketing rates of opioid addiction by cornering already nearly bankrupt state governments, like his own, into paying for their high-priced medication. At the same time, he felt obliged to work with Gilead to identify individuals with HCV so that his department could provide the potentially life-saving therapy and halt the further propagation of the virus whatever the cost. In the end, he said he would move forward with the joint initiative. His duty was first to the health of the individuals and the community that he served and second to the state's solvency. Later, I learned the visit from the Gilead representatives was part of a comprehensive company program targeting areas particularly hard hit by the opioid epidemic called Frontlines of Communities in the United States (FOCUS). The program awarded grants for Hepatitis C and B, and HIV testing to increase the sales of Gilead's medications treating these conditions (Kavilanz 2017).[20]

Ironically, not only did pharmaceutical company profiteering lie at the roots of the opioid crisis, the fallout of growing addiction created additional commercial opportunities within the

same industry. The growing market for HCV treatment represents a striking example. Although Ryan, at the time of our interviews, thought that he was HCV negative, he knew that that many of his friends who injected heroin with him were infected. This is not surprising given that studies estimate that 28 percent of individuals who inject drugs contract HCV within their first year of use (Hagan et al. 2008) with HCV prevalence rising to between 75 and 90 percent for those using for more than three years (Amon et al. 2008). Currently, over 5.2 million people are estimated to be infected with HCV in the United States with injection drug use accounting for the majority of new infections annually. This rate has been climbing in recent years, as a result of increasing injection drug use associated with spreading opioid addiction (Zibbell et al. 2017).

In 2015, HCV was responsible for 19,629 deaths. The same year it was the leading diagnosis among the approximately 14,000 person liver transplantation waitlist and accounted for a quarter of the total (CDC 2017; Kim et al. 2015). Until 2013, treatments available for HCV were relatively ineffective, almost never curative, and often poorly tolerated by patients. That year, the FDA approved Sovaldi (Sofosbuvir), the HCV drug manufactured by Gilead, which was instantly hailed as a major improvement on existing therapies. After a 12-week treatment course, between 90 and 100 percent of patients were fully cured, most without any significant side effects. Despite the excitement for the clinical efficacy of the drug, the health care community, and especially insurers, public and private, balked at Sovaldi's astronomical price tag of $84,000 per single three-month course that amounted to one-thousand dollars per pill (National Association of Medicaid Directors 2014). Gilead raised the cost to $94,500 per treatment course less than a year later with the introduction of Harvoni, an improved combination formulation including the active ingredient of Sovaldi.[21]

The cost of Sovaldi and Harvoni created such dramatic barriers to patient access and placed such a sudden and unexpected burden on public insurances that Gilead was subject to an extensive congressional investigation regarding their pricing practices.[22] The main conclusion of the report was that, "[w]hile publicly saying it prioritized patient access, Gilead set Sovaldi's price at a level where ultimately many patients would not receive treatment" and proceeded to do the same with Harvoni.[23] The report further details the history of the two drugs, from discovery and pricing to their seismic impact on public budgets.

Sovaldi was discovered by Pharmasset, a small biotech firm that also carried the drug through the initial stages of clinical development, demonstrated its safety and superior efficacy relative to existing treatments, and all but secured FDA approval. Gilead purchased Pharmasset in 2011 for $11.2 billion--a price that Gilead's senior vice president described as a "bargain" given the company's forecasted profits.[24] While Pharmasset initially expected that a 12-week course of the drug would cost $36,000,[25] by the time of final FDA approval, Gilead had more than doubled the price to $84,000, which it believed was the most it could extract before concerns over financial solvency provoked insurers to ration care and restrict patient access to "uncomfortable levels," as Gilead executives phrased it.[26]

As in the case of OxyContin, but to a much greater extent, the direct impact of this high price was particularly acute for public insurance programs.[27] Like chronic pain and disability, HCV is disproportionately concentrated among poorer and older populations and prisoners. Consequently, a large portion of those living with the virus are covered by public programs including Medicare, Medicaid, the Veterans Health Administration, and state and federal prison health systems which confined an estimated 1.2 million individuals with Hepatitis C at the release of Harvoni.[28] Furthermore, the implementation of major provisions of the Affordable

Care Act in 2014 increased the number of newly insured individuals with HCV by expanding the eligibility criteria for Medicaid. In 2015, the year that sales for Gilead's Hepatitis C medications peaked, the company's total revenue had grown to $32.6 billion from $24.9 billion the year before. The growth was driven by their two HCV meds which accounted for $19 billion of sales that year $12.5 billion of which was revenue from sales in the United States.[29] The same year, Harvoni was the medication that both Medicare and Medicaid spent the largest amount on reaching a combined $11.1 billion and accounting for the majority of Gilead's US revenue.[30] Unsurprisingly, Gilead explicitly identified public payers as "important targets for policy engagement and contracting."[31]

The sudden escalation in expenditures on pharmaceuticals threatened to destabilize state budgets and reduce funding for other public services.[32] Many states responded by rationing care to the sickest patients covered by their public insurance programs to minimize the overall impact. Gilead had incorrectly predicted the severity of the reaction to their pricing and the dollar figure at which insurers would respond with significant coverage restrictions. Still, the company refused to negotiate any meaningful discounts.[33] Though they had not anticipated the scale of the negative reaction, they were expecting pushback and planned to hold the course no matter what as demonstrated by [Gilead executive vice president Kevin] Young urging, "Let's not fold to advocacy pressure in 2014... Let's hold our position whatever competitors do or whatever the headlines."[34] Instead of negotiating a compromise with payers, Gilead worked to secure the broadest possible market access at their set price by encouraging patients to seek treatment through "disease awareness advertising,"[35] and fighting rationing restrictions placed by insurers.

Investigative reporters from Bloomberg documented one of Gilead's strategies to secure lucrative market access in the face of public insurance restrictions was to support lawsuits

against recalcitrant states fronted by excluded patients (Martin and Glovin 2016). The report, published ahead of one such lawsuit directed at Washington's Medicaid program, found that Gilead had "donated hundreds of thousands of dollars to the researchers, lawyers, patient advocates and medical experts who have helped build the case" to force the state to lift restrictions and expand access to all those carrying an HCV diagnosis. Citing government records, the report notes that the medical expert for the plaintiffs alone received approximately $750,000 in payments from pharmaceutical companies between 2012 and 2015, including $189,000 directly from Gilead.[36] Additionally, Gilead donated to the Harvard Law School center leading the case which was then receiving 20 to 25 percent of its total annual funding from the pharmaceutical industry.

While Gilead pursued this top down strategy to increase the chances for a favorable legal decision, the Bloomberg reporters found that the company also invested heavily in a bottom up approach by funding patient advocacy organizations. In the year following the approval of Harvoni, its latest and most expensive HCV medication, Gilead became the largest corporate cash donor in the United States reaching nearly $450 million in charitable contributions.[37] Industry lobbying groups also provided advocates with talking points such as guidance on how to "shift the debate from price to tight-fisted insurers and bureaucrats who are denying patients life-saving drugs." Reflecting on the generalized enmeshment of patient advocacy with the pharmaceutical industry, the director of the National Viral Hepatitis Roundtable commented that "[y]ou will not find a hepatitis organization that is not heavily funded or exclusively funded by pharmaceutical companies." The executive director of the National Association of Medicaid Directors lamented that they needed the help of advocates to pressure drug companies to lower

their prices to improve patient access but that they would not do so "if they are beholden to the pharmaceutical industry for money."

Gilead's indirect legal strategy seemed to be well worth the cost. A preliminary ruling in favor of the plaintiffs raised Washington's Medicaid budget for HCV treatment to $222 million in 2017, a tenfold increase over 2015. Wall Street analysts predicted that, if successful, similar lawsuits in other states could net Gilead an additional $18 billion. Lawsuits aiming to eliminate rationing within the prison system, which contained nearly a third of the HCV positive population, offered the potential for an additional $12 billion in revenue. These sanguine figures prompted one analyst to ask if the results of these lawsuits could be "the growth the doctor ordered."

Conclusion

Purdue's campaign to increase OxyContin sales by promoting aggressive pain management with opioids and Gilead's fight to sell its HCV medications at the maximum price powerfully illustrate what I have termed accumulation through citizenship. The two companies represent private stakeholders standing to profit from claims on the state framed as the right to consume a commodity over which they have monopoly control. Both invested heavily in promoting the success of these claims by stimulating and co-opting advocacy movements to pressure physicians and insurances into expanding market access and guaranteeing sales. They conducted "public awareness" campaigns to involve everyday patients more directly in petitioning for access to their medication, funded advocacy by patient and professional groups that framed access to their medications as questions of patients' rights and professional ethics, and fought alongside, and through, these advocates to secure the legal recognition of these rights

and ethical responsibilities in the form of influential legislation and decisive court decisions. These processes leveraged patients to exert unassailable claims that generated private profits at costs spread by public insurance to the entire populace. This is accumulation carried out *through* the (sick) body that renders the entire body politic available for private extraction.

It is no accident that each company set records in their donations to patient advocacy groups working to enfranchise their constituents with the rights of access to proprietary medical commodities. The deliberate targeting of patient advocacy organizations by both companies demonstrates the recognition of both the power of claims based in the experience of suffering individuals and their susceptibility to co-option by commercial interests. In each case, it is not simply the biological citizenship bestowed by diagnosis that creates the opportunity for accumulation but the intersection of biological citizenship with the pharmaceuticalization of public health (Biehl 2007, 2013). The biological citizenship of pain and disability and of HCV in the presented cases both primarily entail a right to the consumption of expensive pharmaceuticals rather than other less commodifiable forms of care. Increasing medicalization leads to the expansion of claims within the health domain and the pharmaceuticalization of health renders these claims as demands for lucrative commodities.

The pharmaceuticalization of public health is a vivid example of the more general neoliberal reconstitution of citizenship as consumer rights and commodity access that produces a dialectical relationship between the possibility of accumulation and the potency of political claims. This is intimately tied to the characteristics of what the Comaroffs (2000) call millennial capitalism where the salience of consumption overtakes production as a basis of identity, politics, and selfhood. In the case of the opioid crisis what emerges is not only a consumer

citizenship, but a poisonous "consumptive citizenship" securing the right to consume a medical commodity that in turn consumes the consumer.

Consumption unleashes the possibility of accumulation and attracts commercial interests that undergird and distort movements for recognition and account, in part, for the efficacy of the associated claims. The profits in health care, which are especially large in the US because they are underwritten by public financing without accompanying price controls, entice corporations to invest in stimulating or legitimating biopolitical claims that place expensive commodities at the heart of the contests for recognition. The biological citizenship of consumption that results transforms disabled, impoverished, and non-laboring, seemingly surplus bodies, like those of Tina, Paula, and Ryan, into powerful levers of capital accumulation.

In the following chapter I will continue to disentangle the relationship between abject bodies, accumulation, pharmaceuticalization, and citizenship by exploring how psychiatric medications are deployed as tools of accumulation and control as part of a broader trend of psychiatrizing social suffering that obscures the brutality of inner-city poverty, particularly in its effects on women and children the group most affected by the rollback of the US welfare state.

Notes

[1] Opioids comprise a pharmaceutical class chemically related to, and in many cases directly derived from, morphine. Morphine itself occurs naturally in the opium poppy, *Papaver somniferum*. Each member of the opioid class is proportionally equivalent in its primary effects to morphine which allows conversion between doses of different opioid compounds in the units of Morphine Milligram Equivalents (MMEs). The class spans both commonly prescribed painkiller medications and illicitly produced compounds such as heroin. The MME for common opioids are: morphine, 1; hydrocodone (the active ingredient in Vicodin), 1; oxycodone (the active ingredient in Percocet and OxyContin), 1.5; heroin, 3; fentanyl, 100 (Centers for Disease Control and Prevention [CDC] 2016; West Virginia Expert Pain Management Panel 2016)

[2] Percocets are the trade name for the combination of the opioid oxycodone with Tylenol. Although these pills are almost universally referred to as Percocets (or Percs for short) on the street, they are almost always much cheaper, non-brand generic formulations.

[3] Sex-for-pills schemes have been widely documented. See as an example Campbell Robertson, "Doctors Accused of Trading Opioid Prescriptions for Sex and Cash," New York Times, 17 April (2019). The article covers a recent federal indictment of 31 doctors across seven states for the illegal distribution of millions of opioid painkillers, including in exchange for sex in multiple cases.

[4] My review of the history of pain clinics, the hospice movement, and the globalization of pain care that follows is inevitably brief and takes the medicalization of pain as a taken for granted point of departure. Dormandy (2006) provides an encyclopedic overview of the philosophical, religious, and medical approaches to physical pain in the West spanning from classical antiquity to the 1990s that places the formation of pain clinics and hospice centers in a larger historical, social, and scientific context. Baszanger (1998) examines the emergence of pain medicine as a formal specialty paying particular attention to its development in France. It also provides the most comprehensive account of the foundation of the first formal pain clinic by Dr. John Bonica and its influence on the constitution of the field of pain medicine.

Any consideration of physical pain immediate calls to account a larger discussion of suffering and its social, political, philosophical, and religious significance across contemporary and historical contexts. This vast domain of inquiry is a central concern of the field of medical anthropology. It has received especially sustained attention in its multiple facets in Arthur Kleinman's seminal work on suffering spanning his career including *The Illness Narratives: Suffering, Healing, And The Human Condition* (1989); *Social Suffering* (1997), with Veena Das and Margaret Lock; and, *A Passion for Society: How We Think about Human Suffering* (2016), with Ian Wilkinson. The opioid crisis certainly provokes many questions regarding pain and suffering more broadly understood that are, however, beyond the scope of the current chapter.

[5] Joranson et al. (2002) provides a summary of the changes in medical board regulation of opioid prescribing. The article cites data suggesting a large percentage of physicians avoided prescribing opioids out of concern of regulatory scrutiny, celebrates the release of the 1998 guidelines by the Federation of State Medical Boards, and exhorts lagging state medical boards to implement local policy in line with the national guidelines. Like the APS and AAPM consensus statement, the article was coauthored by J. David Haddox, Vice President of Purdue Pharma.

[6] The 2010 online action alert calling on patients to counter negative press is archived by ProPublica at https://www.documentcloud.org/documents/279015-apf-email-action-needed-newsweek-article. It was released in response to a Newsweek article titled "Prescription Nation: Why we should worry about prescription drug abuse" that highlighted increasing opioid overdose deaths. It advises pain patients and clinicians to write Newsweek directly to express outrage and to "include personal examples" and especially successes when pain is "properly treated."

[7] The amicus brief filed by the American Pain Foundation (APF) defending Purdue against the class action lawsuit brought by patients treated with OxyContin in Ohio in 2001 is archived by ProPublica at https://www.documentcloud.org/documents/279014-howland-apf-amicus.

[8] The amicus brief filed by the APF calling for the reversal of the conviction of the Virginia doctor found guilty of 50 counts of drug trafficking in 2005 is archived by ProPublica at https://www.documentcloud.org/documents/279024-apf-hurwitz-brief.

[9] United States Senate, Homeland Security and Governmental Affairs Committee. "Fueling an Epidemic: Exposing the Financial Ties between Opioid Manufacurers and Third Party Advocacy Groups." (2018).

[10] Ibid., 17.

[11] The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) published an accompanying guidebook, funded in part by Purdue Pharma, that provided guidance for the implementation of the new standards. In the background section, the guide states that "[s]ome clinicians have inaccurate and exaggerated concerns about addiction" and that "[t]his attitude prevails despite the fact that there is no evidence that addiction is a significant issue when persons are given opioids for pain control" (JCAHO 2000, 4).

[12] Purdue relied on a one-paragraph letter to the editor in the January, 1980 issue of the New England Journal of Medicine (NEJM) to support the claim that less than one percent of patients prescribed opioids developed addiction. Despite falling well short of the standard for medical evidence, the letter was recast into a "landmark study" in subsequent academic and commercial references, including in Purdue's marketing literature (Quinones 2016, 107–11; Leung et al. 2017). The full contents of the letter reads: "Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients, Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction" (Porter and Jick 1980). As of May 31, 2017, the letter now appears in the online archives of NEJM with a warning from the journal's editor that "For reasons of public health, readers should be aware that this letter has been 'heavily and uncritically cited' as evidence that addiction is rare with opioid therapy."

[13] In 2001, Purdue sales reps received an average base salary of $55,000 supplemented by an average yearly bonus of $71,500 awarded in proportion to sales. These sales reps divided a call list of nearly 95,000 individual physicians and formed relationships with entire hospitals and clinics to promote the new drug (GAO 2003, 20).

[14] Bioavailability refers to the percent of the active compound ingested that reaches the target of its effect, in this case the brain. For the same ingested dose, a higher concentration is delivered to the brain when sniffing rather than orally ingesting oxycodone. Furthermore, the "rush" of a drug is related to the time to effect onset, which is also much quicker with nasal administration (effect onset is approximately 15-20 minutes with sniffing, 30-60 minutes with oral ingestion). By definition, the bioavailability of an intravenously administered medication is 100 percent. When injected, the onset of action of opioids is on the order seconds to minutes.

[15] Only months after the company pleaded guilty to misbranding OxyContin in 2007, Dr. Campbell, the president of the APF, defended the company stating: "I believe Purdue and its management deserve recognition for their

contribution to the welfare of these many patients" and that the prosecution of the company's executives sent "chilling message to those who dare to develop high-risk drugs for important diseases" (quoted in Ornstein and Weber 2011).

[16] Increased sensitivity to painful stimuli in the setting of opioid administration is referred to as "opioid-induced hyperalgesia."

[17] The FDA withdrew its initial license for extended-release oxycodone on the exact day that Purdue's original patent for OxyContin expired preventing generics lacking tamper-proof mechanisms from entering the market. Purdue's tamper-proofing mechanism earned it a further three years of total market exclusivity and won the company a new patent until 2025 (Noah 2015, 176).

[18] The substitution of more potent formulations for weaker ones was well documented when increased interdiction during alcohol prohibition promoted the replacement of strong high-alcohol content spirits for weaker beer (Beletsky and Davis 2017). Similarly, the pressure on marijuana smuggling routes after Nixon's 1969 Operation Intercept against Mexican marijuana smugglers promoted their repurposing for cocaine transportation, dramatically increasing the profit earned per volume of drug smuggled (Gootenberg 2008, 308). This pattern of substitution has sometimes been referred to as "the iron law of prohibition," concisely glossed as "the harder the enforcement, the harder the drugs" (Cowan 1986).

[19] Source country interdiction, like the vigorous crack down on poppy cultivation in South America, and especially Colombia, has encouraged synthetic production. Poppy fields in Colombia and Mexico can produce on average one kilogram of pure heroin per acre of poppies per year incurring all the headaches of large scale agricultural production including labor costs, pest control, and unpredictable growing conditions, not to mention evading eradication efforts (Drug Enforcement Administration 2017, 52–53). On the other hand, small, clandestine labs can synthesize nearly limitless amounts of fentanyl entirely from chemical precursors.

[20] CNN noted at the time of their report that "[m]ost of the medical facilities that receive the [Gilead FOCUS] grants are located in towns caught in the grip of the opioid and heroin epidemic" (Kavilanz 2017).

[21] US Senate, Committee on Finance. "The Price of Sovaldi and its Impact on the U.S. Health Care System." S. Prt. No. 114-20, at 61 (2015).

[22] Ibid.

[23] Ibid., 12.

[24] Ibid., 3.

[25] Ibid., 17.

[26] Ibid., 29,60.

[27] I am referring here to the cost to public insurances of purchasing the drugs rather than the total net cost attributable to the introduction of the drugs. This latter calculation would likely reveal the introduction of OxyContin to be far more costly given the subsequent health care related costs resulting from growing opioid addiction.

[28] S. Prt. No. 114-20, at 68.

[29] Gilead Sciences, "Gilead Sciences Announces Fourth Quarter and Full Year 2015 Financial Results," news release, February 2, 2016, https://www.gilead.com/news/press-releases/2016/2/gilead-sciences-announces-fourth-quarter-and-full-year-2015-financial-results.

[30] Medicaid and Medicare drug spending data are publicly available online. For 2015 Medicaid drug spending see, https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/2015-Medicaid-Drug-Spending/2015-Medicaid-Drug-Spending.html. For 2015 Medicare drug spending see, https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/2015-Medicare-Drug-Spending/medicare-drug-spending-dashboard-2015-data.html.

[31] S. Prt. No. 114-20, at 36.

[32] Noting with dismay that only 338 of the 35,000 people in Louisiana infected with HCV were treated in the previous year, Louisiana's Secretary of Healthy, Rebekah Gee, expressed the bind her state found itself in: "To me, that is unacceptable, but it's also unacceptable for me to pay over $700 million and have to cut primary education, gut our payments to universities and decimate the health care delivery system for just one disease condition. It shouldn't have to be that way" (Kodjak 2018).

[33] S. Prt. No. 114-20, at 50.

[34] Ibid., 58.

[35] Ibid., 52.

[36] Hepatologist Robert Gish, the medical expert aligned with the plaintiffs in the lawsuit to expand eligibility for HCV treatment in Washington, denied the impact of corporate gifts on his judgment, claiming to reporters that, "I have a firewall in my brain that's made of brick and mortar that keeps me from being influenced by these pharma dollars" (Martin and Glovin 2016).

[37] *The Chronicle of Philanthropy* (Daniels and Olsen-Philips 2016) reported that Gilead's charitable donations totaled $447 million in 2015, surpassing Walmart ($301 million), Wells Fargo ($281 million), Goldman Sachs ($276 million), and ExxonMobil ($268 million).

Chapter 4: Children Caught in the Crossfire

At the same time that painkiller prescriptions were rising nationally, so too were prescriptions for psychiatric medications rising from 75 million prescriptions in 1992 to 403 million in 2017 (IQVIA Institute for Human Data Science 2018, 19). Increasing diagnosis of psychiatric illness also drove a concurrent, and equally large, wave of additions to the disability rolls of SSI and SSDI alongside the growing numbers of individuals officially recognized as disabled by physical injury (R. E. Drake et al. 2009; Burkhauser and Daly 2013). Like the spread of chronic pain diagnoses and opioid prescribing, rising rates of psychiatric diagnoses and medication use have not been restricted to a single region, demographic group, or socioeconomic stratum. But, just as in the case of opioids and chronic pain, rates of psychiatric illness are highest among the poor (Weissman et al. 2015). Unlike in the case of chronic pain, however, psychiatric illness proved to be an especially potent driver of disability and medication consumption among children (Burkhauser and Daly 2013). This was reflected locally by the many children living on Sterling and Cliff Streets who carried diagnoses of attention deficit/hyperactivity disorder (ADHD) and bipolar disorder (BPD) and were medicated with stimulants and antipsychotics. It was also reflected in local statistics that reported disability due to mental illness in between 12 to 27 percent of the children under the age of eighteen years old in several of the census tracts in the immediate area.[1]

The high frequency of disabling psychiatric illness among the children of Sterling and Cliff Streets and the surrounding neighborhood calls for an analysis of the social, historical, and political economic drivers of rising psychiatric diagnoses. Critically, such an analysis must attend to the social production of behaviors that are deemed disruptive by institutional actors--

most notably overburdened inner-city schools--who channel children toward psychiatric care. These "disruptive" behaviors must also be understood against the backdrop of the high burden of violence encountered by children--in school, on the street, and in their homes--that transforms the meaning of diagnosable "madness," especially as manifested in explosive rage, and its connection to negotiating poverty, the drug trade, and abusive and threatening relationships. These local realities must then be placed in the context of changing diagnostic criteria for psychiatric illness that have been especially dramatic in the field of child psychiatry that, as we will see, have been driven to a significant extent by the interests of private capital--above all, the pharmaceutical industry.

Violent Beginnings

Returning to Sterling Street after an afternoon meeting, I learned that I had barely avoided a gunfight on the block. The shootout erupted moments after I drove away from the block among three individuals armed with handguns modified to fire automatically. Two of the shooters suffered non-lethal injuries and a young female bystander was shot in the foot while she held her daughter in tow. The facades of several row homes were sprayed with bullets that in one case entered a living room occupied by a young couple and their three-year-old daughter who all instantly fell to the floor to evade the bullets blasting into their walls and stereo speakers. Just a few weeks earlier, Ralph, one of Cliff Street's residents had been murdered while returning from a Chinese take-out restaurant corner store in the middle of the night. This latest shootout on Sterling Street prompted Celeste and her children, twelve-year-old Kevin and ten-year-old Leah, to reflect back on their neighbor Ralph's murder and the murder of Tony earlier in the year. Celeste recounted the story while directing the steady traffic of heroin buyers to Cliff Street's on-

duty hand-to-hand hustler. She was working as the evening "caseworker"[2] while the hustler served Cliff Street's customers in front of an abandoned building that Tony had purchased to renovate for his girlfriend Vanessa and their children right before he was killed. Since then, the building had reverted into a shooting gallery for the block's customers.

Celeste: It was like different guns going off. They were shooting one way and then they were shooting back in broad day light. It was the middle of the afternoon. You had just left.

George: So you heard it?

Celeste: Yeah, I heard them get shot, "Blat-blat-blat-blat!" [imitating rapid gunfire]. I'm like, "Damn, they're emptying clips!" That shit was crazy. There were cops everywhere, literally from here to Sterling. The cops didn't come as quick as they did when Ralph got shot. I'm telling you they came quick as shit then. I heard the shots, went in the house, asked them [pointing to Kevin and Leah] if they heard it, came back outside, looked up the block, and it was like the whole [police] district was out here.

Kevin: [Interrupting] I was talking on the phone with my grandmother and then I hear the shooting and I'm like, "Are those gunshots?" My grandmama said "Huh?" I get down on the floor. "Nothing, Grandma. Uh, let me call you later. Somebody shooting."

Celeste: [Laughing] All smooth about it. 'Cause I almost killed them when Tony got killed. Cause I'm like, "Get down!" and Kevin and Leah are like, "Huh? What?"

Kevin: I remember when Tony got shot, we thought we heard the heart. Bom bom! She [Leah] thought it was a paintball gun, I thought it was Tony with a hammer.

Celeste: And what I told you to do?

Kevin: Get down.

Celeste: And what you do?

Kevin: Well, it takes a while...

Celeste: I had to curse you out before I went outside to see what happened, right?

Kevin: No... I'm not dumb!

Celeste: [Scolding] I didn't say, "Yo, when I tell you to get down whether you think its shots or not, you get the fuck the down"? I didn't tell you that? Cause I was mad! I was scared! He [Tony] got shot three or four houses down from us. You gonna tell me you can tell the difference of them standing there shooting or them standing in front of our house? The shots sounded like it was coming through my door!

Kevin: That's when you said, Tony got shot...

[Pausing, squinting] Oh, that a cop [pointing with his chin across the street to an unmarked undercover car]!

Celeste: [Pausing and nodding at the passing car] Yeah... This is like the third fucking cop in five minutes that came down this block.

[Continuing] I was fucking traumatized [when Tony got shot]. That was my homie. I was in the truck with him. I saw his teeth on the back floor. I was so

thankful, God bless him, when I went to his funeral and there was an open casket and he was cleaned up. Because literally I was traumatized. I was outside thirty seconds later, I seen the blood just glowing and gushing. **'**Cause his cousin was like holding his hand whispering in his ear and I was rubbing on his legs, talking to him.

Kevin: What you were saying?

Celeste: That he's a fucking cannon [tough]. He got shot not that long ago, and he made it through that, he can make it through this. He got kids to live for, like "Hold on!" But the ambulance took so long. That shit was crazy. You seen it. You [already] know he died. Me and his cousin, we looked at each other and just started bawling [crying]. They took him to the hospital, they waited for his family to get there. They came out, and was like, he didn't make it. Everybody broke down, it was fucking crazy. The hospital was crowded like, from the door in the parking lot. His family, the neighborhood, people, was just all right there.

George: [Looking to Kevin] What else do you remember from that day?

Kevin: I talked to Tony that day! What do I remember? Well, I remember, umm, I looked out the window. [Looking to Celeste] You didn't say, "Get back up." You didn't say, "Stay down." You just said, "Tony got shot" and ran. And I was hesitating to look out the window or not. But then I did. And then I seen them put him on an ambulance.

Celeste: Oh, so you looked out the window a while later?

Kevin: Yeah, 'cause I was scared to look out the window. But, I looked out the window. My mommy's out there! I seen them lift him up and it looked like

his arm was like this [contorting his arm behind his back], and I thought, "Yo, that's messed up." But then, I don't even know, because I left that day. I went to live with my grandpa. I didn't want to stay down here once I knew Tony got shot. He had already got shot once before. They put a thing with candles and teddy bears [pointing to the remains of an altar across the street]. It was hectic that day. That was funny. I mean not funny. That was crazy.

Tony's murder violently marked the beginning of summer. By the fall, there would be more than a dozen shootings including three murders in the five-block radius surrounding Cliff Street. By the following summer, Cliff Street and Sterling Street alone would experience two more murders and two mid-day shootouts with multiple injuries but no fatalities. Amazingly, the rates of gun violence in the neighborhood now hovered around 50 percent of those during the 1990s. Still, from 2006 to 2017, the ten square block radius surrounding Cliff and Sterling Street recorded more than 1,300 shootings, averaging more than nine a month. The murder rate for Philadelphia during this time period was 20 per 100,000, while the murder rate in the predominantly Puerto Rican sectors of the city was nearly twice that, and the ten-block area encompassing Cliff and Sterling Streets over triple the citywide rate.[3] This meant that the neighborhood had the highest murder rate in Philadelphia, which was itself routinely ranked as the most murderous American metropolis with a population greater than one million.[4] These aggregated statistics reflect the fact that, over this time period, almost every single block surrounding Sterling and Cliff Streets experienced a minimum of one shooting, while most were home to several shootings many of which resulted in fatalities. These statistics also reflect the

grim reality that by age ten only an exceptionally small minority of children escaped exposure to gun violence near their homes.

Kevin could not help but mix up his words and emotions as he struggled to articulate the frightening experience of witnessing the grisly death of a respected and loved older male neighbor and make sense of the chaos accompanying the shooting. Afraid to return home after Tony's shooting, he had since learned the proper physical and mental responses to violence that his mother worked to instill in him. In one short, but tragically eventful year, Kevin evolved from a young boy confused and panicked by the outburst of nearby gunfire to one who could recognize the sound of shooting, drop gently to the floor, and calmly schedule to call back his grandmother. With newfound pride in his wisdom and nonchalance, Kevin even tried to rewrite history by arguing with his mother that he was not as confused as he seemed during Tony's murder and that he always had known what to do when gunfire erupted. Though he exaggerated his initial street-wiseness, by then Kevin had indeed learned to recognize and respond to gunfire as just another shooting in the neighborhood. Nevertheless, he admitted how troubling it was to see Tony's bloodied body dragged limply into an ambulance. Even though Celeste had already lost multiple friends and neighbors to gun violence over the years, she too was deeply disturbed after watching a close friend and longtime neighbor die in a gruesome fashion.

Tony's family was, unsurprisingly, even more durably shaken by his murder, especially his stepson Agustin, who was then five years old. Tony's biological children, Aisha and Rakim, aged two-and-a-half and one at the time of the murder, were too young to clearly remember let alone fully comprehend what had happened. Agustin, on the other hand, understood that his stepfather had been violently murdered and he had even seen him dying in his car in front of his family's home. Already diagnosed with attention deficit hyperactivity disorder (ADHD), the

killing sent Agustin into an exacerbated state of nervous panic and hyperactivity at home and at school that upgraded his clinical status and eventually qualified him for SSI.

Two years after the murder, on the eve of the first day of the trial for Tony's suspected killer, Vanessa, Agustin's mother, explained the impact of the death on her son. We sat in her living room in front of a big flat screen TV Tony had purchased for the home while the block's hustlers walked in and out to eat food that Juliana, Vanessa's mother, had cooked. The house continued to function as a social hub for the block's dealers and occasionally as a rented drug stash house as Vanessa tried to cope with the loss of income following her husband's death. Vanessa noted that Tony's murder was especially painful because it was not the first violent death to mark Agustin's childhood.

Vanessa: When Tony got killed, he [Agustin] was like, "They killed my dad, now they killed my second dad." His first [biological] father [Felix] got killed when I was two months pregnant with Agustin.

George: He never saw Agustin?

Vanessa: No. He was in a halfway house and they wanted to send him to a rehab because he was drinking. So I was like, "Go to the rehab. It's better than going to jail." But he didn't wanna go. He said, "No, you come pick me up before I leave by myself. I'm not no drunkie [alcoholic]." I was like, "Yes, you is a drunkie because you drink every day." He used to make me bring him a whole jug of Hennessey every day.

He was living with me and his cousin called him one day and said, "Let's go out," and he never came back. They got into a fight in a bar, Tommy's Corner.

After they fought the [other] guy came back and started shooting at Felix and Felix was shooting back. Felix left the bar but three people got killed and two people got hurt. Then the same guys caught him right here on Perry Street and killed him. Two days later they found him in some bags in the dumpster behind the dollar store.

George: Isn't Tommy's Corner where Jorge got killed?

Vanessa: No, Jorge got killed at El Paraiso [a bar three blocks away from Tommy's Corner]. He got killed right after Felix got killed. That's why I wanna get outta here. That's why I be telling my son [Augustin], "Sooner or later if you in this game [selling drugs] you either get locked up or die." He say, "Mom, that's why I wanna go to the Army, so I can get you out of here." That's a good thing for me.

By the time Vanessa had her first child at age 16, she had already been widowed once by gun violence. Not long after, another close friend and neighbor, Jorge, was shot to death. Vanessa also had several relatives in Philadelphia and Puerto Rico who had been murdered. Tony's fatal shooting was the latest in a long series of painful violent deaths affecting those closest to Vanessa. Although each of these men had been involved with the drug trade that operated literally at Vanessa's doorstep, she hoped a different future awaited her son who already had been doubly scarred by the violent fallout of the neighborhood's most vibrant economic sector. Though Agustin never met his biological father, he became acutely aware of his absence as a five-year-old in kindergarten when he was subject to particularly cruel schoolyard taunting.

Vanessa: Agustin started having problems in school because they used to make fun of him a lot. When Agustin first started, the kids used to say, "Well, you don't have a dad, I have a dad to come pick me up." I said to Agustin, "Don't worry about it, you have a dad but he just can't be here." Another day Agustin came and said, "Mom, he picking on me 'cause my dad died." The teacher was going to change him out of the class because of the kids bothering him.

That's when I spoke to Tony. I told him, "Tone, they keep making fun of Agustin. You have to step up to the plate. You gonna start picking him up, doing things with him, taking him wherever you go. Show him things that a dad does." And that's when Tone started going with him to school every morning and when he come out of work he would stop by and pick him up and bring him home. Agustin was like, "What is he? He's my stepdad or my dad?" I was like, "That's your stepdad." And after that Agustin felt better. "Alright ma, I got a dad now."

For the first time, Agustin had the reassurance of a loving father. His problems at school receded as other children saw him bounding up to the school grounds proudly accompanied by the man who had enthusiastically assumed parental responsibility. Sadly, Agustin only experienced this caring presence for less than two years, before Tony, like his biological father Felix, was murdered. This second murder devastated Agustin who had come to love Tony as an unfailingly present parent. Agustin's older age and the painful experience of his previous outcast half-orphan status made the loss even more acute. Worse yet, Agustin was on the block when Tony was shot to death and watched him take his last breaths, covered in blood, with his mother screaming over him. Unsurprisingly, Agustin's distress started manifesting itself again in his

behavior at school, especially in his interactions with his classmates. Vanessa recounted Agustin's worsening condition while her mother Juliana listened on and Vanessa's thirteen-year-old sister, Lara, vacuumed in the other room.

Vanessa: Agustin is a real hyper kid now. He jumps, he can't stay still, he be on the sofa watching a movie, moving around, and sometimes I even think, "You're peeing, you gotta use the bathroom?" Dancing around. And he be like, "No ma, no. I'm okay, I'm okay." In school as soon as he finishes work he'll start distracting other kids. He'll sometimes take things from 'em, not thinking, even though it's not in a wrong way. The way he talk to other kids, it's not the right way.

George: Where was he when Tony got killed?

Vanessa: In front of him, walking towards him to get money to go to the store.

Lara: [Pausing her vacuuming in the background to interrupt] I was right there in the doorway. The shots went off and everyone fell on the ground and yelled *"Bájate!" [Get down!]*.

Vanessa: [Abruptly screaming out] Give me a fucking belt! Give me a belt! [Threatening to hit her kids who have been arguing loudly in the background].

[Lara curses loudly in the back while cleaning]

Juliana: [To Lara] *¡Oye!* [Listen up!]. Did you see the language you just used?

Lara: *Perdón*, *se me olvidó* [Sorry, I forgot]. I thought no one could hear me.

Juliana: Are you feeling ok? Is the pill taking effect yet? Well then, go to sleep. [Turning back] *Tuve que meterle una* Abilify [I had to give her an Abilify (aripiprazole), an atypical antipsychotic], because she has been behaving rudely.

Vanessa: [Calming down] Agustin been through a lot. 'Cause when Tone got killed, that's when he started peeing on his bed. He dropped weight since that happened. He cries a lot. He can't see a fight, he can't see a problem. He get emotional and hates it. He get nervous and don't know how to act. They really gave him SSI because he's traumatized like that and its blocking him from doing a lot of things.

After Tony's murder, Vanessa's own therapist encouraged her to apply for SSI on Agustin's behalf. His behavioral issues documented at school and observed at home supported his application and, after a two-year process, he was eventually approved. Within his first year of school, Agustin was diagnosed with ADHD and started on Ritalin (methylphenidate), a stimulant. Soon after, he was also diagnosed with childhood bipolar disorder and started on the atypical antipsychotic Risperdal (risperidone). Rather than view his emotional response to the extreme violence he experienced as natural, and possibly transient, requiring supportive therapy, it was reinterpreted as a disabling, chronic, biologically-based psychiatric illness requiring doses of heavy psychiatric medications.

Agustin was not the only one in the family carrying psychiatric diagnoses that qualified for SSI or SSDI, though. His grandmother, Juliana, received SSDI for depression, anxiety, and diabetes. She took Celexa (escitalopram) and Paxil (paroxetine) for depression, Xanax

(alprazolam) for anxiety, and Ambien (zolpidem) for sleep, in addition to her diabetes medications. Having applied for SSDI herself, and for SSI for her daughters Vanessa and Lara, Juliana had extensive knowledge of the bureaucratic processes governing disability determinations and often helped neighbors and friends navigate their applications. She noted that the most frequent diagnoses earning approval in her experience were for ADHD and bipolar disorder.

Vanessa herself had been diagnosed with bipolar disorder at thirteen years old after two hospitalizations for attempted suicide. She began receiving SSI within three months of Juliana's initial application. Juliana explained that Vanessa received rapid approval "*porque estaba dando mucho problema* [because she was causing many problems]" and "*por la* 'behavior' [on account of her 'behavior']. She left the English word untranslated reflecting its entry into the neighborhood vernacular as a precise, and technically meaningful, diagnostic, administrative category growing out of interactions with psychiatric and school bureaucratic systems.

Lara, Vanessa's half-sister who was ten years her junior, was diagnosed with ADHD at age five. She was then started on a prescription stimulant and soon also qualified for SSI. Lara was subsequently also diagnosed with bipolar disorder and started on Abilify. She also took clonidine, which was frequently prescribed alongside stimulants in the treatment of ADHD. Juliana explained that in kindergarten Lara was out of control and unable to concentrate but that the psychiatric medications had calmed her down and allowed her to develop the self-control to become a "straight A student." Juliana, typically, only gave her the medications when she was "*portándose mal* [behaving badly]." At the moment, Juliana felt that Lara needed them daily, though, because her behavior was "out of control."

Juliana's two pre-school aged grandchildren also carried diagnoses related to cognitive impairment, though neither yet received SSI. Rakim, still barely able to speak at age three, had been diagnosed with a developmental delay and received speech therapy. Juliana and Vanessa blamed a bout of meningitis at age one for the impairment. Aisha, aged four, was in the process of receiving clearance from her pediatrician so that she could begin stimulants for ADHD because, according to Juliana, "*Se porta mal. Es igual.* [She behaves badly. She is the same as the others]."

Juliana and Vanessa maintained that the medications noticeably improved the poor behavior of their children. Rather than using the medications as prescribed, though, they often deployed them as technologies of discipline at moments when the children acted up, as demonstrated above when Juliana "had to give an Abilify" to Lara for her rudeness. The instantiating diagnoses also provided each individual with therapy sessions which they found helpful. Perhaps even more important was the financial assistance the women received after qualifying for disability payments on the basis of psychiatric illness. These diagnostically mediated stipends were critical for maintaining the household economy, especially now that Tony had died. Vanessa, Agustin, and Lara received SSI checks around $700 monthly while Juliana received a bit over $1,000 a month because her work history qualified her for SSDI at a higher rate.

Each approval also came with a lump sum "backpay" disbursement calculated as the difference between the final approval date and the initial application date multiplied by the monthly SSI payment rate. Vanessa received approximately $18,000, at the end of the more than two-year approval process for Agustin. Juliana noted that the original sum was $22,000 but that the lawyer assisting Vanessa in the appeal process took a $4,000 cut. "They always reject you the

first time you apply," Juliana noted. As a result, she said, most people had to apply multiple times and eventually had to contract a lawyer whom they agreed to pay from the lump sum backpay if the appeal was successful.[5] Juliana added that the lump sums were deposited into a bank and could only be accessed for approved expenses, "*Tienes que responder por cada peso que uses* [you have to account for every dollar you use]." Vanessa planned on using Agustin's SSI backpay to buy a house in place of the abandoned one that Tony had not been able to finish renovating before his death.

Trouble at School, Trouble at Home

As Agustin's and Lara's cases illustrate, documented disruptive school behavior often weighs heavily in determining disability cases involving pediatric psychiatric illness. Sara, a Sterling Street resident whose youngest two children received SSI, explained that school records greatly facilitated their SSI applications as well. "They gave me both in less than a month because I got their school records. They have papers starting from when they were in kindergarten that they are *muy inquietos* [very restless] and that they behave badly." Because disruptive and, especially, aggressive behavior overwhelms already exasperated teachers trying to juggle overcrowded inner-city classrooms in frequently dilapidated, nearly bankrupt schools, they often join with parents in calling for psychiatric intervention to manage these children.

Of Sara's children, Gabriel, her youngest, earned the most frequent and severe reprimands at school on account of his behavior. At age eleven, he had been suspended multiple times including after he threw a tantrum and hit one of his teachers. That day, I had driven his uncle Leo to pick Gabriel up. We found Gabriel sitting in a chair in the principal's office with his fists clenched and his face contorted in anger. As we left the school grounds, I changed the subject

from the fight and the trouble that he was in and after a few moments his angry affect melted away. His scrunched-up face and clenched fists quickly returned when his uncle came out of the school and started chastising him for misbehaving all the time. Gabriel responded by running full speed down the block in the opposite direction of my car provoking his uncle to chase him, spank him on his behind, and drag him back to the car by his arm. His uncle turned to me in exasperation to say, "He has problems, I don't know what's wrong with him. He needs to be in a special school." In fact, the family had already begun the process, at the school's insistence, of transferring Gabriel from the public system to a daytime partial-hospitalization child psychiatric ward where he would attend special classes to augment the therapy and pharmaceutical treatment he was already receiving.

A week later, I walked over to Sara's house to check in on Gabriel and see if he had been transferred yet to his new school/psychiatric ward. Before I had a chance to ask about Gabriel, Sara launched into an account of a shooting on Sterling Street a few days before. "Oh my god, you missed the *tiroteo* [shootout]!" She tells me that three men drove to the block and started shooting right in front of her house. Two men were injured, one of whom was shot in the back and fell onto the steps of Paula's house across the street. He was calling out for help, but Sara and Paula hadn't realized the man had been hit until he stumbled onto Paula's car and they saw that his back was soaked in blood. Paula quickly put him into the car and drove him to the hospital where he luckily survived. When I asked Luz, Sara's twelve-year-old daughter, if she had also seen the shooting, she and Gabriel launched into an excited reenactment of the event:

Luz: Oh yeah! I saw it, right on my face [right in front of me]![6] I had this feeling that something was gonna happen so when I opened the window I went to see and then there was this car past and shoot three times a guy.

Gabriel: No, four!

Luz: No, it was three times I heard it all.

Gabriel: And they shot somebody!

Luz: Yeah! Somebody in the back.

Gabriel: The one that was fighting one of the bullets did this [throwing himself on the living room floor] and he just got scratched. I watched it, and the other guy was like this [crouching]. That's when they come like this and they was shooting [making gun motions with his hands]. They got him right here [pointing to his back] and he fell to the floor [collapsing to the floor as if he were shot].

Luz: I saw it right on my face!

Gabriel: My mom says the block we are on is too bad. They be shooting all the time. My mom gets scared for us to get shot and always yells, "Go to the back door, go to the back door!" I don't get scared though [waving his head side-to-side and sticking out his lower lip at the idea of being scared of the gunshots].

George: [Turning to Luz] Were you scared when that shooting happened?

Luz: No. I wasn't scared. It was just regular, but then my mom heard it and then she took me out.

George: Was that the first time you saw something like that happen?

Luz: Yes, but I saw people with guns before.

Sara said the men were trying to kill Indio, one of the block's new hustlers, but in the confusion of everyone running after the initial gunshots they accidentally shot the wrong person. Sara told me that she had been having nightmares about the shooting the past few nights. She had just called her kids back to the house from playing in the street before the shooting. The shooting reminded her of when Peter, our neighbor Camila's twenty-five-year-old son, was killed in the crossfire of a shootout he had nothing to do with on the block a few years ago. This shootout felt like the last straw pushing her to move back to Puerto Rico. She had been considering buying the Sterling Street house in which she had been squatting for several years by paying the two-thousand dollars in unpaid taxes accumulated by the previous owner. Sucking her teeth and shaking her head she now rejected that possibility. "I want something better from my kids. Especially after this shooting."

When Sara's oldest son Adrian, aged thirteen, came downstairs during our conversation, Sara yelled in Spanish, "Why do the mothers who are never home, who never take care of their children, who are out in the street behaving like whores, have good children and the good mothers who take care of their kids and cook for them have bad children like you?!" She said that he was *castigado* [grounded]. He had punched a classmate in the ear the week before causing the boy to bleed, hit a second boy, tried to steal a book, and was not listening to his teachers. Adrian slinked off into the dining room with his sister and younger brother.

Soon, Adrian, Gabriel, and Luz were jumping up and down, screeching and yelling loudly. Sara's temper had been running especially short in the days since the shooting, and she remembered that she had not yet given Gabriel his *medicina* [medicine]. She was not sure which pills she had to give him. After puzzling over the labels of each prescription bottle, she identified the word "morning" written on the bottle of Concerta (extended-release methylphenidate) and

called Gabriel over to take the pill. She summoned Adrian and Luz to take pills from Gabriel's prescription as well. "*Se van a sentir bien* nice*, bien* relax [you are going to feel very nice, very relaxed]," Sara told them, rolling her eyes. Sara said that the medication Gabriel was taking was to thank for his relative calmness. In addition to the Concerta, Gabriel was also taking Risperdal and clonidine, the same combination of drugs as Agustin and Lara. He was still wild though, Sara complained, and she thought he would benefit from the partial-hospitalization program that she described as a military school where the teachers were free to exercise corporeal punishment.

A few months after starting his partial hospitalization program, Gabriel bounded toward me beaming a bright smile eager to shake my hand like a serious grown man. His bright expression quickly transformed into consternation as he told me that he needed help with his homework. While we were speaking, one of his uncles ran up to him laughing, and began jokingly beating Gabriel, who covered his head. His uncle redirected his attacks with playful, but thudding blows across his back while Gabriel giggled. Gabriel still wanted to do his homework with me and he insisted that we immediately go to my house to get started. He called out to Luz to come join us. Immediately upon entering my house, Gabriel darted to the exercise equipment in the living room and tried to lift some of the weights, squealing with delight.

"Let's exercise!" he yipped.

"What about homework?"

"Let's do both!"

I agreed to show him some exercises only if we immediately followed them up with school work. I hoisted him by the waist onto my chin up bar and helped him complete a few repetitions. Luz, seeing her brother having fun, ran over and shouted, "Me too! Me too!" I immediately felt very nervous because I did not want to be accused of being a pedophile for

grabbing Luz--who had been molested by several different men--by the waist to lift her up to a chin-up bar. I also could not help remembering the time a mother living on Sterling Street screamed at her two-year-old girl for crawling up and sitting in my lap while I was hanging out with the mother and a few of her friends on their stoop. Her mother had instantly swiped her daughter from my lap, slapped her across the face and yelled over her daughter's inconsolable sobbing that she was never to sit in a man's lap. I felt profoundly embarrassed, wondering if I came off as a pedophile for paying attention to children. I also felt deeply guilty for getting the girl in trouble. Her mother reassured me that I was not at fault, but that the girl needed to learn to be suspicious of all men at all times so that she would not get raped. After subsequently hearing many more stories of sexual violence her mother's reaction no longer seemed so unreasonable to me. Still, I finally relented to Luz's repeated entreaties, not wanting her to feel left out because of her gender and not knowing how to explain my hesitancy when I had lifted her brother up without a second thought.

Soon, we turned our attention to studying. Mirroring their enthusiasm, I completely forgot to check for their assigned work, and instead told them that I would make them flashcards to learn their multiplication tables and become math experts. I was extremely impressed that Gabriel already knew many of the multiplication problems instantly and the ones he did not know he learned very quickly. I was surprised by his eagerness at this rote memorization project, which he enjoyed even more when I turned it into a game of speed. After just a few minutes, he was able to go through the entire stack of flashcards answering them on sight and he eagerly repeated the deck until he was able to answer every card without a single mistake. When I asked him to practice on his own while I worked with Luz on something else his attention started to wander and he soon asked me for help on other math questions to which I was sure he already

knew the answer. He asked me every minute or so to help him with the flashcards, obviously wanting my attention. Luz was just as eager to do well, but she was not as adept at math as Gabriel, despite being a year older. While I reviewed math problems with Luz, Gabriel excitedly, and jealously, interrupted several times with the correct answers.

Luz seemed a bit discouraged but continued anyway and started to enjoy herself more as we picked up steam. She recalled new cards with difficulty, but said wisely, "It doesn't matter how fast you do them, as long as you try your best!" "You're right," I told her. Gabriel insisted that he do another round of flashcards so that he could learn to do them even faster. Still nervous about showing excessive interest in spending time with the children, I started to worry that we had been at my house for too long. I suggested we continue our work at their mother's house. There, we plunked down at the dining room table, but we could not resume our work because it turned out they did not have any paper or pencils at their house.

I ran home and returned with supplies. In the meantime, Gabriel found a sad, stubby, broken pencil with no eraser that he said he usually used. I gave them a few pens and pencils, and made up some algebra problems for Adrian, the oldest sibling, who also wanted to participate. Adrian got straight to work, calling out to me for help, but soon I realized it was impossible for me to give sufficient care to each of the three kids who all want my undivided attention. Dismayed that I was focusing more on his younger siblings, Adrian announced that he did not actually like to study, or to exercise for that matter, and wandered off.

While working, Luz discovered that her uncle had bought her a little girl's storage box to decorate with plastic pieces in a mosaic pattern. She was instantly distracted by this gift and spent the next half hour decorating the box. I put on a couple of pieces with her, but, frustrated that it was taking me away from academic work, I told her that I was not very good at these

kinds of things. "It's easy! Look you just put the pieces wherever they fit and put colors together that look good." She very much wanted me to help her but could tell--as I am embarrassed to admit looking back--that I was clearly more interested in working on math drills with Gabriel. I could not even give two children enough attention to mirror their enthusiasm for learning, or tailor my approach.

At around nine p.m., after nearly three hours of nonstop studying together, we suddenly realized that the kids had not done any of their assigned homework. We had been working on completely outside material the entire time. I imagined their teachers' surprise at learning of the energy, enthusiasm, and concentrated attention that their students could bring to academics gleefully completing hours of non-assigned exercises with such interest that they forgot about their actual homework. And all this despite the fact that they all carried diagnoses of ADHD, a condition defined by the inability to sustain focus.

Quickly, we took out their assignments and rushed to complete them as the kids needed to get to bed soon. "You're really smart," Gabriel interjected while we worked. "But my teacher is smarter than you!" He clearly respected his teachers. He asked me what I was going to do for work. "I'm going to be a doctor," I responded. "What do you want to be?" He said, "I want to be a doctor and work with you in your office!" Luz said she wanted to be a kindergarten teacher "because kids are too wild in sixth grade." I finished Luz's homework with her, which was a handwritten copy of multiplication problems in her notebook. After she finished, she breathed out a sigh of relief and said, "Oh my god, I've never worked so hard in my life! I used to just do my homework and that was it. Back in fourth grade I didn't even like to do my homework. But I do now!" I asked her if she had fun working. "Yeah!" she responded. On my way out, Sara, who had been sequestered in her room the entire night, yelled down to me to thank me for working

with her kids and told me to come by and eat whenever I wanted to. As I was leaving, Gabriel turned to me and said, with a wide smile, "Today was the best day ever!"

"Why do you say that?" I asked.

"Because! You taught me math and we exercised," he said, leaving me speechless.

Despite the occasional homework help, we never again sat down for such an extended period of time to work on extracurricular academic assignments, mostly because it turned out despite my best intentions, I did not have the time to tutor Gabriel that intensely let alone all three siblings. He continued to come over three times or so a week to get help with his homework and was angry on the occasions when I was occupied with other work or on my way out. On his last attempt to get help, he glowered at me when I told him that I had to go to a meeting. "You always have meetings," he complained. "Ask how many minutes the meeting is going to be and then come over so we can do my homework!" I laughed, but Gabriel remained serious and unsmilingly. "How am I supposed to do my homework if you don't help me," he said, chastising my inattention. I realized that Sara's children were--quite contrary to the evaluation of their teachers, who saw them as troublemakers--eager students but that they needed constant encouragement and dedicated personal attention to really enjoy the learning process which is precisely what underfunded inner-city public schools are unable to give them, and what I also failed to provide.

While Gabriel continued to be heavily medicated at his new program, he also received much closer attention from the staff who were individually responsible for far fewer children than the teachers at his previous school. He said he was now "making straight As" and indeed seemed to be responding well to the increased attention. His siblings, however, continued in the school from which Gabriel was expelled. There they were subject to an increasingly strict

disciplinary regime as the collapsing finances of the Philadelphia school district resulted in the school being one of many recently converted into charter schools. As part of this transformation, teachers were given greater leeway in disciplining their students and the school reserved a floor to segregate the most disruptive students which apparently included Luz. As in the case of Gabriel's counselor and teachers, who had the authority to physically restrain their student-patients, this conversion presented a new array of tools for teachers to deal with indiscipline more "directly" but it did so without the increased resources and reduced student-to-teacher ratio of Gabriel's program which was financed by public medical insurance. The "hands on" techniques often exacerbated student behavioral issues as disturbingly demonstrated by the following interchange among the three siblings while they feasted on candy and potato chips purchased with the $10 their mother gave them for their recent report card performances--which for Adrian and Luz were just passing.

Luz: Once upon a time, I was at school and I got restrained. If you don't know what is restrained. It was like this. [To Adrian] Restrain me!

Adrian: Later [chomping on candy].

[Gabriel walks toward her to restrain her].

Luz: No! Get out. You don't even know how to restrain!

Adrian: Like this!

Luz: Hold on let me *meter la mano* [put my arm the right way].

Adrian: *Ajá, yo sé. Así.* [Yes, yes, I know. Like that.]

Gabriel: She don't know how to take it! [Tearing open a bag of Doritos].

Adrian: You get her tight, tight, tight like that [squeezing Luz's arms together behind her back]. Pull her up, like really up [trying to lift Luz off the ground]. And then you can't feel your feet and they slam you into the wall while you're in the air too [throwing Luz to the side]. Pah!

Luz: And then they shake you!

Adrian: I only got restrained once, I'm a good kid.

Gabriel: It was like "Pah!" You don't even know how to take it!

Adrian: I was crying when they did that to me.

Gabriel: Crybaby!

Adrian: They did it really hard! Dude, *si te lo hacen vas a llorar mas que yo. Vas a llorar por una hora* [if they do it to you, you'll cry more than me. You'll cry for a whole hour]!

Luz: I cried too. After they restrain you, they shake you and all the teachers be screaming at you until you cry.

Gabriel: [Interrupting Luz to scold his older brother] You gotta learn how to fight.

Luz: I was just in the wall crying and getting even more...

Gabriel: *On* the wall, not *in* the wall!

Luz: I don't care!

Adrian: "On the wall?" You're such a gay.

Gabriel: Not in!

Luz: They scared of my anger, right Adrian? When I was really mad, I went "huuurgh, huurgh" [pressing her arms against her sides with clenched fists

and tightening her jaw while making angry, growling noises] and they're scared of that. They think I'm gonna do something.

Anyway, when I was in the wall, they said, "Don't get mad again, 'cause I'm gonna restrain you, so don't do it again. Promise me." I said, "OK, I won't do it." First, he was screaming at me and everything and then he went, [assuming the restraining position] "Calm down, Luz, calm down." I said, "You think I'm gonna calm down? You're restraining me, dawg, that hurts. How would you like it when they do that to you?" Really? "Calm down, Luz"? Whatever!

You really think somebody's gonna calm down after they get restrained? [Motions as if restraining someone and pushing them against the wall]. I was so angry that I didn't feel'ed it until I went through assembly and then I feel'ed it, and I was crying. Look over here [motions to her right temple, where you can see a purple bruise the size of a quarter]! I have one over here and a thing right there [motions to her left cheek]. They aren't supposed to restrain the girls like that. He did it too hard.

Adrian: [Jumping in front of Luz] I was arguing with a kid 'cause he said something about my mom and it was in the end of the day. So we ran outside, we fought, he hit me on my ear then he won. The next day, I was at lunch, minding my own business, and he came out of nowhere and busted [punched] me. So I said "Wanna feel my punch?" and when I said that I socked him. He went to the wall, hit the wall and I almost fell down. Mr. Smith grabbed him, restraining him, while Mr. Johnson was restraining me. I was flying, I couldn't feel my legs or my

arms, I only could feel my head and I was wiggling around and he hit me versus the wall, like, ten times!

Gabriel: *Y que,* "versus" [What do you mean "versus"]?

Adrian: Versus the wall! Pah, pah!

Gabriel: Not "versus"!

Adrian: [Rolling his eyes and ignoring his brother's correction] He hit me versus the wall. I was crying for the thirty minutes in Ms. Brown office and then she came out of nowhere and slapped me! I went to the floor and I almost got knocked out.

Luz experienced the dissociative anger overwhelming her while she was being slammed against the wall by her male teachers as uncomfortable, but she felt pride that her capacity for rage seemed to earn her some deference ("They scared of my anger"). While perceived inattentiveness and hyperactivity in school and at home might lead to a diagnosis of ADHD, it is precisely repeated explosive bouts of rage like these that earn children the more serious diagnosis of childhood bipolar disorder and medication with antipsychotics. The medicalized frame represented by these diagnoses obscures both the local logics for the capacity for rage and its social production. The capacity to burst into a violent rage at the slightest provocation is in fact not simply a symptom of behavioral dysregulation. It is a socially transmitted disposition composing a rageful habitus. The spontaneous and organized fighting that broke out amidst the festivities of Rakim's third birthday party, two years after the murder of his father Tony, provided an especially explicit illustration of this learning process.

Mad Habitus

The block was closed to traffic for the party and there was a big blow up pool in the middle of the street with half a dozen young children splashing around. Many more children lined the rest of the street, outnumbering the adults by a significant margin. Juliana, Rakim's grandmother, had been busy cooking all day preparing large tinfoil trays of *pernil* [roast pork], *arroz con gandules* [rice with pigeon peas], *mollejas* [chicken gizzards], macaroni salad, and mashed potatoes.

Vanessa called everyone over to sing happy birthday to Rakim. The two of them were behind a table on the sidewalk topped by a nicely decorated Toy Story-themed cake. Everyone sang happy birthday to Rakim and then Vanessa smeared cake on his face as was custom, but accidentally poked him in the eye. Rakim looked at the ground and then burst into silent tears. Vanessa apologized to Rakim who quickly returned to his previously cheery mood. Agustin tried to grab a piece of cake before it was time provoking Vanessa to slap him hard across the mouth. He wandered away with his head hanging. Only moments later, Chris, one of the block's young kids, was on top of Agustin, punching him in the face next to the pool. Agustin later claimed that he provoked the fight because Chris and his friends repeatedly hit him with a ball even after he asked them to stop. Agustin recovered quickly from the fight and spent much of the party dancing alone to music. No one seemed to pay him any mind.

After nightfall, Ronald, a Cliff Street resident in his mid-twenties, produced two sets of children's boxing gloves from his house and enthusiastically started arranging duels among the five to ten-year olds who before sunset had been splashing in the pool and chasing each other in games of tag. To my surprise, all the adults eagerly gathered in a tight circle to watch the series of infantile boxing matches that ran almost continuously for the next forty-five minutes. During

one of the younger pairings, Vanessa asked me to move out of the way to give her a better view. Although for the adults the fights seemed to just be a game, the children were quickly flustered and started wildly punching at each other and crying at the same time. The same children, though, started to fight more coolly as they gloved up for second, and sometimes third, battles.

Agustin was up next. He tried to demur but after repeated taunts from multiple adults and children and shouted instructions to "stop being a pussy and glove up" he relented. Upon seeing her brother don his gloves, Aisha's eyes flooded with tears and she buried her head in her neck. "I don't want him to fight!" she cried out. Ronald paired Agustin with Chris, the kid that had earlier jumped him. Many of the adults tried coaching Agustin as he flailed his arms ineffectually while several neighbors recorded the fight on their phones to add to their growing collection from the night's showdowns. Agustin failed to land any blows, but received several shots to the head himself before Ronald decided it was time to move on.

Next, Ronald gloved up three-year old Rakim to fight a peer. Seeing her youngest brother pulled into the ring completely overwhelmed Aisha whose face was now streaked with tears. Thankfully Rakim and his equally oblivious toddler opponent just let their hands drop. They stared at each other unsure of what to do, quickly lost interest and started wandering back toward their parents with gloved hands still hanging limply by their sides. It reminded me of watching young children being forced to play soccer before they have any concept of the game and electing to pick flowers from the field instead of kicking the ball.

A ten-year-old from down the block who did not normally hang out with the rest of the children, and who had not been participating in the festivities, walked up to Ronald and told him he wanted to box. Ronald called over his seven-year-old son to glove up, proudly announcing the three-year age difference to the crowd as the children took their positions. Ronald announced the

start of the round, and his son immediately launched into a flurry of punches, fighting with the full desire and energy of a young child wanting to please his father. He comprehensively outboxed the older boy, whose corner was bereft of cheerleading relatives. After what seemed like an endless number of pair ups, Ronald finally put the gloves away and yelled out, "This is how we learn so we can fight niggas from other blocks!"

Less than a month after these boxing matches, Agustin had seemingly shed his conflict-averse disposition and was proudly and nonchalantly fighting older children. Following his latest fight, rather than crying, his younger sister Aisha now bragged on her big brother's behalf while swinging her own hands like a tiny pugilist and giggling that, Agustin "was really angry!" Lara, Agustin's cousin, declared proudly that Agustin's opponent was four years older, while Agustin coolly asserted he had certainly broken his challenger's nose since blood flowed out of both his nostrils after the fight. He said these things just happen and it is no big deal and nothing to be upset about, marking a stark shift from his earlier inability to witness, let alone participate, in conflict.

The deliberate boxing training that helped convert Agustin from a nervous, gentle, unwilling participant to a nonchalant fighter capable of exploding into a rage seemed at first like an excessively cruel infantile gladiator event set up for the entertainment of the children's parents who did not seem to consider the psychological fallout such fighting might have on their offspring. As adults began to recount their own early childhood socialization into brave fighters powered by infinite stores of explosive anger, the logic and stakes of developing a disposition to rage--that in multiple cases was eventually officially certified as psychiatric illness--became clearer. It also occurred to me that this socialization served to normalize violence which might otherwise overwhelm the children's capacities for physical, and psychological, self-preservation.

Rather than allow Tony's death, for example, to traumatize Agustin into a conflict-averse easy victim, as he had been during Rakim's party, his forceful resocialization endowed him with the capacity to defend himself against the violence he would inevitably continue to encounter.

Tina, the Sterling Street resident with lupus discussed in the previous chapter, explained how her own diagnosed mental instability endowed her with the confidence to stand her ground in disputes and a reputation that might give pause to potential assailants first as a child, and then as an adult. Her husband Hector had just fallen out with a subset of Sterling Street's hustlers after they had recruited Hector's fifteen-year-old nephew to hold drugs for the older dealers. The nephew's parents, including Hector's sister, had confronted the dealers, instructed them to leave their son alone, and warned them that if he were arrested that they had better be prepared to pay for the child's court fees, lawyers, and bail. The following day, the dealers surrounded Hector in front of his house with Tina peeking out from the door.

> **Tina**: I was standing at the door, with the machete behind my back, which they didn't notice. Then when they started talking shit and one of them looked at me, I said [swinging imaginary machete], "Yeah bitch, say something, because I'ma stay with somebody's lung or somebody's arm. I wish one of y'all motherfuckers will touch him." When they saw me with a machete in my hand, they all stepped back from Hector. Everybody was like, "Oh this bitch is crazy. This bitch gone lost her mind." And, since I have papers that I'm psycho [medical diagnosis of psychiatric illness], they just figured, "Oh, let me just leave this motherfucker alone. She just might for real cut somebody."

When I'm mad it's like I blank out. I'm like in a real messed-up zone. I'm gonna do what I'm gonna do. I ain't scared. Men, women, I don't care. And then the worst part of it is that, sometimes, I'm not realizing what I'm doing. It's like I'm all out of control. Everything goes black. My eyes are open, but I can't see what's going on. It's like memory loss, like I can remember some things, and there are some things I can't remember.

Tina's description of dissociative rage recalled Luz's with remarkable similarity. Tina traced the capacity to black-out in anger and fight at maximal intensity to her early childhood exposures to violence and the need to learn to defend herself and her sisters at school and in her neighborhood.

Tina: I've always had that problem [blacking out in anger]. I guess because I grew up so violent, having to fight, seeing so many fights. I saw a woman stab a man in front of me, and I was just like about maybe seven years old. When I lived in Jersey, I lived in this neighborhood that was half black, half Puerto Rican. But I lived on the black side and they used to beat up little Puerto Rican girls like me so I had to learn how to fight. Now we [African Americans and Puerto Ricans] get along more. Now we notice that were more alike than at that time, when I was growing up.

My first fight was in kindergarten. I'm talking about a real fistfight. My mom was there, and every time the little girl would flip me over, my mom would

flip me right back. [Slapping her hands together loudly, and yelling] "Hit her!" That's how I learned how to fight.

The intensity of schoolyard confrontations, and the physical harm they could inflict, only escalated with age. Tina's parents increased their coaching accordingly to equip her with the ability to protect herself as the stakes of fights grew. Tina explained how, in high school, her father taught her how to make weapons out of common objects and armed her with his work equipment for self-defense.

Tina: My dad used to take forks and bend them and put them in our backpacks, or since he worked with rugs a lot, he gave us the rug cutters. I cut a girl like that once. First, the girl took out a pocket knife. I grabbed my knife. When she went to cut me, I raised my hand like this [lifting her arm above her head] and she sliced me right there. See [pointing to the scar on her forearm]? There is a defense wound. As soon as she cut me, I went "swat," and I cut her from here to here [reaching across and drawing a long line from my forehead to my chin]. I marked her for life. She'll never forget me! They transferred me from school. They transferred me a couple of times [because of fights].

As Tina grew older, she also had to contend with male classmates who attempted to sexually humiliate her or threatened her with possible sexual assault. Her parents exhorted her to respond definitively and without further deliberation to these sexual

transgressions to stop the escalating abuse, something her teachers were unable or unwilling to do.

> **Tina**: I stabbed a boy with a pencil in the stomach once because he was touching my butt. He would always wait till I was about to sit down in the cafeteria and he put his hands on the seat. I would tell the lunch teacher. "I didn't see it," she would always say. I would come home crying and tell my mom and my dad. My dad told me one day, "The next time he does it, sock [punch] him in the face." This time my period had came down, so when he put his hand down, he said, "Ooo, she has a pad on." He said it so loud. I was so embarrassed! Oh my god. It was like, "Earth, eat me."
>
> I got up and I punched him in the head, but the little dude was stronger than me. He grabbed me by my neck and he had me on the floor. I pushed him up and I went "bam" [with the pencil]. All of a sudden, he just started screaming. Then when the lunch teacher looked at me, she said, "What did you do?" I said, "You didn't see me do it, right?!"

As Tina became a more adept fighter, she stepped in to protect her younger sisters as well. Tina was proud of her ability to defend her sisters against any threat, including from much larger male students. Tina's mother, on the other hand, was appalled that her sisters did not adequately defend themselves and instead repeatedly called on Tina to defend them. She also stepped in to forcefully instruct her younger daughters to get over their fear and fight back, or else.

Tina: If you tried to hit one of my sisters, forget it! You're not going to hit my sister. I have two other sisters, and they would not fight. I would not ever let anyone try to touch them. I would hit boys, girls. It didn't matter to me. I got this from a guy [pulling her lip to reveal a scar on the inside surface].

George: So, your sisters wouldn't fight?

Tina: They fight now! Because my mom got really mad that I was fighting so much. They were going to kick me out of school, and my mom sat me down and said, "Why are you fighting so much?" I said, "Because Kim is having problems and she don't know how to fight." My mom said, "Well, let her fight. Let her get beat up. She got to learn how to fight." Oh my god, that [next] fight [involving her sister] was the funniest fight ever. The girl just clobbered her like, "Pow!" [Bursts out laughing] My sister's eye was like this [making a pulsating swelling motion with her hand]. And my sister didn't do shit! I had to get in it.

[Catching her breath from laughter to go on] We get home and my mom looks at my sister's eye. She's getting this big steak [to calm the swelling] and my sister's like, "Yeah, you see my eye? You should see her. Her face is destroyed!"

My mom looked at me and said, "What happened?"

I said, "The girl clobbered her."

"What did Kim do?"

"Nothing. I had to get in the middle so the girl wouldn't hit her no more."

My mom looked at my sister and said, "I thought you destroyed her face?" Then she said to me, "You're going to let her fight tomorrow." She took one of my

father's leather belts, wet it, wrapped it, and put it in her purse. "I'm going to school tomorrow and I'ma see you fight." We got out of school, the girl didn't even get a chance to say a word. All my mom did was show my sister the belt and my sister jumped on her like a wild woman [bursting into laughter again]. My sister said, "It's better to get whooped by you than get whooped by my mom." My sister whooped the living daylights out that girl! If not, my mom was going to beat her.

While Tina's mother exhorted her to let her sister learn to defend herself, men in the neighborhood learned that their masculine identity was intimately linked with their capacity to protect their families with violence, especially their female relatives. Robert--a young father who lived on Sterling Street with a preschool aged child and the child's mother--explained that he channeled his black-out rage on behalf of his sisters in accordance with his mother's explicit directives.

Robert: My mom was like, "Anybody ever touch your little sister, you gotta almost kill that motherfucker, baby." This one time I seen my sister fighting this dude in the school yard, and I blacked out. I almost killed the motherfucker. They called the police, and my mom had to come to school. But my mom ain't even really care that I almost killed that little boy because I was defending my sister, and in her book that was right. I was the best dude in the world best big brother in the world for that.

> I been fighting for them [Robert's sisters] ever since I was little as fuck, dawg. A man is expected to provide, to protect, dawg. Not be tooken lightly. Half the time if a bitch has got a problem, they call a big brother, or a dad, or an uncle. Niggas is always on time; always on the clock; always being called for something. And you ain't even gonna be the type of man that should be able to stand up with your chest out and deserve the title "big brother" or "dad" or "uncle" if you're not gonna show up for the occasion ready to ride.

The connection between psychiatric diagnoses, medication use, early exposures to violence, the capacity for black-out rage, and the disciplinary institutional nexus of schools and prisons was further illustrated by Sofia, a seventeen-year-old neighbor who was pregnant with her first child when we met. Late one night, a week before her due date, Sofia seemed to be in a reflective mood and opened up about her anxieties regarding motherhood and the immense amount of violence she had suffered and committed right up until she became pregnant.

Sofia sat on the porch next to me cradling her belly with both hands. Patting it softly, she whispered to her soon-to-be-born son to move his feet away from her ribs to let her breathe easier. She told me that when his feet were in that position she couldn't risk laughing or she wouldn't be able to catch her breath at all and that sometimes he delivered painful kicks to her ribs. Sofia said she was nervous about giving birth for the first time, but even more she worried she was not cut out to be a mother. She pointed out that she could not even comfortably hold her friends' young babies when they offered them to her for practice and that she had little patience for children. She was especially worried because she anticipated receiving little help from the father of the baby who hadn't bought anything in anticipation of the birth, not even baby clothing

or diapers. "All he wants to do is smoke weed all day and hang out with his friends," Sofia said, shaking her head. "He ain't ready to be a father. But it's ok. I'll be mommy and daddy."

Sofia paused to wince and rub her right knee over the steel plate and eight screws that had been installed after she had been shot two years earlier. She had showed up to fight on behalf of a friend but her opponent arrived in a car shooting from the window. Sofia was the only one hit. She still walked with a limp as a result of the shooting, and on humid nights like this one, the injury tended to flare up. The pain was especially bad since Sofia fell and twisted some of the screws halfway through her pregnancy. She could not have the hardware repaired until after delivering, but this was not the only reason that she "couldn't wait to get out of this belly [give birth]." She explained that she was eager to be able to fight again, and especially looked forward to "fucking up the girl who did this." Sofia's assailant, also a teenager, was returning soon after a juvenile sentence for stabbing another girl. Sofia often fantasized about the revenge she would exact on her, saying that she wanted to "shoot her in both knees, so that she could feel my pain."

Sofia said that she had always been her mom's wildest kid. She had been arrested five times starting at age eleven for crimes spanning auto theft, assault, and running away. She called going to jail "going on vacation." She explained, "All you do is sleep, eat and stay in your room," though she admitted often being one of the only Puerto Ricans locked up with black girls led to many fights. She remembered one particularly bad beating she received when she was jumped in a group activity one day "just for being Puerto Rican."

When she ran away from home, she would often stay with her aunt who taught her, by example and instruction, to be a ruthless fighter. Sofia marveled that her aunt feared no one noting that she had stabbed an unfaithful ex-boyfriend and was unmoved when another boyfriend pulled out a gun on her during a confrontation that Sofia witnessed. Her aunt would instruct

Sofia to fight girls at the smallest provocation and taught her how to hide razors so that she could "slice" girls during fights. "She would say to me, 'If you lose this fight, I'm going to fuck you up'"--just like Tina's mother had told her daughters. Afterwards, Sofia started hitting random girls on dares or for money.

As so many others neighborhood residents described, Sofia told me that when she fights, she too blacks out from anger and regains consciousness only after having beaten someone up, and that these episodes led to several psychiatric diagnoses. When I asked Sofia where she thought her anger came from, she blamed mental illness. She told me that she had been diagnosed first with ADHD and then with bipolar disorder. She said her ADHD made her dislike school intensely and "the bipolar" made her angry. She told me she started skipping class in elementary school and dropped out in ninth grade. She had also been kicked out of various programs for dropouts because of belligerent behavior. Ambivalently breaking from the psychiatric framing of her behavior, she added, "But you gotta be this way, if you are sweet [soft] then people will take advantage of you." This suggested that although Sofia understood herself to be "crazy" she also publicly played up her mental instability, like Tina, as a form of self-protection.

Stopping to reflect a bit longer on the question, she added that some of it probably came from the sadness of having her father abandon her and the many deaths that had touched her life at a young age. Her six-year-old cousin was raped and killed by a man to whom her aunt--the fearless fighter--owed drug money. When Sofia was in her early teens, another cousin, who was also one of her closest friends, was murdered. Her best friend hanged herself. Sofia mentioned that she too had "tried killing herself" but did not elaborate. When I asked her about therapy, she told me that she did not get along well with counselors and liked to throw things off their desks

and scream at them. She admitted that she liked the Seroquel (olanzapine, an atypical antipsychotic) that her psychiatrist prescribed her though because "it makes it so I don't feel things."

The Psychiatrization of Childhood Aggression

In his 2014 book, *Saving Normal*, Dr. Allen Frances, the former chair of psychiatry at Duke and the chairman for the DSM-IV[7] Taskforce, writes that, "The CBD [childhood bipolar disorder] fad is the most shameful episode in my fortyfive years of observing psychiatry" (Frances 2014, 146). He adds that the "massive misuse of antipsychotics"--especially their use in children driven by the increasing diagnosis of CBD--is "a triumph of marketing might over common sense and good medical practice" (Frances 2014, 105). The growth of bipolar disorder (BPD) among children and the explosion of antipsychotic use which have jointly shaped the lives of the children presented in this chapter can be understood as the psychiatrization of violence among inner-city youth and another instance of accumulation through citizenship that parallels in many ways the driving forces behind the opioid crisis discussed in the previous chapter.

Many of the children presented in this chapter followed remarkably similar diagnostic trajectories. Soon after entering school, they received diagnoses of ADHD as a result of their seeming inability to focus, and hyperactivity in the classroom and at home, that parents and teachers alike described as "behaving badly" and "not being able to sit still." When their behavior failed to improve and instead evolved into explosive displays of anger and repeated fights with classmates and teachers their diagnoses were often upgraded to childhood bipolar disorder. Accordingly, they progressed from being medicated with stimulants to receiving antipsychotics. The diagnosis of bipolar disorder was so widespread--among children, and adults--that the word

had entered the everyday vernacular of the neighborhood. People would commonly use it to refer to someone who changed their minds frequently, or demonstrated disproportionately strong emotional reactions to seemingly trivial provocations. People would frequently jokingly tease each other to "stop being bipolar" and the term was applied by people to themselves, to romantic partners, and to parents regardless of whether they carried the diagnosis.

The prevalence of "bipolar" among neighborhood children and its entrance into everyday language reflected the dramatic national increase in BPD diagnoses that was especially noticeable among children. Almost unheard of prior to 1995, the diagnosis of pediatric BPD exploded in the years following. While outpatient office visits for adults with bipolar disorder doubled from 1995 to 2000, they grew more than forty-fold for children over this period (Moreno et al. 2007) and hospitalization rates for bipolar disorder among children more than quadrupled between 1997 and 2010 (Pfuntner, Wier, and Stocks 2013).

The increase in diagnoses of BPD in children directly followed a campaign by a group of Harvard Medical School (HMS) and Massachusetts General Hospital (MGH) psychiatrists challenging the purported rarity of the disorder (Frances 2014, 143–46; Whitaker 2010, 318, 324). In the year after the introduction of Risperdal--the first non-clozapine atypical antipsychotic[8] that would eventually become the standard treatment for children diagnosed with BPD--the group published multiple articles calling for greater clinical attention to this condition and the need for aggressive management, including with psychopharmaceuticals. The majority of the articles began in a similar fashion, stating the same key premises: 1) previous literature suggests bipolar disorder in children is rare, when it is actually much more common; 2) symptoms in bipolar children differ markedly from their adult counterparts; and, 3) pediatric

bipolar disorder represents an entity distinct from other diagnoses with similar characteristics such as ADHD, oppositional defiant disorder, and conduct disorder.

In redefining the phenomenology of bipolar disorder to match common symptoms observed in the pediatric population, the promoters of childhood BPD highlighted chronic aggressive behavior--a symptom not previously associated with BPD.[9] In an article emphasizing the purported distinction between adult and childhood manifestations, psychiatrist Joseph Biederman, one of the leading figures of the HMS/MGH group, commented that, "unlike adults with BPD, children with mania are seldom characterized by euphoria; most commonly they are irritable, with 'affective storms' or prolonged and aggressive temper outbursts" (Biederman 1995, 227). He added that symptoms in children suffering from bipolar disorder are "chronic and continuous rather than episodic and acute, as is characteristic of the adult disorder" (ibid.). In another paper that same year, in an effort to distinguish BPD from the more common diagnosis of ADHD, Biederman and his colleagues further elaborated the connection between irritability, aggression, affective outbursts, and BPD writing, "Of course, irritability is a common symptom in childhood psychopathology, and tantrums are common among children with ADHD. However, the type of irritability observed in our children with mania-like symptoms was very severe and often associated with violence" (Wozniak et al 1995:6). They go on to note that children carrying this diagnosis "were described in the medical charts as 'completely wild,' 'explosive,' 'extremely aggressive,' or 'creating a war zone'" (Wozniak et al 1995:6).

Despite admitting that what they described as pediatric BPD in many ways resembled ADHD more than "classic" (i.e., adult) BPD, they argued that, "these nosological questions should not obscure a key clinical point: children who meet criteria for mania have a severe clinical picture that leads to considerable psychiatric and psychosocial disability beyond that

conferred by ADHD."[10] For this reason, they suggest that "clinicians should be alert to the potential of concomitant bipolar disorder" among children who seem to exhibit particularly disruptive forms of ADHD typified by rageful outbursts, implying that the "severity" rather than the specificity of observed symptomology warranted the application of a novel diagnostic label.

Growing "awareness" of childhood BPD, and its formulation as a disorder characterized by aggression, set the stage for the expansion of antipsychotic use in the pediatric population. While formally used to treat psychotic symptoms, antipsychotics have also been used as general anti-aggression agents since their introduction in the 1950s.[11] Their use was previously restricted among children due to side-effect concerns regarding the "first generation" of antipsychotics including the development of potentially permanent irregular, jerky movements and other Parkinson's-like motor abnormalities. The purportedly more benign side-effect profile of so-called "second-generation antipsychotics" (SGA)--also referred to as atypical antipsychotics (AAP)--introduced in the 1990s, made the use of these agents more common in "aggressive" pediatric patients. Subsequent data would cast doubt on whether these newer drugs were less likely to causes the side effects associated with older antipsychotics (Bladder and Connor 2018). They would also reveal a host of new metabolic side effects including increased obesity, type 2 diabetes, and high blood pressure specific to the newer drugs.

Initially approved for the treatment of schizophrenia in 1993, atypical antipsychotics quickly became widely used as an off-label treatment for bipolar disorder a diagnosis that was much more common than schizophrenia, and consequently represented a much larger market. The formal approval of antipsychotics for the treatment of bipolar disorder in adults in 2000 further expanded their use both in adults and children carrying this diagnosis.[12] Their use for non-FDA approved indications--including ADHD and other behavioral disorders increased even

more--especially among poor children, accounting for as much as 92 percent of total prescriptions in a study of Medicaid patients across five states conducted by the Office of the Inspector General (2015, 12).[13] The expansion of approved and off-label usage made antipsychotics the most profitable drug class for the first time in 2009 (Lindsley 2010).

The explosion of the antipsychotic market can be in part understood from the perspective of accumulation through citizenship, reflecting what Jean Comaroff identifies as the production of pharmaceuticals as "the ur-commodity" as "subjectivity, sexuality, pathology, and citizenship are inflected more and more tightly by the logic of the commodity in both its productive and dystopic forms" (J. Comaroff 2007, 213). In many respects the example at hand closely resembles the growth of the opioid painkiller market. A core feature of accumulation through citizenship elaborated in the previous chapter--that is, the private corporate investment in the foundation and strengthening of particular modes of exerting claims to state resources that revolve around commodity consumption--are similarly at play in the growth of antipsychotic use among children specifically, and the growth of psychopharmaceutical use more generally. The children whose stories are documented here are part of a trend that has seen the number of children receiving SSI for disability grow from 74,000 at the program's inception in 1974 to 1.3 million in 2011, with the proportion of children qualifying based on psychiatric diagnoses other than intellectual disability rising from 5 percent of the total in 1983 to more than 55 percent in 2009 (Burkhauser and Daly 2013). Psychiatric illness has been equally important in driving the growth of adult SSI awards, representing the largest, and most rapidly growing subgroup of SSI and SSDI recipient (R. E. Drake et al. 2009). As demonstrated in this chapter, the psychiatric diagnosis of children--and adults--underlies the growth of SSI awards that are critical for

maintaining households often headed by unassisted single mothers. This is a clear example of biological citizenship rooted in psychiatric diagnosis.

The tremendous profits, mostly underwritten by public financing, are also on display. At the time of publication, Frances (2014, 104) noted that 300 million prescriptions a year were being written for psychiatric medications, producing annual revenues of $18 billion for antipsychotics, then still the leading class of psychopharmaceuticals, followed by $12 billion for antidepressants, and $8 billion for stimulants. Frances identifies increasing pediatric prescribing as a key strategy for psychopharmaceutical market expansion. This strategy, Frances argues, accounts for what he characterizes as three of four "explosive epidemics of mental disorder" since the turn of the century: childhood bipolar disorder, autism, and ADHD (ibid., 95). As in the growth of painkiller prescriptions, the net result is a tremendous transfer of wealth into private hands through public insurance as expenditures on mental health treatment reached $186 billion in 2014 with 59 percent of total costs covered by public programs, primarily Medicare and Medicaid (Mark et al. 2016).[14]

Mirroring the marketing strategy of opioid manufacturers, companies producing psychiatric pharmaceuticals similarly invested heavily in influencing professional and patient advocacy groups and prestigious professional "thought leaders." Robert Whitaker (2010), in a strident critique of psychiatry as a whole, and the overprescription of psychiatric medications in particular, notes the key role that the National Association for Mental Illness (NAMI), the main mental health patient advocacy group, played in legitimating the perspective of professional psychiatry that psychiatric disorders are primarily biological brain diseases that require pharmaceutical intervention--the so-called "broken-brain" theory of mental illness. The group was formed in 1979 by two mothers of schizophrenic sons to counter the then prevalent theory

that the disease was partially caused by detached mothers who did not attend sufficiently to their children by instead promoting a biological conception of mental illness. Whitaker notes that, "NAMI brought a powerful moral authority to the telling of the broken-brain story, and naturally pharmaceutical companies were eager to fund its educational programs, with eighteen firms giving NAMI $11.72 million from 1996 to 1999" (ibid., 279).[15]

Investigations by states such as Minnesota and Vermont also revealed that psychiatrists, as individual practitioners, received more money from pharmaceutical companies than physicians of any other specialty. And Joseph Biederman, who Whitaker (2010, 236) claims "may have been the KOL [key opinion leader] who did the most" to help expand the total market for antipsychotics by promoting pediatric bipolar disorder received $1.6 million from pharmaceutical companies between 2000 and 2007. The majority of this money came from Janssen, the makers of Risperdal. Biederman also secured a $2 million grant from Janssen's parent company, Johnson and Johnson, to found the Johnson and Johnson Center for Pediatric Psychopathology at Massachusetts General Hospital. Citing a 2002 report on the center, Whitaker notes that Biederman explained that the center "was a 'strategic collaboration' that would 'move forward the commercial goals of J&J [Johnson and Johnson]'" and that the center's research would "alert physicians to the existence of a large group of children who might benefit from treatment with Risperdal" and "provide further support for the chronic use of Risperdal from childhood through adulthood" (ibid.).[16]

Interestingly, neither Frances nor Whitaker--two of psychiatry's most vocal and powerful contemporary public critics--draws a parallel between the explosive growth of psychopharmaceutical prescribing and skyrocketing opioid prescriptions and overdoses that were already commanding significant public attention when *Saving Normal* and *Anatomy of an*

Epidemic were published despite the almost identical chronologies of the two "epidemics" following the approval of flagship drugs--Risperdal in 1994 and OxyContin in 1995. (The reverse is also surprisingly true: almost none of the accounts of the opioid crisis acknowledge the close parallels with the explosion of psychiatric disability and prescriptions). The elision is especially noteworthy in Whitaker's case since he takes explaining the growing rates of psychiatric disability in recent decades as his book's motivating task, though he does not note that overall disability similarly increased, driven as much by diagnoses of physical as well as psychiatric illness.

The analysis in this and the previous chapter, however, reveal these two phenomena to be closely linked as diagnoses related to psychiatric illness and chronic pain simultaneously drive disability rates by qualifying individuals for a form of biological citizenship that in both cases paradoxically proves to be poisonous. The close interrelation between these phenomena is further demonstrated by epidemiological data that shows that a large portion of opioid overdoses occur in combination with anti-anxiety medication (Jann, Kennedy, and Lopez 2014; Gladden et al. 2019), which synergistically depress the respiratory rate dramatically increasing the risk of death. The co-occurrence of these substances in overdoses also reflects the overlap in psychiatric and physical symptoms of distress in many patients.[17] Like chronic pain, the diagnosis of anxiety is highly subjective, may help qualify individuals for SSI/SSDI, and earns prescriptions for medication that are also commonly resold in the street. The ambiguous status of these diagnoses makes them easy targets for expansion by pharmaceutical companies, and it is no coincidence that the Sackler family, the owners of Purdue Pharma, pioneered their aggressive marketing techniques first with the benzodiazepine anti-anxiety drugs Librium and Valium in the 1960s and 1970s, making the latter drug the top selling pharmaceutical in the United States from 1969 to

1982 (Keefe 2017; Calcaterra and Barrow 2014), before eclipsing this early success with OxyContin two decades later.

Madness as Capital

In his essay, "The Forms of Capital" (2002 [1986]), Bourdieu conceives of multiple types and subtypes of capital adding the concepts of "cultural capital" and "social capital" to the more commonly recognized strictly economic form. While unique in their characteristics, each may convert into the other forms. Further subdividing the class of cultural capital, he defines its embodied form as the set of "long-lasting dispositions of the mind and body" that are socially valued and therefore facilitate advantage. Bourdieu notes that he was inspired to develop the concept of cultural capital to help understand disparities in academic achievement between social classes. In this setting advantageous dispositions might include the verbal capacity to articulate desires politely, the bodily ability to sit still and focus on school work, and the predisposition to grant deference to teachers under all circumstances.

Generally concerned with the cultural and social bearings associated with and reproductive of privilege through the school system, Bourdieu pays less attention to the forms of capital adjusted to the exigencies of life facing the lower classes. Bourdieu's analysis can be productively extended by following Kleinman's (1992, 172) call to attend to the "local moral world" of actors so that we can identify the distinct specificity of what is "most at stake" for them, recognizing that these moral worlds are formed within the particular structural and political conditions shaping the lives of the inner-city poor. This focus allows us to ask how the moral world of residents of Puerto Rican North Philadelphia--as well as the material forces shaping it--might determine what locally operates as capital. Certainly, within the academic

field, the predisposition to black-out rage demonstrated by the children in this chapter might be viewed as a form of negative cultural capital that all but guarantees academic failure while simultaneously qualifying as psychiatric illness. However, outside of the classroom, in the midst of the physical and economic insecurity shaping the local worlds of ghetto residents, the capacity for rage takes on a different meaning entirely.

We have already seen how, in a setting with few formal employment opportunities, explosive rage, as a disposition of habitus, manifested in affect and action, operates as economic capital when psychiatric diagnosis converts it into debilitating mental illness qualifying for SSI and SSDI. But this same disposition also operates as cultural and social capital. This is most obvious in the context of the inner-city drug trade that dominates the public space of the neighborhood and to which many of the children growing up in North Philadelphia will graduate when they find other less dangerous employment inaccessible. This is the insight expressed by Bourgois ([1995] 2003, 24), who in analyzing the public displays of violence among Puerto Rican crack dealers in New York City, offers that, "Behavior that appears irrationally violent, 'barbaric,' and ultimately self-destructive to the outsider, can be reinterpreted according to the logic of the underground economy as judicious public relations and longterm investment in one's 'human capital development.'"

Publicly broadcasted psychiatric diagnosis of such behavior further certifies for others that stores of uncontrollable rage are just beneath the surface. One of the young men on Sterling Street made this clear when he explained how reputations of diagnosed insanity help underwrite the power of drug-bosses even after violating social injunctions that would normally provoke ostracism and violent retribution:

Luis: [Dario] a rat [police informant]. Dario took the stand on [testified against] Martin. Then he tell everyone on the stand, "Yeah, I don't give a fuck I'm a rat, call me what you wanna call me. 'Cause when I come home ain't nobody gonna do shit." And niggas are scared of him 'cause he came home and nobody doin' shit. Everybody out here got picks and chooses, they know who to start with and who not to start with. Nobody doin' nothin' to him 'cause he crazy. Like, he *really* crazy, like, he get SSI. His mind really not there. If you was to sit here and bust it up with him [make jokes], he won't laugh.

The same psychiatrically recognized capacity for rage also gives individuals the self-confidence to confront danger in the street as in the case of Tina standing at her doorstep with a machete in hand ready to intervene on behalf of her boyfriend or Sofia's readiness to fight on behalf of her friend. These examples reveal that diagnosable rage operates as a form of cultural capital adjusted to the challenges of survival and advancement presented by the inner city.

Diagnosable, explosive, "blackout" rage also functions as a form of social capital in a moral economy of violence (Karandinos et al. 2014) in the neighborhood. Here, assistive violence is mobilized on behalf of others to strengthen social ties and expand relational networks. It circulates among other resources in a broader gift economy that reinforces neighborhood relationships. This was evident, for example, when a low-status heroin buyer who had become friendly with some of the dealers on Sterling Street eagerly punched another addict when he insulted the mother of one of the dealers: he was offering violent support to reinforce his tenuous new relationship with the higher status dealers. The willingness to mobilize violence on behalf of others is proudly referred to as being a "rider." It is often acquired in childhood

while learning to defend siblings, as in the cases of Robert and Tina above and is reflected in the public declaration by Ronald, the organizer of the pediatric boxing matches, that, "This is how we learn so we can fight niggas from other blocks!" The imperative to mobilize assistive violence extends to other social relations as well. Olivia, a neighborhood resident in her early twenties, explained how it also formed part of the understood commitment between romantic partners demonstrating that commanding violence was not only central to being a "real man" but also a "real woman."

> **Olivia**: I don't know how the females that you fuck with [spend time with], how they chill [what they are like]. But down here it's different. If you got a chick that rides, even if you're fighting a dude she going to jump in regardless. She not going to be scared of how hard he hit.

Further explaining the imperative to put one's body on the line for one's social relations beyond family, Olivia explained that after she became friends with her neighbor Ana's son, she asked him to introduce her to his sisters so that she could keep an eye out for them around the neighborhood.

> **Olivia:** 'Cause that's my friend's sister. Just in case I see some bitch get rolled on [assaulted by multiple people]. Let me make sure that it's not her.
>
> **Ana:** [Nodding approvingly] That's how we do around here. People we stay tight with, we introduce them to our kids just in case something happens.

'Cause you never know. Someone might be jumping her and my kids see her and they'll take care of her.

Olivia: Even though I never spoke to her before, I know that's my bol's sister. It's like, you see me getting rolled on even though you never talk to me, but you chill with my brother. You gonna walk by while these bitches roll on me, or is you gonna stop and help? You gonna stop and help, right? Cause if you just keep on moving, that just makes you real corny.

These examples reveal that, in addition to personal cultural capital, the capacity for violence operates as a form of social capital supporting dense networks of protective sociality. The ever-present physical insecurity, the exigencies of the illicit drug market, and the unreliability of police protection shaping the local worlds of ghetto residents transforms the expectation to provide assistive violence into a moral imperative. The strength of this imperative becomes especially visible when expectations are not met. This was apparent when Justin, one of the previously well-liked and respected Cliff Street hustlers completely lost status after he failed to defend the block during a chaotic midday gunfight. The following exchange between Vanessa and Amir, a fifteen-year-old hustler, who, unlike Justin, had eagerly fired his gun during the shootout, makes clear the depth of Justin's failure.

Vanessa: That nigga [Justin] a bitch. He didn't do shit yesterday, he just stood there stuck. "Yo, nigga why you got a gun if you aren't going to use it. Bust [fire] that shit!" Nothing! Pete [Cliff Street's bichote] said he was going to fuck him up for that.

> **Amir**: That nigga froze! My man had to take the burner [gun] from him and start dumpin' [shooting]. Pete said that nigga is gonna get it: "If you don't move, you get moved on." I was bustin'! "Bang, bang" [waving his outstretched arm as if spraying bullets with an imaginary gun]. I ain't no pussy. This shit ain't nothing new to me!

Justin's hesitancy cost him his job on the block, his masculine identity and social status and put him at risk of violent retribution for failing to behave appropriately.

The Symbolic Violence of Psychiatric Diagnosis

Writing about the "state of rage" among Algerians living under French rule, psychiatrist, anthropologist, and anti-colonial revolutionary, Franz Fanon ([1963] 2004, 17) directly addressed the intersection of political domination, interpersonal aggression, and the psychiatric misrecognition of violence. He writes that "the colonized's affectivity is kept on edge like a running sore flinching from a caustic agent... and finds an outlet through muscular spasms that have caused many an expert to classify the colonized as hysterical" (ibid., 19). Circumscribed to the native quarters of the colonial city and the impoverished countryside, this politically produced "state of rage" is directed inwards to those most proximal as the colonized subject trains the "aggressiveness sedimented in his muscles against his own people" (ibid.,15). Rejecting the interpretation of colonial psychiatrists that saw the murderous rage that exploded at the seemingly smallest provocation as a constitutionally endowed mental illness, Fanon directly connected the involuted violence of the colonized to the indignities and threats imposed by colonialism:

> We have demonstrated that in the colonial situation the colonized are confronted with themselves... when exhausted after a sixteen-hour day of hard work the colonized subject collapses on his mat and a child on the other side of the canvas partition cries and prevents him from sleeping, it just so happens it's a little Algerian. When he goes to beg for a little semolina or a little oil from the shopkeeper to whom he already owes several hundred francs and his request is turned down, he is overwhelmed by an immense hatred and desire to kill-and the shopkeeper happens to be an Algerian...
>
> Exposed to daily incitement to murder resulting from famine, eviction from his room for unpaid rent, a mother's withered breast, children who are nothing but skin and bone, the closure of a worksite and the jobless who hang around the foreman like crows, the colonized subject comes to see his fellow man as a relentless enemy... The strongest birds gobble up all the grain while the less aggressive grow visibly thinner. Any colony tends to become one vast farmyard, one vast concentration camp where the only law is that of the knife... Stealing dates, therefore, or allowing one's sheep to eat the neighbor's grass is not a disregard for property rights or breaking the law or disrespect. They are attempts at murder (ibid., 230-2).

For Fanon, the very struggle over the interpretation of the Algerian "state of rage," manifested in intra-ethnic violence, is central to his idea of liberation. Liberation, he reminds us, is not simply an end to political domination but also the freeing of consciousness. This full

liberation cannot be achieved until Algerian violence is denaturalized and de-essentialized by Algerians themselves. The final analysis must show then that, contrary to the views of colonial psychiatry, "The criminality of the Algerian, his impulsiveness, the savagery of his murders are not, therefore, the consequence of how his nervous system is organized or specific character traits, but the direct result of the colonial situation" (ibid., 233).

To transform the effects of such violent hierarchies of power into individually located psychiatric illness represents a distortion that, as Arthur Kleinman notes in his essay *Violence, Culture, and the Politics of Trauma* (1995), "invalidates the moral and political meanings of suffering" by obscuring the local moral worlds of individuals experiencing socially produced violence (ibid., 177). In his earlier study of psychiatric illness in post-Cultural Revolution China, Kleinman (1986, 184) found that casting politically and morally structured suffering as the neuropsychiatric illnesses of neurasthenia represented an ineffective medicalization of "psychosocial problems as disease" that "centered attention on their somatic manifestations." In his account, like in the one I have given here, these distortions are particularly troubling because these diagnoses both acquire authority to define official recognitions of disability and set the terms for how subjugated populations interfacing with bureaucracies controlling access to crucial resources come to understand themselves and the worlds they inhabit (ibid., 147).

Writing more generally about violence, but fully aligned with Fanon and Kleinman's demand to recontextualize its most visible manifestations, Nancy Scheper-Hughes and Philippe Bourgois (2004) argue that gratuitous aggression must be theorized as part of a continuum of less immediately perceptible forms of violence that operate across multiple scales. The less visible forms, including those that Paul Farmer (2003, 2004) terms "structural violence," are often intimately connected to and generative of interpersonal aggression as one form of violence

produces another, for example, when "the violence of poverty, hunger, social exclusion and humiliation--inevitably translates into intimate and domestic violence" (Scheper-Hughes and Bourgois 2004, 1). Because, as Fanon also notes, structural forces, like segregation and concentrated poverty, pen in individuals, the oppressed themselves "become the local agents administering the destruction of their surrounding community" (Bourgois 2004, 303). The hypervisibility of the resulting local violence, when analytically decoupled from the relatively opaque motivating structural forces, sets the stage for the further insult of what Bourdieu calls "symbolic violence"--the violence that results from the misrecognition of structures of domination as natural (Bourdieu and Wacquant 1992, 167).

The diagnosis of children like Agustin, Gabriel, Luz, and Sofia as psychiatrically ill represents a misrecognition of the effects of the structural violence of "US inner-city apartheid" (Bourgois [1995] 2003) as a biopsychopathological process not unlike the diagnosis of colonial subjects as "hysterical." But the capacity for black-out rage cultivated in childhood, and persisting into adulthood, is socially and politically produced violence that reflects both the effects of early and repeated exposure to violence and the local stakes of commanding violence. Rage is an affective state that endows inner-city residents with the critical capacity to defend themselves, and those dear to them, amidst the tremendous insecurity imposed by US inner-city poverty while preparing them for participation in the neighborhood's most accessible form of employment--street drug dealing. In confrontation with disciplinary institutional fields like the school and legal systems this capacity is reinterpreted as psychopathology requiring heavy duty pharmaceutical management. This is further complicated by the fact that certified psychopathology represents a medium of access to social and financial supports otherwise not afforded to the poor simply on account of their poverty. The psychiatrization, and subsequent

pharmaceuticalization, of displays of anger and aggression reifies social suffering as biological pathology. This reification is motivated by logics of both discipline and accumulation as well as those of biological citizenship. Unlike in the socio-psychiatry advocated by Fanon, the political, economic, and social context of ghetto rage becomes marginalized through medicalization in favor of pharmaceutical treatment. To the extent that parents, and individuals themselves, accept these decontextualized diagnoses as primary explanations for their capacities for rage, these diagnoses also represent a medium for producing the symbolic violence that results from the misrecognition of the conditions of structural violence that produce these dispositions to rage in the first place.

Notes

[1] U.S. Census Bureau. Disability Characteristics, ACS 2017 (5-Year Estimate). Prepared by Social Explorer.

[2] See p. 84-7 in Ch. 1 for a full description of the hierarchy of positions in a typical drug block in Puerto Rican North Philadelphia. As described there, a caseworker is the individual who collects drug sales money from the street level dealers and replenishes their supplies with additional bundles of heroin since street dealers normally avoid having more than one or two bundles of heroin on them at a time to reduce their legal punishment if they are arrested and to prevent a large loss if they are robbed. Caseworkers generally select individuals to work as street dealers and as such control local employment and occupy one step up in the hierarchy of the drug trade relative to the street dealers. Typically, they are previous street dealers who have been promoted. Often, they serve as look-outs during their assigned shifts and sometimes they also steer customers to the street dealers, as Celeste is doing here, though these two additional functions are inconsistently performed and not considered core responsibilities in most cases.

[3] The neighborhood specific shooting and murder rates were calculated by Joseph Friedman, University of California, Los Angeles using crime data and census map boundaries made available by the city of Philadelphia at https://www.opendataphilly.org/dataset/crime-incidents and https://www.opendataphilly.org/dataset/census-tracts respectively.

[4] As mentioned on p. 59 in Ch. 1 according to data from the FBI, the Philadelphia Police Department and the Chicago Police department Philadelphia has had the highest murder rate among American cities with a population greater than one million from 2003 until end of 2018 (the most recent data available), except from 2015-2017, when it trailed only Chicago.

[5] The reliance on lawyers to win claims through bureaucratically arcane processes highlights the way that the structure of claims making--the specific mechanisms of formulating, presenting, and defending claims--further creates opportunities for profit that draw in additional private actors. The legal system thus becomes a key space of accumulation predicated on the exploitation of poverty, a phenomenon which has been more frequently analyzed from the perspective of carceral capitalism (see for example the discussion of the logics of accumulation driving the private bail system in New Orleans in (Williams 2017), my discussion of Williams's argument on pp. 21-2, as well as the section entitled "Carceral Accumulation" in Chapter 5 of this dissertation, pp. 133-138). Note that the source of payment here is the state since lawyers take a cut of settlements, rather than payment from the poor, so while the large majority of poor criminal defendants rely on public defenders on the state payroll, they are able to contract private attorneys when litigating disability appeals. Again, it is the capacity of the poor as claimants on the state that serves as the source of value, rather than their ability to raise legal costs through legal employment or other means.

[6] Some of the errors in word selection and syntax in Sara's children's speech are a result of literal on-the-fly translations from Spanish to English. For example, Luz was likely thinking of the Spanish phrase "*directamente en mi cara*" when she said "right on my face" and "*dispararon tres veces al muchacho*" when she said "shot three times a guy." Gabriel had better control of English than his two siblings and occasionally teased them for making these sorts of errors as in the passage a few pages below when he corrects Luz's statement that she was "in [from *en*] the wall crying" and Adrian's statement that his teacher hit him "versus [from *contra*] the wall." Luz and her siblings grew up speaking Spanish primarily. Their mother, Sara, was essentially a monolingual Spanish-speaker.

[7] The Diagnostic and Statistical Manual of Mental Disorders (DSM) contains the official nosology of psychiatric illnesses per the American Psychiatric Association and its diagnostic categories are used for research, clinical care, and insurance billing. First published in 1952, it has undergone significant transformation over the decades, redefining categories of psychiatric illness as well as adding entirely new entities and removing others, reflecting the unstable ontology of mental illness. The most recent edition, the DSM-V, was published amid significant controversy in 2013 with numerous critics citing a lack of transparency, conflicts of interest, overly broad definitions of mental pathology, and poor methodology. See Welch et al. (2013) and Wakefield (2016) for summaries of the various controversies surrounding the DSM-V's publication.

[8] Braslow and Marder (2019) provide an excellent overview of the history of "first" and "second" generation antipsychotic development, among other psychiatric drug classes. Clozapine was the first of the so-called "atypical" or "second generation" antipsychotics, a purportedly new class of drugs distinguished from their earlier counterparts by greater efficacy and fewer side effects. Synthesized in 1958, human trials in the 1960s showed the drug to be efficacious in the treatment of schizophrenia without producing the devastating side effects associated with older drugs; however, in 1975, a previously unrecognized lethal side-effect killed eight patients leading to the

halting of production of the drug. Continuing concerns with the side-effects of older antipsychotics, and the lack of new alternatives, eventually led to a renewed interest in clozapine, and in 1984, the drug was reevaluated in human trials, this time with strict, frequent blood monitoring for the development of the potentially lethal side effect. Thirty-two years after its synthesis, clozapine entered commercial use in 1990. The success of clozapine made its chemical profile--which demonstrated greater serotonergic and less dopaminergic activity than earlier drugs--a model for subsequent antipsychotic drug development. Risperidone, synthesized in 1984 and made commercially available in 1993, was the first such drug synthesized with this new model in mind. Recent re-analyses of the efficacy of non-clozapine second generation antipsychotics (Leucht et al. 2009), however, have cast significant doubt on their distinctiveness from earlier drugs leading some (Tyrer and Kendall 2009) to dub the label a marketing gimmick reflecting a "spurious advance" in antipsychotic therapy.

[9] The DSM-V (American Psychiatric Association 2013, 123–39) criteria for the diagnosis of adult bipolar disorder require a history of major depression and at least one episode of mania (Bipolar, Type I) or hypomania (Bipolar, Type II). These episodes are "distinct periods of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy" characterized by features such as inflated self-esteem, dramatically reduced need for sleep, heightened talkativeness, thoughts and speech that race from topic to topic, and reduced inhibitions for activities that carry a high risk of negative consequences. The distinction between hypomania and full-blown mania is the duration of symptoms and the degree of impairment that results. As discussed in the main text, these features were deemphasized in defining bipolar disorder among children in favor of more general symptoms of childhood distress--like irritability and aggression--resulting in an entity that was hardly recognizable as related to the adult form.

[10] Establishing a symptomological continuum between ADHD and CBD paved the way for the expansion of the latter category on the back of the already widespread diagnosis of the former. This operation recalls Andrew Lakoff's (2004) analysis of the growth of antidepressant use in Argentina. Lakoff found that a major pharmaceutical company strategy was to convince Argentinian physicians to substitute new and expensive antidepressants for older tranquilizers in the treatment of patients already diagnosed with psychiatric illness. He argues that redefining what kind of (pharmaceutical) care is indicated in a given clinical scenario is as much a technique of market expansion as are producing new entities or increasing rates of diagnosis, though these processes are often closely intertwined as in the case of CBD.

[11] An early advertisement for Thorazine, the first antipsychotic which was released in 1952, reads: "When the patient lashes out against 'them'--THORAZINE (brand of chlorpromazine)--quickly puts an end to his violent outburst" (López-Muñoz et al. 2005, 126). An advertisement from a 1974 issue of the *Archives of General Psychiatry* shows a drawing of an angry black man with raised fists that reads: "Assaultive and Belligerent? Cooperation often begins with HALDOL (haloperidol)" (Metzl 2009, xiv). This latter image is reproduced in Jonathan Metzl's study of how schizophrenia became a "black disease" as the diagnosis was increasingly applied to "aggressive" black men whereas it had historically been applied to middle-class, melancholic white women. Metzl links this transformation to public fears provoked by the rise of black power movements and the urban unrest of the civil rights era.

[12] Sohn et al. (2016) show that the use of atypical antipsychotics (AAPs) increased abruptly each time a new indication was approved by the FDA (i.e., schizophrenia in 1993, bipolar I disorder in 2000, and depression in 2003), but that the majority of the increase was for off-label use rather than for one of the FDA approved indications. The largest proportional increase occurred between the approval of AAPs for the treatment of schizophrenia in 1993 and their approval for bipolar disorder in 2000, with AAP use increasing fivefold over this period. Between 2007 and 2010, only 34 percent of antipsychotic use was for FDA approved indications, the majority of which (16 percent) was for bipolar disorder. Among the 64 percent of antipsychotics prescribed for off-label use, the leading diagnosis (24 percent) was ADHD.

Olfson et al. (2012) found that from 2005 to 2009, ADHD and other disruptive behavior disorders accounted for 63 percent of antipsychotic use among children under 14 years of age. A subsequent paper with similar findings concluded that "clinical diagnosis patterns are consistent with management of developmentally limited impulsive and aggressive behaviors rather than psychotic symptoms" (Olfson, King, and Schoenbaum 2015).

[13] The US General Accountability Office (2012, 19) also found that children on Medicaid were nearly three times as likely to receive antipsychotics for any indication compared with privately insured children, while children in the foster care system were nearly thirteen times as likely to be prescribed antipsychotics, according to the Department of Health and Human Services' Administration for Children and Families (ibid., 26). The percent receiving antipsychotics in each group of children were 1.3 percent, 0.5 percent and 6.8 percent respectively. Children in foster care were also more likely to receive multiple antipsychotics simultaneously, despite no studies

supporting this practice in the medical literature, and to remain on antipsychotic medication for longer durations (dosReis et al. 2011).

[14] The $186 billion spent on mental health treatment in 2014 does not include an additional $34 billion dollars spent on the treatment of substance use disorders, approximately 45 percent of which was covered by public insurance.

[15] A more recent report by the New York Times found that between 2006 and 2008, NAMI received nearly $23 million in donations from the pharmaceutical industry amounting to approximately 75 percent of their total donations over this time period (G. Harris 2009).

[16] Whitaker excerpts these quotes from the 2002 Annual Report from The Johnson and Johnson Center for Pediatric Psychopathology at the Massachusetts General Hospital directed by Joseph Biederman. The original text of the report is available at https://highline.huffingtonpost.com/miracleindustry/americas-most-admired-lawbreaker/assets/documents/8/biederman-center-2002-annual-report.pdf.

[17] McWilliams et al. (2003) analyzed a nationally representative sample and found that among patients carrying chronic pain diagnoses, 20.2 percent also were diagnosed with depression and 35.1 percent were diagnosed with an anxiety disorder, both roughly double the rates of these diagnoses in the general population.

Chapter 5: Mothers Under Pressure

Introduction

All the mothers of the children with disabling psychiatric illness presented in the previous chapter also carried multiple psychiatric diagnoses themselves. In particular, they all shared with their children the diagnosis of bipolar disorder (BPD). Tina and Paula, the women who sold a portion of their painkiller prescriptions discussed in Chapter 3, also carried this diagnosis (as did one of Paula's two daughters). This reflects the sharp rise in diagnoses of BPD among all ages over the last twenty years (Moreno et al. 2007; Blader and Carlson 2007). The shared psychiatric morbidity between mothers and their children prompts a set of interrelated questions. On the one hand, it raises questions about how mothers make sense of and attempt to manage their own emotional distress. On the other hand, it raises questions about how mothers understand and deal with the behavior of their children while facing the intense pressures of parenting in the setting of dire urban poverty. Furthermore, shifting attention from children to mothers provides an opportunity to explore: 1) the gendered dimension of inner-city violence; 2) the local resonance of psychiatric diagnostic categories; and, 3) the deployment of psychiatric medications as intimate disciplinary technologies.

To address these issues, this chapter takes a deeper look at the experience of Celeste, one of the mothers presented in the previous chapter. Focusing on the experience of mothers such as Celeste reveals that the interface between parenting, psychiatric diagnosis, and pharmaceutical use cannot be understood without foregrounding the intense pressures faced by mothers raising children with little assistance in the US inner city while coping with their own often extensive histories, and ongoing experiences, of violence, abuse, and bodily and economic insecurity.

Psychiatric diagnoses emerge as a way for mothers to make sense of the consequences of their own histories of abuse while also offering a pathway to access one of the only remaining forms of state-sponsored parental assistance available to the group most harmed by social welfare reform. Psychopharmaceuticals, in particular, must be understood as part of this limited, and ultimately woefully inadequate, package of assistance offered to poor mothers to help them manage their own affects and their children's behavior. The limits of this restricted form of publicly supported parental assistance throws into sharp relief the broader abandonment of poor mothers in the United States.

The Vulnerability of Early Motherhood

Celeste had Kevin, her first child, when she was sixteen years old. Two years later, she became pregnant with Vera. Celeste's mother strongly encouraged Celeste to put her soon-to-be-born daughter up for adoption. At first Celeste agreed, but after giving birth she regretted her decision and terminated the adoption process. Celeste's mother was furious with her change of heart. She insisted that Celeste leave Kevin and Vera under her care as a condition for a loan of several hundred dollars that Celeste needed to rent a room in a subdivided apartment to avert impending homelessness. Celeste's mother reassured Celeste that she would care for the children until Celeste found a job and saved up enough money to afford an apartment suitable for the children. Celeste approved the arrangement but soon became suspicious that her mother was maneuvering to permanently take the children away from her when she started to complain that Celeste was visiting and calling too frequently. "I really felt like she had snatched my kids from under my nose," Celeste said. Desperately missing her kids, and expecting that she would soon lose permanent custody, Celeste turned to the man she was then seeing and told him that she

wanted to have another child. Soon, Celeste was pregnant with her third child, Leah. Her mom's rage at Celeste's third teenage pregnancy overshadowed the anger following Vera's cancelled adoption.

> **Celeste:** When I got pregnant [with Leah], I told my mom. First time in her life she put her hands on me. She was pushing my stomach. I told her, "Yo, if I lose this baby, I'm gonna kill you." The next day she went out and got a temporary restraining order on me. It could have been up to three years but they was like, "If you agree to it, it'll just be for a year." I said, "Yeah, but she got my kids, how's that gonna work?" They put in it that I couldn't go there [to her mother's house], but I could call. "Ok, I can talk to my son, but how am I gonna talk to a three month old?" And I could see them but [only] if she would drop them somewhere, which she never did. The last time I seen Vera, she was three months old. The next time, she was a year and three months.

Totally cutoff by her mother, alone, and pregnant with her third child, Celeste returned to bouncing between the homes of friends, romantic partners, and homeless shelters. Finally running out of housing options, Celeste presented herself to an inpatient drug rehab facility as an addict of multiple hard drugs who was imminently homicidal and suicidal. Here she met Ricky, the twenty-five-year-old man whom she would come to view as her first husband.

> **Celeste:** I was in the rehab 'cause I was homeless. I didn't have nowhere [else] to go, 'cause I had got kicked out of a shelter for fighting. They wasn't

gonna take me because it was like drug rehab slash mental [psychiatric facility]. "What kind of drugs do you do?" I told them, "Yo. You can write down whatever, dope [heroin], rocks [crack cocaine]. I do all that shit." Mind you, I just smoked weed at the time. But yet and still, I needed to be there. I didn't really have nowhere to live. [Finally] I had to go in there like, "Look, if y'all don't take me, I'm gonna kill twenty-five people and then myself!"

Ricky was a crackhead. I didn't know that at the time. I was two or three months pregnant [with Leah] when I met him. The first thing I said to him was, "I'm pregnant right now, and I got two kids at home." He was like, "I'll take care of all y'all!" And I was having problems over there [at the rehab]. I don't know why, but yo, I got problems with motherfuckers that are... I don't know if I should say "authority," but above me that wanna fuck me. And then if I don't fuck 'em, it's a problem. Like, "I'm not gonna fuck you if I don't want to!" So the dude that ran the organization that's supposed to help us, he was really buggin' me [for sex]. No, that's not gonna happen. He got cursed the fuck out [by Celeste]. Ricky was like, "Yo, you don't gotta take that. Come stay with me." "Nigga, you don't live nowhere! You here with me!" He's like, "Oh, but I can get a room for rent."

The rehab attempted to transfer Celeste to another facility after she finally exploded at the manager to deter further sexual advances. Again, she faced the same problems of not being sufficiently drug addicted or mentally ill to gain admission. Pregnant, tired of homelessness, and unable to convince the gatekeepers of the limited services available to her that she suffered sufficiently and specifically as a result of drug use or mental

disturbances, Celeste acceded to Ricky's romantic advances and offers to establish a new household together.

> **Celeste:** Nowhere would take me 'cause I wasn't a "major drug addict," and to them I wasn't crazy enough. I think I'm crazy enough! But where they was trying to send me said like, "You don't have enough problems." "The fuck you gonna tell me I don't have enough problems! I know what my fuckin problems are. I'm homeless. Just because I'm not dirty homeless don't mean nothing. I'm a drug addict! Just because I'm not a crackhead or a dopefiend... Isn't marijuana a drug? I'm addicted to it! My mental state... I will kill somebody. I tried to kill myself. Like, "How I don't fit your criteria?" Nowhere would take me. So, I called Ricky and said, "You can get that room?" I moved in with him and... it's been rocky ever since. He was bipolar like me, you know there was gonna be problems.

These early encounters with unsympathetic social services demonstrate the tremendous institutional pressure for fashioning oneself as a psychiatric subject. For Celeste, it was an early example of the stakes of rendering oneself legible to a state with a narrow compassionate carveout for those whose suffering had been officially certified by diagnoses of severe mental illness. Celeste's self-fashioning as a psychiatric subject worthy of state care highlights the subjectifying pressures exerted by stringent criteria for state-recognition, shaping the terms in which vulnerable subjects might understand and present themselves. As a vulnerable single mother ultimately unable to prove her worth for much needed social assistance, Celeste was

pushed toward accepting another deeply gendered, and highly precarious, survival strategy: forming a household around a romantic relationship with a man she barely knew.

Intimate Abuse on top of State Neglect

This classically gendered form of vulnerability exposed Celeste to abuses that she did not anticipate at the time she moved with Ricky to Cliff Street. The violence, poverty, and public drug selling and consumption that Celeste encountered in her new neighborhood startled her. She had grown up in a more-or-less stably working-class, semi-suburban neighborhood of Philadelphia that had low rates of street violence and no public street drug market. "I never seen a bundle of dope or a crack rock before I moved to Cliff Street," Celeste remembered. Despite the harshness of the neighborhood, Celeste was relieved to no longer be homeless and to have found a romantic partner that eagerly offered to care for her and her children.

This very brief idyll, always more hoped for than realized, came to a jarring end when Ricky relapsed into crack and alcohol use and beat Celeste for the first time. This was the beginning of nearly a decade of vicious domestic abuse that at its worst included frighteningly believable threats from Ricky to kill Celeste and her children. Celeste quickly learned to fight back against Ricky drawing on a growing personal store of explosive rage to power her through her life-or-death domestic battles. These brutal altercations were frequently witnessed by her children, compounding the violence they were exposed to in the North Philly streets.

> **Celeste**: Ricky used to smoke rocks back in the day, he did powder [cocaine], he used to drink a lot. He was a fucking *monster* when he was drunk. The beast would come out of him! It has been plenty of times that this nigga has

pulled a knife on me. He stabbed me right here [pointing to her arm]. But I got that knife off of him and I almost stabbed him in his motherfucking neck. My son stopped me, "Mommy no!" I punched through a motherfucking TV because of this nigga. He kept smacking the back of it. I said, [raising her voice loudly, reliving the moment] "Yo, if you want to keep hitting it, hit it like a fucking man!" And I punched it twice and the second time my hand went straight through. That is why I have this right here [points to a scar across her right knuckles]. When I pulled my hand back, my shit was leaking because the whole skin had come off. My kids is standing there just screaming and crying.

My baby daddy used to tell me all the time, "I'm gonna kill you. I'm gonna set the house on fire with you and the kids in it." I don't think he was really gonna kill the kids, but he definitely got it in him to kill me, and I definitely know that I got it in me to kill him. Cause you know domestic abuse only ends one way. I used to tell him that all the time. "The way this is going to end is one of us is going to be in a body bag and one of us is going to be in jail. And who the fuck knows which way it is going to go."

He had choked me with his hands. I can't choke him like that. But I had grabbed a cell phone charger when he got off of me and I put it around his head and pulled it. I watched him turn all types of shades of blue and purple. I'm telling you, it was God that made me let go of that wire. I almost killed him! I never thought that I could kill somebody unless they're trying to hurt me. But I never really looked at my babypop as hurting me. I don't know why. I was with him

from nineteen to twenty-eight and he was the first real relationship I had. A guy had never put his hands on me before. I wasn't used to that shit.

My people's used to tell me, "You're a battered woman." I said, "No, I'm not." To me, battered womens was the one you see on the [TV] shows. The ones that don't fight back. The ones that get fucked up. When I used work at Save-a-Lot [a local supermarket], my coworker used to come in with black eyes and finger prints everywhere. To me, *she* was a battered woman. I'm going through the same shit at my house, with my man. But I'm not getting fucked up to that extent, so I'm giving her advice. "You better leave him!"

My best friend tells me, "How come you can give her that advice, but you can't take it yourself? 'Cause you're a fucking battered woman too!" So, it took all them years for me to really look at my situation, and think, "Maybe I am." Like my mom said, that's the mentality of a battered woman. My mom been trying to get me to go to therapy for so long. I know I need it.

Despite the escalating abuse, Celeste explained that she did not want to leave the most stable living arrangement she had managed to secure in the last several years and celebrated her own ability to defend herself. Celeste thought that fighting back as hard as possible, tempered Ricky's most violent outbursts. Her reliance on her growing stores of explosive rage for survival provided additional insight into the more specifically gendered life-or-death stakes for the performance of violence and the ability to explode with anger explored in the previous chapter. One of her neighbors, Yolanda, echoed Celeste's stories with her own accounts of fighting back against an abusive boyfriend. Sara, Tina, and Sofia, the other women presented in the previous

chapter, at other times shared similar stories of fighting back against abusive boyfriends, as did many of the other female residents of Sterling and Cliff Streets.

Celeste: It was a pride thing and a money thing. On the pride note, it was "You are not going to make me leave my house just because you do not know what to do with your hands." I will stand there and fight you. And I would say, six out of ten times he was the nigga that ended up lumped up. I know how to hold my fucking hands [how to fight]. You can ask these motherfuckers around here. The cops told me one time if they had to come back to this house that I was going to jail, because he had lumps and shit all over his head. I am like, "Yeah, but he hit me first. It's not my fault that I got the better of him." What I'ma do? Just sit? Like them drawers, and every one of those cabinets in there, is fucking broke because he done swung it at me.

Yolanda: [Interjecting] My ex-husband broke walls and I broke doors. Yeah I did! I wasn't gonna let the motherfucker whoop my ass. And I locked him up, too.

Celeste: Yolanda, you funny as shit [slaps her five]. Yo, this nigga tried to push me over the railing up there. I had hair dye in my hair, and he grabbed my hair and smeared it [in my eyes] so I was blind. He tried to push me over the banister backwards. I grabbed the hammer, and I FUCKED HIM UP [voice rising with anger at the memory]. He is lucky, I would be in jail right now, because he would be dead. When I am telling you he had hammer circles all over his arm that

was blocking his head. That should tell you I wasn't swinging lightly. I was fighting for my fucking life!

Temporarily Inverting Patriarchy in the Inner-City Drug Trade

Celeste and her children endured this level of intense abuse until, unexpectedly, Ricky was arrested and sentenced to two decades in prison for a crime that Celeste did not believe he had committed. His sudden wrenching from their lives freed Celeste and her children from the direct terror that Ricky had imposed on the household, but also left them in a heightened position of economic precarity. Ricky had purchased the home that they had been living in, but, unbeknownst to Celeste, he had not completed the mortgage payments on the property for almost a year at the time of his arrest. When Ricky was incarcerated, Celeste had been working part time as a night shift security guard at bars and parties. She had also occasionally joined Ricky in selling drugs on the block during moments of increased financial need, but, after losing her security job soon after Ricky's arrest, Celeste committed herself exclusively to dealing to support herself and her two children while also attempting to make the mortgage payments suddenly thrust into her lap. Her security job ended after Celeste got in a fight with her boss who would not stop soliciting her for sex, recalling the sexual harassment she suffered during her teenage stay in rehab. In both cases, it was Celeste, the vulnerable female subordinate, who suffered in the fallout of the repeated harassment rather than the male perpetrator in a position of power.

Celeste: I wanted to stay at that job. I hated being in my house. I didn't get a migraine going to work. I got a migraine on my way home. So the job was great.

It was my freedom. It was my break from my baby dad. 'Cause he was always right here with it [at her neck]. "Yo, can I breathe!"

But I had to go through a lot of dumb shit with my boss. To me it was a job. To him it was... "Yeah, I can hire her, but I'm trying to fuck." He would not leave me alone. Everything he talked about with me, was just like, "When can we fuck? I wanna fuck you." I can't work like that! Chris [a coworker at the security job that also lived on Cliff Street] was like, "You might as well just fuck him and get it over with." I said, "Dawg! Do it matter that I'm not trying to fuck this bol [guy]?" "Well you got a problem on your hands." And you [the boss] calling me a bitch 'cause I won't give you no pussy? I just ended up cursing him [her boss] out one day.

During one of her final security shifts, Celeste had met Tracy, a patron whom she started seeing romantically after she lost her job. After a few months of tentative dating, Celeste invited Tracy to live with her on Cliff Street. Falling madly in love with Celeste and also wearing out his welcome at a friend's house, Tracy eagerly accepted. Her dealing income and stable housing allowed Celeste to invert the gendered vulnerability she had experienced when she first moved in with Ricky. Her extensive social ties in the neighborhood and good relations with Cliff Street's drug crew also reinforced her uncontested position as the head of the house, even after Tracy moved in.

Though Tracy had a long criminal record for street robberies, car theft, and fights, he had not been arrested in over five years and he was desperately trying to stabilize himself in the legal labor market when he met Celeste. He had recently been working as a painter for a contractor

who paid him under-the-table, but he had been let go when business slowed down. After several months without work, he found a job loading forklifts at a wholesale restaurant supply store an hour, and two bus transfers, away, beyond Philadelphia city limits. Tracy maintained this job for several months, supplementing the income Celeste earned selling heroin and cocaine on Cliff Street, until he was fired after refusing to take a urine test following a work injury. A forklift had run over his foot and the company insisted on drug testing Tracy to avoid covering his Workers' Compensation. Because Tracy regularly smoked marijuana while he was off of work, he was afraid to submit to the urine test and left without pursuing Workers' Compensation or unemployment. After losing his job, Tracy reluctantly joined Celeste on Cliff Street as a hand-to-hand heroin and cocaine seller while they both discussed how they would try to return to employment to avoid the stresses involved with selling drugs. Though he tried to limit his drug selling shifts, and often worked less than Celeste out of fear of arrest, his extended unemployment, and sense of masculine pride, pushed him progressively into more frequent dealing.

Teetering on the Edge

Celeste recalled how a close brush with arrest heightened the couple's anxiety after the police raided her home on the suspicion that it was the block's stash house. She recounted what she had thought while she and Tracy had sat on their living room couch, waiting for the police to conclude their search and take the couple to jail.

Celeste: I start looking at him [Tracy], apologizing, like, "Damn, I just got you locked up." I felt so fucking bad. I told him back then, if you wanna move out, I understand. Really, I do.

The cop was like, "Do you got kids?" I'm like, "Yeah." "Where are they?" "At school." He's like, "What is this?" [Holding up an imaginary bundle of heroin]. I said, "Look, I live off welfare. Sometimes people ask me to hold shit for them and that's what I do." He was like, "Look, I understand how it is. But you can't be holding shit. Let your boyfriend hustle. We know he hustles. This is the not the first time I'm seeing him." He was like, "I'm not leaving this [the bundle] here." And they walked out. When he walked out, he was like, "These fucking people are fucking unbelievable." I was so mad. I was like damn he made me feel this small [gesturing with her hands]. I really felt like a drug dealer!

Tracy: That's what you are!

To Celeste and Tracy's surprise the police officers did not arrest them. Soon they realized why. The police had stolen the nearly one thousand dollars of turn-in money from the day's drug sales that Tracy and Celeste had hidden upstairs. Shaken by the close call, Celeste and Tracy resolved to quit selling and "stay broke" while they looked for work. After months of unsuccessful job hunting, the growing pressure started to take its toll and Celeste began selling again while Tracy contemplated mugging the people walking by. Each was upset with the other for considering a return to illegal activity, though the growing pressure was becoming too much too handle.

Celeste: I know selling dope and powder is not good. I know it's fucking up people's life. But I owe people money, 'cause I haven't been out there… *we* haven't been out there [selling] in a good couple months, so we've been kind of broke. But he [Tracy] asked me not to be out there and I wasn't.

I know it's risky and I know it's stupid, but I still wanna be out there because the money is not stupid. I asked him [Tracy], "How much money you think we made on this block?" He was like, "$10-15,000." Some people make like $6,000 a year. Some people live off of SSI and that's $7,000 a year. In six months, I made $10,000-$15,000, at the end of a year that would have been $20,000-$30,000. That's a pretty good job.

Tracy: [Interrupting] Except drug dealers *go to jail and get shot*. I want to live better, dawg; this shit ain't nothing, man!

Celeste: It *is* a lot you have to worry about. The cops. You gotta worry about niggas trying to rob you. Niggas trying to kill you cause they're hatin'.

Tracy: Gotta worry about the kids upstairs, worry about us.

Celeste: The kids, yeah, they're first and foremost. And that's why I'm gonna stop hustling. My baby [Tracy] wants me to stop. I stopped for a couple months. But you know. We need the money. That's why I went back to it. I tried it. I stopped. We did the broke thing. We did the no food in the refrigerator. I swear to God, look at my kitchen. There's no fucking food. None! Ain't even dog food! Why? Cause of months and ain't have no income coming in. When I'm telling you for like the past two weeks, we've had no money, I mean no money!

We don't even know if we're eating! I was feeling the pressure. Something gotta give and that's [selling drugs] the quickest way I know.

Tracy: So how come when I had thoughts about doing what I do, you get mad? That's the quickest way I know, too.

Tracy: Okay, because... that's like strong armed robbery.

Tracy: So what? That's what I do and I've been doing it for years before I met you.

Celeste: Okay, but that is more dangerous.

Tracy: So what if it's dangerous?

Celeste: Man, these niggas [around here] got burners [guns]! The fucking young bols got burners, the old heads got burners, the dope fiends got burners. You just don't know who you're walking up on and it's real fucking risky. It was maybe two months ago, we was broke, going through the same shit [as now]. He's like, "I'ma do something." I said, "No! Don't do shit!" We in here playing cards. I was trying to alleviate the tension because we were broke and it was crazy. And this nigga just walk outside, came back in and dropped like $100 in front of me like "boop." I was like, "Look. Don't go back out there!" I was mad, but I'm like, "Alright, you got it. It's done. Leave it alone."

Tracy: That's why I wanna work! I'm tired of this shit. I wanna do right, man, fuck that, I can't keep doing this no more. I'm getting too old. I want my family, I want a house, to not worry about shit.

Celeste: He wants me to get a job. I'ma get a job. I'm still gonna get a job. I'm gonna go to the job program and I'm gonna get a job like this [snaps fingers]. Whenever I get the interview, I get the job.

Unfortunately, within a short period of time, the police again raided Cliff Street while Celeste was selling. This time they arrested her, along with several other of the block's residents, some of whom had not been selling at the time, but who were hanging out with the street sellers. Tracy was also handcuffed, but eventually let go, raising suspicion among the Cliff Street residents that their new neighbor had provided information to the police leading to the arrest of some of the men who were taken in. As a new resident on Cliff Street, and an African American without social ties in the predominantly Puerto Rican neighborhood, he was especially vulnerable to accusations of this type. With Celeste in jail, Tracy was left exposed. He was attacked by relatives of Sammy, an arrestee who was related to several Cliff Street residents and knew many of the other dealers on the block since childhood.

Tracy: They was patting us all down on the wall. They took Sammy's money out and threw it on the floor. They got to the other pocket, he said, "Damn!" [Claps and bursts into a running stance]. They [the police] like, "Shoot that motherfucker, shoot him in the back!" They pulled out their guns and chased the shit out of him. They caught him at the end of the block and whooped his ass! The other cop said [to me], "You know if you run I'm gonna shoot you right?"

They said that I got their cousin [Sammy] locked up. How am I the cause? I'm like he was doing the same shit we was doing. It ain't my fault he took off running, right? Ain't my fault they chased him down and beat him up. [Later] I'm

talking to my son and somebody swing at me from the back. I dipped it. I knocked him down. Another guy swung on me and hit me in the head then they all started rolling on me [jumping me]. I had to fight my way out of that. I ran into the house. That's when I started getting all the threats. Couple people knocked on the door with guns.

Celeste: Supposedly they were going to firebomb the house. They apologizing now though.

Tracy: That's cause you here. If you wasn't here, I bet I'd still be out there fighting. The whole time I'm saying, "Why didn't they take me?" I think I'd rather got locked up, instead of dealing with this dumb shit.

Celeste: I'm glad you was out here fighting, cause you know it proved the point to these motherfuckers, you ain't no bitch.

Tracy: I ain't never been!

Celeste: I'm so glad they didn't grab [arrest] you. You know Kevin didn't want to come home, 'cause he was scared, cause you was fighting and supposedly I was going to get dipped on [jumped]. Leah was like, "[Imitating talking through tears] Mah-ah-ah-ah-meee! I was worried about you. I wanna come home!" Kevin was like, "I don't want to come there cause it's gonna be problems." I'm like, Kevin, yo, ain't gonna be no problem. I told Kevin I wasn't scared to fight these bitches before, what makes you think I'm gonna be scared to fight these bitches now. Man, fuck that...

I'm gonna take a shower and we gonna get high. And hopefully we get high enough that we can go to sleep. I'll take Seroquel or something to help me

sleep. Yo, cause I can't sleep! They was asking me at the jail, "You take pills? I'm like yeah! I take a lotta them. What you gonna give me [laughs]?"

Medicating Crisis and Displacing Distress

Tracy's job loss and Celeste's arrest marked an escalating crisis that spiraled completely out of control when, just weeks after Celeste's arrest, Tracy was also arrested. Ironically, he had not been selling, but had been detained by the police while doing one of Cliff Street's on-duty sellers the favor of walking money across the park on his way to a corner store where Celeste had sent him to get ingredients for a family meal. The arrest sent Celeste into a hopeless panic, and she frantically tried to decide if she should return to selling for the first time since her arrest to raise Tracy's bail money or if she should protect herself and let him suffer what would likely be a long pre-trial incarceration.

Celeste: I sent Tracy to the store, and the next thing I know, he's being locked up. So, I go across the street, 'cause that's where I seen the cops at and it's the same fucking one [that arrested me]! I'm like, "Yo, Smith! Where the fuck is my man at?" He said, "Oh, the one that was on the steps with you a couple of weeks ago?" I'm like, "Dawg, he wasn't even fuckin doin' nothin'." He said, "Oh, the same way you wasn't doin' nothin'?" I said, "No! Not like I wasn't doin nothin'. Like he *wasn't doin' nothin'*. If y'all really was watching you would have seen that he just walked outside."

So, now I'm fucked because he wasn't grinding [selling] so they're [the Cliff Street drug boss] not gonna pay his bail and I don't have no money. I don't

got nobody I can borrow it from. Now I gotta be out here [selling drugs] to try to get his money up before they drop a detainer on him [revoke the option of bail because his new arrest violated the terms of his probation]. With his criminal history, who knows how high his bail is gonna be.

Now I'm sittin' here with no man. I'm so angry. I'm so hurt. I didn't cry when I got booked [arrested] at all. I was just sittin' there cryin', lookin' at him. 'Cause he kept saying, "I'm going to jail. I'm gonna be in there for a while. With my child support warrant... And with my probation..." It's not even her [the mother of Tracy's children] fault. He need to pay child support! That's something I've been telling him for forever. They're your kids. And even if they're not biologically yours, you've taken the responsibility of them, so, pay your child support. And he was, but he got backed up when he lost his job.

Leah: [Interrupting] Let me tell you somethin'. She been crying all day!

Celeste: What else is new? Ain't nothin' else new. Yeah, I been crying all day. It's fucked up. Like, one minute you're here, the next you're not here. Everybody's getting booked. They're raining down on everybody.

Leah: [Tugging on Celeste's arm] Mommy, my fruit punch fell!

Celeste: [Raising her voice and shaking her arm loose] Leah, I've got a headache and the last thing I'm trying to think about is your fruit punch!

[Turning back] I feel like my relationship just ended. And it ended real abruptly. My son was making burgers for everybody. Tracy was going to the store, he was coming right back. I feel like he got shot or something. That shit happened so quick. I was crying for a minute [for a long time]. Everybody been

trying to talk to me today. Like, "I know how you feel." No. Fuck all y'all. I actually love my man. Me and him don't do the domestic violence thing. He don't cheat on me, I don't cheat on him. He's actually a good father to my kids. He's actually a fucking good dude.

I really feel like I lost my best friend, my importance. And it got me mad, 'cause there ain't shit that I could do about it. I couldn't prevent it from happening. I don't like when I can't do something about something. It gets me frustrated when the power is [out of my hands]. I ain't in the mood for nobody. I said, "I'm gonna lay down and go to sleep for the rest of the day. When I wake up, I'm gonna get high put me back to sleep." But I can't find no fucking blues [Xanax]!

[Pausing to reflect] I wanted to grind [sell] tonight, but it's hot out here [lots of police circling]. So, I guess they shut the block down [closed for business] and left... I'm willing to grind to get the [bail] money up. I'ma have to grind anyways. How the fuck I'm gonna survive? Regardless of whether I'm grinding to get his bail, grinding to support the kids, either way I'ma have to grind. So, I'm just gonna have to sleep all day and nightshift it up. Pray I don't get booked in the middle of the night with my kids here. My daughter wouldn't know what to do. [Yelling outside] Leah! Are them girls [Leah's friends from the block] still out there?

Leah: No!

Celeste: Then get your ass in the house!

Leah: Why! I wanna stay right here, it's too hot in there!

Celeste: [Raising voice] Didn't we have this talk? When I say something to you, you listen! You absorb! You keep playing with me, I swear to God I'll put you to bed at 6:30 tomorrow afternoon. It will be broad daylight and you will go to bed. Goodnight! And jump in the shower! 'Cause I know your feet is gonna be ballin' [stinking]! I know you don't want to take a shower. Didn't we have this conversation, too?

[Turning back] I tell her, "Why is it always a fight when you have to take a shower." [Imitating Leah] "I don't like being clean." Like, "Yo, the shit that I tell you to do, is it really that hard? Wake up and go to school. You already know you have to do that, why is it a war in the morning? Why are you fighting me on everything?"

It ain't wet down here [pipes leaking into the living room from the shower upstairs] so I don't think she took one [a shower]. [Yelling upstairs] I don't hear the shower running! Get in the goddamn shower! Do I have to come up them steps? [Turning back again] That fucking girl... I don't feel like dealing with her right now. I will give her a half of an Advil PM [to put her to sleep]. I swear I will! I'll give her a little ass piece of Seroquel. [Yelling upstairs] I'm about to give you an Advil PM! [Turning back] I'm about to give her half an Advil PM, for my mind right now. I don't want to flip. 'Cause sometimes I can't disassociate what I'm mad at.

I have a hard time with that sometimes. Like, my kids have caught my attitude when I'm mad at their dad. I'll be mad at him and be like [to the kids], "Yo, get out of my face!" Like, you know what I mean, like, 'cause if I hit you

right now... 'Cause, mind you, right now I should go up there and fuck her up. As you see, she's not listening. She does deserve to get her ass whooped right now. The reason I'm not going up there to do it is because I might hurt her, you know what I mean? Like, once I start swinging, who knows when I'm going to stop. I didn't even want to be around her today. That's why I went to sleep.

Right now, I wanna get high, man. Yeah, I'm about to smoke an L [marijuana blunt] and let her just... And then my mom be saying that I'm the type that I turn things inside on myself. And I do. When I was younger, I used to cut myself. But just a little bit, 'cause that shit hurts! [Now] I rather slowly kill myself with drugs than sit there [making cutting motions over her wrist]. You seen how Yolanda got all those marks [on her arm]? [Shakes her head disapprovingly]. See this scar [pointing to her arm]? My baby dad stabbed me. And that is a burn, he smashed a cigarette on my arm. And he stabbed me right there [pointing to her shoulder]. I don't like pain; like, that's not fun. That shit be hurting, I don't give a fuck what nobody say. I don't like emotional pain either. I used to say that I think I can deal with physical pain more than the cheating, the emotional pain.

Under the intense pressure of losing a loving partner who treated her and her kids well, finding herself completely broke and with no alternatives but to risk rapid rearrest for drug selling, Celeste linked her own overflowing affective state, her short temper toward her daughter, and her history of abuse all together poignantly recalling Fanon's words about the intimate involution of politically imposed suffering quoted in the last chapter.

Further compounding her troubles, Celeste faced imminent foreclosure as a result of mounting mortgage arrears. As her years of stable housing on Cliff Street drew to an end, Celeste identified a room-for-rent in one of the nearby illegally subdivided dilapidated buildings that only required a two-month deposit. She returned to selling on Cliff Street to save enough for the move and to avoid returning to a homeless shelter with her children, who pleaded with her to avoid such a return at all costs. As the date of her eviction neared without Celeste having earned enough money, she panicked and stole three bundles of heroin from the stash she had been given to distribute so that she could resell the drugs independently to pay her moving costs. When Cliff Street's drug boss confronted her about the missing drugs, Celeste claimed that they had been confiscated by the police during an overnight raid, but she failed to convince him since she had no corroborating witnesses. He immediately fired her and sent two women to assault her as punishment the following day. The women attacked Celeste in front of Kevin and Leah as they were returning home, prompting the family to flee the block and move into the room-for-rent ahead of schedule. Celeste's house was then thoroughly burglarized of all her possessions and was converted into the block's full-time drug stash house.

Bureaucratic Hostility in the School System

Celeste's doubly forced eviction corresponded with Kevin first days in Northside, one of the two neighborhood's public high schools. The first week of school struck terror into Kevin's heart, however, and he returned home crying that he wanted to transfer to a less violent, and less crowded public high school near his grandmother's residence in the semi-suburban neighborhood Celeste had grown up in. Celeste agreed that Kevin was "too sweet" [gentle, not tough] for a school like Northside and arranged to use her mother's address to enroll Kevin in the relatively

more peaceful Westbury High. The process, however, proved to be more difficult than anticipated and revealed the steps schools take to police their borders to prevent buckling under imposed scarcity and maintain relative advantages over poorer performing schools with more segregated and impoverished student bodies.

I drove to pick up Celeste and Kevin from their new building to try and help Kevin transfer schools. The building was a three-story structure whose base floor was a vacant bar. The second and third floors were illegally subdivided into six individual "rooms-for-rent." Celeste, Kevin, and Leah lived in one of the third-floor units that seemed to be in particularly bad condition. Its door was falling off its hinges and swung open on its own. There was a large gaping circular hole in the place of the lock. The room itself was about fifteen feet wide by eight feet long. It had no closet, but there were several coat hooks sloppily glued or nailed into the wall below one single shallow shelf.

The furniture in the room included only a twin bed in the far corner, where Celeste slept, a partially deflated blue air mattress in the middle of the room that Kevin and Leah shared, a small, teetering, old wooden table and chair set, and a tiny stand holding up a staticky miniature television. A small microwave perched on top of a waist-high refrigerator in another corner of the room. There was hardly space to walk. Celeste was paying what sounded to me like an outrageous $400 a month since entire row homes in the area usually rented for $600-800 a month. Celeste noted the big difference between paying the three months upfront move in costs for an apartment of $600 dollars or more, rather than the month by month arrangement required for the room at $400. She explained that she was happy to not be in a shelter, at least.

Celeste: It's kinda cramped but it's cool. I like it. It's better than a shelter... And, I needed it.

George: At least your kids are going to school now. Before you guys all had to be in this room all day...

Celeste: That's how we were for two weeks! And we had no TV, so we were in here, like [sighs], "Hey, what the fuck are we gonna do?" Just looking at each other. I was in here all weekend. No TV. I had to light my candles, because I was reading my books. I finished two books in a weekend. If I was taking a class, I woulda been done [finished] that class.

The reason it doesn't have a lock is because his brother [of the previous tenant] kicked his door in because his cousin was trying to throw his [the cousin's] wife out this window. I'm like, damn, this is the third floor. That bitch definitely would have died. But you know what, it's cool. Yea, they stand on that corner, sell drugs [pointing out the window with her chin]. But it's all right. Like I said, regardless whether I wanted it, whether I like it; I needed it... [Holding back tears] You think you're doing something [to move forward], and you are, you get nice things. But nine times out of ten, you don't keep those things. And now I'm at a fucking room-for-rent.

[Steadying her voice] But, I'm going to build my shit up, I just need to get another job. And I'll be cool. And when Tracy comes out, let him get a job. We'll be all right. And we're gonna succeed. I fucking refuse to fail. Yo, when I'm telling you I refuse, just because I'm stubborn, I refuse to fuckin' fail. I was telling Kevin, we're about to say fuck this room, get the money back, go to a shelter so I

can save my money. But he's like, "Nooo, I don't wanna!" I'm telling Kevin, "Does it really matter where we are at? We're gonna be in one room regardless, whether we're here or we go to a shelter, we're going to be in a fucking room. I'm trying--I tell you... [tearing up] I will be the fuck all right. I will go to a fucking--I got a fucking--I will be okay... [wiping away tears].

George: How's the job search going?

Celeste: It's... You know what, I'm not even gonna lie and say I've been trying. All right. Cause my first week here was crazy. And then my second... the kids was driving me crazy. So, no, I didn't do nothing. Then you know the electricity went off. It was off for Thursday, Friday, Saturday, Sunday. They turned it on Monday, so I had like four days out of that week. So, I wasn't doing nothing. And then this is my third week. But hopefully now, everything is going to be okay. I can get on my job search next week. Because I still want to try the Shop Right [Supermarket], because I think I will get that job. Like I really think I will get that job. So, fuck that. Yeah. I'ma try that. And it will be cool.

It was no surprise that Celeste's job search had been moved to the backburner with the escalating chaos of her unraveling life. More immediately pressing, for example, was the fact that Kevin had still not settled into a high school a month into the new semester. He had only been twice to Northside and was terrified of returning. As we drove to his current high school to initiate his transfer, Kevin commented on the passing terrain: another of the neighborhood's massive public schools surrounded by graveyards containing his neighbors and friends of his mother's.

Kevin: Look! This Ashford. This is another bad, bad, bad giant. And I know a lot of my homies is there too.

Celeste: The school's surrounded by graveyards. That's so fucking, depressing...

George: Is that where Tony's buried?

Celeste: No, Tony's buried near Leah's school. Like all them that got shot around here. Tommy, Tony, Marco. There all in that jawn. Juan is buried here.

Kevin: I don't know Juan.

Celeste: Juan was Josh's cousin. Yo, remember when Josh was shooting in the backyard and you got scared?

Kevin: Oh my goodness! Can I tell you the story, George? Oh my goodness. Look so, I sleep'ed downstairs...

Celeste: [Interrupting] Wait, preview, preface whatever. He just found out his cousin got killed. First place he came was my house. People have a habit of, when people get out of jail, when people get killed, my house is usually one of the first stops that they make. I don't know why, it's just been like that. So, he was crying and he just found out that his cousin got killed and he wanted to let off a couple of shots, like a whole clip in his cousin's name. Kevin was sleeping on the couch... Okay, go ahead, take over.

Kevin: Okay, it was Friday night. Um, so all I hear is gunshots, all right? So, it woke me up. And so I hid under my covers. I just put my head under the pillow, as usual with gunshots. Then I hear my back door open. So, I'm like, oh

my goodness. I got real scared, I think to myself, someone is breaking in my house. I just pretended to be asleep. I found out the next day, he was shooting. You know what I found in my backyard, George? Shells! It scared me so much. I don't care. You shooting, okay. But, like what kind of stunt was that, shooting and walking in my house?

Celeste: Yo, them seven years of my life was crazy!

Pulling up to Northside, the building looked surprisingly pretty: a large stately gray stone building. The atmosphere changed jarringly when stepping foot inside. We were immediately greeted by half a dozen light blue clad unarmed "school police" and one police officer with a holstered pistol. Our further progress was impeded by a solitary, rickety, metal detector flanked on either side by heavy wooden desks. I wondered how long the kids had to wait early in the morning to move through the one metal detector. Kevin told me that the school was so big that it had been split into two wings. Students from each wing reported to different assistant principal's offices, wore distinct uniforms, and were restricted to different parts of the building. Kevin said that this division led to strangely self-imposed sectionalism and fights between students from the two wings. He added, shaking his head, "I have adults in my classes! There are kids with full beards and tattoos. All the grades are mixed together. I have like 20-year-old 12th graders in my remedial math class! And I heard there are like thirty girls pregnant in just [the west side of the split building]!"

After we were called to the administration offices, the clerk that Celeste had seen the day before during her first attempt to secure Kevin's "transfer release"--the initial step for transferring a student within the Philadelphia public school system--snapped sharply that Celeste needed a

notarized document confirming her mother's address, even though her mother was standing right there with us with several proofs of address prepared, including her ID card and two utility bills. Celeste first tried to plead with her to accept her mother's presence and multiple proofs of address before grabbing the paperwork off the desk, spinning around, and cursing at the woman under her breath. After the three of us calmed Celeste down, we regrouped and decided that Celeste, Kevin, and I would set off immediately for a local car insurance storefront that I believed had notary services while Celeste's mom returned home, leaving her proofs of address with us.

Celeste's temper nearly boiled over when we encountered new bureaucratic roadblocks at the notary.

Celeste: [Sharply, to the store clerk] I need to get this notarized.

Clerk: Is she here [pointing to Celeste's mother's name on the paper]?

Celeste: No...

Clerk: She has to be here to notarize. Because um, you need her to sign.

Celeste: [Raising voice] Oh my fucking God, man! [Turning to Kevin] You're about to go to Northside!

Kevin: What?! Heck no! [Nearing tears].

Celeste: [Loudly on the phone with her mother] You have to be here with your fucking ID so I can get this shit notarized.

Kevin: You're cussing, Mommy!

Celeste: Cause I'm mad! [Turning to me] What does that stamp mean? Can you tell me? [Raising her voice] You fucking graduated from college. What

does it mean? Cause I'm sitting here in my mind getting more and more mad that I'm going through all this.

Kevin: It's for your child!

Celeste: All right and I love you. But you was with me yesterday. I was back and forth a lot, right? [Raising voice loudly] What is the point of getting something notarized. What?! [Slams paper down on the counter]

George: [Meekly] I don't know really...

Kevin: You're scaring him Mom!

George: [Laughs nervously].

Celeste: I'm not scaring him. I'm just saying. [Turning to clerk] She should be happy she's behind that glass!

Celeste's mother drove back to meet us at the notary. When she arrived she tried to calm down Celeste, whose face was flushed and body was shaking with frustration.

Celeste: [To her mother] You keep saying take it easy, but I've been running around the past couple of days to get this done. I dunno how to take things easy, I'm not on my medication right now! My thing is I feel like I'm going through a lot, when I went through this last month, this month, next month. I feel like I'm going through a lot. I don't have patience... I'm not on my medication.

Grandmother: I'm here. Stop. It's done.

Celeste: I'm aggravated. I'm aggravated.

Grandmother: Well, this is what you gotta do for your children.

Celeste: Yo, my hands are shaking. My nerves are bad. I ain't bullshittin', I'm telling you.

Grandmother: Calm down. I would suggest you go right back up there [to the school]. You have everything you need!

Celeste: Yo, I'm aggravated! I will get arrested in that school!

Kevin: Mom! Can I see that report card? I want to show George.

Celeste: You didn't give me the report card!

George: [Turning to Kevin, trying to distract him] So which one's your favorite class?

Kevin: I like math... Reading... Science. And... I actually like all of them.

George: How come you like school so much?

Kevin: I don't know. My grandparents say I like it so much because I get away from home. They say it's my way to escape. My mom says that too! I don't know. I think it's fun. [Turning to Celeste] Want your Pepsi?

Celeste: No, I need to keep my damn temper.

Kevin: I know.

Celeste: Oh my God, let me get my nerves under control before we make it to this school. For real. Cause I know you--

Kevin: Mom, I think you should stay in the car this time.

Celeste: I got to get you transferred. I can't stay in the car. I wish I could stay in the car. Let me get myself under control.

After notarizing the document with Celeste's mother present, we made our way back to Northside. The four of us strode confidently back into the administrator's office and triumphantly handed over the complete paperwork. Celeste received the hard-won transfer release she had been seeking in return. Presumably this would draw to a close the convoluted and hostile bureaucratic process that had been especially difficult for Celeste to navigate in the midst of the escalating chaos of her life. We agreed to reconvene the following day to take care of part two: enrolling Kevin in Westbury Highschool.

Attempting to enroll Kevin in the less dangerous, less impoverished, (somewhat) better performing school proved far more difficult than removing him from Northside. As the conversation with school officials below demonstrated, Westbury Highschool had erected maximum barriers to prevent additional enrollees as it buckled under severe overcrowding worsened by draconian staffing and funding cuts resulting from the near bankruptcy of the Philadelphia School District. It also carefully guarded its boundaries as one of the more desirable public "neighborhood" schools in the general proximity of North Philadelphia.

School official: [Pointing to a check list on a sheet of paper] She got to do all this. All that.

Celeste's mother: Yeah, but we thought we went through everything we had to.

Celeste: Why do you need all of these? Even if she does give me a deed, it's going to say I don't pay any bills.

School official: [Sharply] But, regardless, you need that, ok?

Celeste: I'm not ever gonna have any bills. Ever.

School official: [Coldly] I can't help you.

Celeste's mother: [Turns to Celeste] Shhhhh.

Kevin: Least I'm good still. I think my grades is eligible to get in this school.

Celeste's mother: You don't need good grades to get into this school. You need to be in the area. It's a neighborhood school.

Celeste: Okay, but he needs to be somewhere and--

School official: [Interrupting] I can't help. What school he came from?

Celeste: Northside. And he's--

School official: [Interrupting again, growing impatient] That's where you gotta go back.

Celeste: No! He's transferred out. He's officially out of Northside.

Second school official: Who transferred him out?

Celeste: I did, yesterday.

School official: Put something in your name. You can get a cell phone.

Celeste: I have a cell phone but the bills not gonna come 'til next month. He's not in school now!

Second school official: But we can't help you. You don't have proof of residency. That's what you need.

Celeste's mother: I don't know why I need proof for her.

School official: Because when they pull it up, her name is on there for custody. She need everything in her name.

Celeste: I'm not gonna be able to... Okay, what part of--

School official: [Interrupting] Listen, I'm just telling you what they tell me in the office, okay? And then you need a proof of ID with your address.

Second school official: Just to come out and get him. Say he was sick and you wanted to take him out, you have to have an ID with your name and address.

George: And the address has to match?

School official: Yes!

Celeste: So meanwhile, he just doesn't go to school? That is bullsh--

School official: [Interrupting] I understand that's your child. I understand you're upset.

Celeste's mother: She's been frustrated for the last week. They've been giving her the runaround all week.

School official: Why don't you just let her [Celeste's mother] have custody of him?

Celeste: What, give up custody?! Are you crazy?

School official: [Talking over Celeste] Well, that's the only way he can get in, if she had custody.

George: [Interjecting] Not to mention how long that would take! He'll be a year behind in high school by the time that happens! [Angrily] This is a terrible start to high school for a student! To miss their first month.

School official: [Squinting at me] Is this the first time you been here?

George: [Confused] Me? Yeah....

School official: You look like that other guy that came in here.

George: What guy?

School official: He worked for downtown. He worked for the school board.

George: [Laughs nervously].

Celeste's mother: We have the social security card. We have the immunization records. But the birth certificate...

School official: [Interrupting] You need that. If she don't have this birth certificate--

Celeste's mother: From downtown?! That's gonna take two or three weeks to come from downtown.

School official: You need all that.

George: But everybody at Northside has a different set of--

School official: [Loudly and impatiently] Hey, this school different! This school goes by the book! Trust me. But we got 3,500 kids in here. It's like you're always under the microscope so you do everything by the book. You know how that is.

George: How is it that Northside can allow a student to leave without knowing that he's goings to be enrolled somewhere else?

School official: We're not like Northside.

Celeste's mother: He had kids that were 20 years old in his classes. He's a freshman. They mix them up in there!

Second school official: They can be up to age 22.

George: So what happens if he gets arrested for being truant in this time?

School official: See, I don't have no dealing with it. Child not in school. That's not with me.

George: But what happens in that kind of situation?

School official: There's nothing we can do. That's why when I asked you, was he in special ed, he could get in here...

George: Is there any way that he can be temporarily registered so he's not missing school this whole time?

School official: No, no! We have to do the right thing!

George: The right thing is for him to be in school! He is a freshman in high school. He is going to be a month behind in all his classes.

Celeste's mother: We already got him the uniforms too!

School official: I know. Don't get him nothing! Don't get a kid his uniform until you get him in! You defeat the purpose.

Celeste: What other schools are in this area?

School official: Faraday, Crockett, Roberts.

Celeste: So if the transfer slip says Westbury, it has to be Westbury.

School official: Not really...

Celeste: So I can try to get him in Faraday or Roberts?

School official: You can try. I'm not gonna tell you to go there.

Kevin: [Timidly] Is Faraday bad? Is Faraday a bad school?

School official: I can't say that because I don't work there. It's something different. I always tell parents, it's not the building...

Kevin: [Jumping in] It's the kids!

School official: ... It's the kids [nodding her head].

Kevin: [Hanging his head] I always wanted to go to Westbury...

Celeste: Well, Westbury obviously ain't that great.

School official: 'Cause we're overcrowded. It's overcrowded here. There are sixty kids in the classroom! The school is meant for twenty-two hundred but it has thirty-five hundred!

Kevin: [Brightening up] How about a GED?

Celeste's mother: [Angrily] You are not going to get a GED at fourteen! You want to go to school, you want to experience prom. You want to experience what high school has to offer.

Other school official: We don't even know if we're going to have prom this year. We have to wait to see for funding.

Defeated, Kevin, Celeste, and I bundled back into my car and headed for her room-for-rent. After a few minutes of silence we began trying to devise a new plan to get Kevin enrolled. Celeste worried that she would not even be able to re-enroll Kevin at his original school given that she no longer had a stable address in the neighborhood and had no paperwork of any sort proving her residence either at her now foreclosed house or at the illegal room-for-rent she and her children were packed into.

The difficulty of enrolling Kevin in Westbury High is especially ironic when considered in the context of the school's history (Asquith 2007, chap. 1). The school opened its doors in 1905 in a building that was a single block directly south of the room-for-rent that Celeste and her children occupied. It was constructed during Philadelphia's industrial heyday as a public

investment to meet the demands of local industry by providing technical training to the large and growing population of European immigrants that then occupied the neighborhood. One of the first public high schools in the nation, Westbury Highschool was widely celebrated as an example of the kind of enlightened investment in the public good that would strengthen the local and national economy. Excitement for the school was such that Woodrow Wilson, then the president of Princeton University, led an energetic and widely reported opening ceremony along with other regional leaders in business and politics.

By the time Philadelphia's industrial economy began to falter in the 1950s the perception of the school had changed considerably. Neighborhood demographics had shifted and nearly half of the student body was black. The school's powerful alumni association petitioned to abandon the building and construct a new six-million-dollar campus six-and-a-half miles from the original site. This relocation followed precisely the movement of white flight from the neighborhood. Instead of closing the old high school, the Philadelphia School District reopened it as Ashford Highschool, the original site of what Kevin dubbed the "big, big, bad giant" that became one of the two neighborhood high schools he feared attending. Though the original school building was deteriorating, the vast majority of funds involved with the move of Westbury High were dedicated to constructing the new building in the white neighborhood rather than improving the condition of the school left behind.

The new school was so far away from the original site that none of the students attending the old high school could attend the new school, aside from one significant exceptional population. The grandchildren of Westbury alumni were permitted to enroll, guaranteeing that the majority of the dwindling population of white students remaining in the area would be able to transfer to the new school even if they did not have the resources to leave the neighborhood. By

1958, just two years after the move, the original high school, now renamed, was attended almost exclusively by black students while the relocated highs chool was 100 percent white. Although the Supreme Court ruled against *de jure* school segregation in the 1954 *Brown vs. Board of Education* case, the transplantation of Westbury Highschool managed to not only defeat school integration, but to actually dramatically worsen segregation compared to before the court's ruling making it an iconic example of legally permissible Northern structural racism.

Nowhere Left to Turn

Celeste hardly had a chance to regroup after failing to enroll Kevin in Westbury High before she learned that her slumlord had decided to evict her on short notice because he had suddenly determined that "the house was not in an appropriate condition for children to live there." Celeste suspected that he was throwing her out because she had complained about his unwillingness to make even minimal repairs to the room, for example, installing a lock on the door. The specter of impending homelessness overshadowed Kevin's school enrollment process. In the midst of the mounting chaos, Celeste confided that she was starting to feel completely overwhelmed, and recalled how she and Tracy had discussed killing themselves during the period they had stopped selling drugs and were feeling desperately broke. She had occasionally had similar conversations with Ricky, her first husband. Celeste admitted that she frequently fantasized about dying, though she insisted she was not thinking at that moment of actually committing suicide. She described herself, Tracy, and Ricky as all being bipolar.

Celeste: This one time I said to Tracy, "Babe, I'm about to kill myself." He was like, "Well I'm coming with you." He was so serious. I had a full bottle of

Seroquels. You see how Yolanda got that scar right there [pointing at her throat]? That's 'cause she took Seroquels. She's lucky she's alive right now. And then my babypop [Ricky] almost died from the same thing, so I know what to do to kill myself. I know all I gotta do is just take a couple Seroquels, I can set my house on fire, and just die. Trust me, it's crazy but I think about how to kill myself a lot.

The only thing that stopped me was that Tracy was gonna do it too. I'm gonna stop you and I'm gonna give you all the advice for why you shouldn't [commit suicide]. And Tracy said, "So why don't you listen to your own advice?" I said, "Well my kids will be alright. If I die, they really would be well taken care of financially. They'd go through school. And my dad is more strict than me, so he'd probably do a better job than I would with Leah. I know they would need therapy, but therapy helps people. And what the fuck, they need therapy now!

Not knowing what I could say that would be helpful, I asked if she had been seeing her psychiatrist and encouraged her to apply for SSI so that she could relieve some of the financial burden that was the primary driver of the most recent set of crises she faced.

George: What about your therapist, is he helpful at all?

Celeste: I like him, he's nice. But he tells me things that I already know. Things people already told me. It's just a way to vent. And to get medication that's supposed to help me... whether it does or not. I took Kevin with me to meet him.

George: Is he a psychiatrist?

Celeste: I think he's a psychologist because he can't prescribe the medication. That's why I have to see the psychiatrist. I talked to him once and he gave me what medications he thought I would need. Klonopin (clonazepam) for my nerves, Ambien to help me sleep. Something else for depression, I forgot what.

George: How long have you been diagnosed with depression?

Celeste: Years.

GK: Can you get SSI?

Celeste: Um, like I'm applying for it. I started the process, but I don't know if they're gonna accept me or not. I'm going to the doctors. But the day of my appointment, I had no money, so, I couldn't make it. I called to reschedule it. I'm going to have to redo the whole process, because I don't have an address for them to mail anything to.

George: So what happened? You told your doctor, "I want to get on SSI?"

Celeste: No, he was like, "Did you ever apply for SSI? I think it might be a good idea."

George: That would be a big help.

Celeste: Yeah.

George: You can't work if you get that, right?

Celeste: I could work if I get it for Leah [only]. I'm applying for both of us. But I'm going to have to start the process all over again...

George: That would really be a big help.

Celeste: Yeah, it really would...

George: You should really work on getting the application in. Cause everything will be easier with it. [Hesitantly] Then you'd be okay.

Celeste: Yeah. I would be all right with it... We'll just... see what happens.

Like enrolling Kevin in school, completing her SSI application also had to be put on hold while the more urgent question of housing pressed down on her. Had she already qualified, she would likely not have found herself in such extreme crisis in the first place, something her therapist also seemed to recognize as he had previously encouraged her to start the disability determination process. Ironically, although Celeste understood her emotions and Leah's insubordination in psychiatric terms, and accepted diagnoses of mental illness, she had avoided applying for SSI in the past out of disdain for "just sitting on your ass and collecting a government check like all these bitches [her neighbors] around here" even as her intense history of abuse and ongoing emotional distress interfered with her ability to navigate admittedly arcane and hostile bureaucratic processes. She had taken pride in her ability to earn her living with occasional legal employment, and failing that, by the rugged self-reliance of normally male-dominated street drug dealing. As neither of these options remained for her, she began to reconsider applying for disability and talked more about her psychiatric diagnoses.

Nearly a decade after last experiencing homeless, Celeste again began a frantic, but ultimately unsuccessful search for space first in the city's battered women shelters, and then in the much rougher open shelters that she had previously stayed in and had vowed to never return to. After failing to find shelter space, Celeste decided to look through her cell phone for anyone she might be able to call for help. On a whim, she decided to call Rita, a Puerto Rican friend of hers who used to live on Cliff Street. Rita had since moved to one of Philadelphia's exurbs. To

her surprise, Rita not only picked up the phone, but also invited Celeste and her children to spend the weekend with her and her father when she learned of Celeste's plight. Rita, who was previously addicted to heroin and crack had qualified for SSI a few years prior and moved out to share a two-bedroom apartment with her father, who was also an SSI recipient. Since then, Celeste said, Rita had maintained her sobriety and was doing much better. Rita promised Celeste that her town was nothing like North Philadelphia, that the change had done her a world of good, and that it would do the same for Celeste.

The Psychiatric Exception to the State Abandonment of Poor Mothers

Celeste's experience demonstrates how intimate and structural violence intersect and reproduce one another to increase the chaos of women's lives and how medical care and social assistance predicated on psychiatric disability provides a last-resort desperate partial refuge from these forces. These resources become even more critical as stressed inner-city mothers navigate the extraordinary challenge of parenting under conditions of extreme precarity including both economic and bodily insecurity.

Starting as a teenager Celeste butted up against a system that has turned its back on poor mothers but that exceptionally partially relaxes otherwise strict criteria for assistance for those demonstrating significant, officially recognized psychiatric illness. She noticed that vulnerable women with convincing manifestations of psychiatric illness were somewhat protected from the general callousness of state social services as she fought to secure housing for herself and her children during bouts of homelessness ten years apart. Her intimate encounters with the state reflect the selective retrenchment of social services that have harmed poor, single mothers more than any other group in the United States. Celeste's hostile confrontation with the public-school

system highlighted another form of state abandonment of poor mothers as they attempt to care for their children and secure for them a safe and educational environment. Facing a rapidly escalating, and ultimately overwhelming crisis, Celeste eventually turned to the disability system in desperation as a final source of possible support after first proudly rejecting its assistance, though the acute chaos prevented her from doing so effectively.

Celeste's experience, however, also shows that her self-fashioning as a psychiatric subject was by no means solely motivated by material concerns, though these were clearly important. She was a childhood victim of molestation who endured vicious domestic abuse for nearly a decade and suffered various other forms of extreme personal and economic insecurity for the majority of her life. Psychiatric disability offered a relatively caring, professionally authorized explanation for her fluctuating affective state, temperament, and her "impatient" parenting during heightened moments of stress and encounters with hostile bureaucracies. Diagnosis also resulted in the prescription of psychopharmaceuticals that she viewed as an effective resource for acutely managing her own emotional distress, even though she was unsure of their long-term efficacy. Alongside the use of numbing street drugs, Celeste's reliance on pharmaceuticals like Seroquel and Xanax to numb her pain represented an attempt to exert control over her subjectivity with the limited tools available to her. For Celeste, like for the other mothers presented in the previous chapter, psychiatric drugs like Seroquel also served as a parenting technology that assisted mothers in the management of children also understood to suffer from psychiatric illness.

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