

Drugs-as-a-Disease: Heroin, Metaphors, and Identity in Nixon's Drug War

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This essay examines President Nixon's drug policy during the early 1970s, specifically the government's reaction to heroin use by American soldiers in Vietnam. The official response, discursively (through the employment of the drugs-as-a-disease metaphor) and on the policy level, illustrated how issues of national- and self-identity, othering, and modernity intersected in the formulation and implementation of what is now termed the Drug War. Heroin using soldiers and domestic addicts, labeled as carriers of a contagious, foreign, and dangerous, antimodern disease, threatened to undermine a contingent national identity, an identity weighted by capitalist modernity. Unearthing how addiction's ostensibly antimodern condition contributed to the othering of addicts as a foreign danger reveals how the United States' antidrug character and policies help maintain a national identity bound to the tenets of capitalist modernity. Methodologically, this essay combines historical analysis with literary and critical theory.

If we cannot destroy the drug menace in America,
then it will surely in time destroy us.

Richard Nixon¹

Cause when the smack begins to flow
I really don't care anymore
About all the Jim-Jims in this town
And all the politicians making crazy sounds

Lou Reed²

We live in an era in which the drug war consumes billions of federal dollars in order to stop the flow of illicit drugs into the United States, supports research that hopes to find the genetic roots of addiction, and witnesses the U.S. attorney general attempting to conflate the drug war with the war on terrorism.³ Thus the current drug war melds questions of drug control with issues of security, foreign danger, and the biology of addiction. Given this contemporary scenario, it is useful to look backward and explore how a previous era dealt with similar issues. This essay looks thirty years into the past and examines U.S. drug policy during the first years of the Nixon administration, during which the modern

drug war was launched. From 1969 to 1974 the Nixon administration greatly increased federal funding for drug control at home and abroad and elevated, in rhetoric if not always in practice, the issue of drug control to a top domestic and foreign policy issue.

In particular, this essay examines a telling event in the Nixon drug war, the occurrence of heroin use among 15 to 20 percent of American soldiers in Vietnam from 1970-1972, which caused alarm with the U.S. government that returning soldier addicts would spread addiction and crime within the United States. The "GI heroin epidemic," as it was termed, and the government's response to the event represented a specific historical conjuncture which involved questions of self and national identity, othering, and capitalist modernity. Each of these issues, identity, othering, and capitalist modernity, was linked to the GI heroin epidemic. First, through their language and actions, the Nixon administration and other U.S. officials attempted to promote an antidrug American identity by identifying GI heroin users in Vietnam, domestic addicts, and foreign traffickers in Southeast Asia as sources of danger that threatened to not only spread crime and societal decay within the U.S. but also threatened a contingent national identity. That is, the United States, like all nations, did not and does not possess an a priori, stable national identity. Rather, the U.S. possesses a constructed national identity, which, as this essay will demonstrate, revolves around binary distinctions between the self and the other and is often created and maintained by the continual process of detecting security threats to the country. Representations of danger foreign and domestic contribute to the construction of an American identity because the sources of danger are deemed a threatening other that are in contradistinction to a national self. In this instance, GI and domestic addicts were inscribed with otherness and therefore represented as a security threat to the national self, which professed a strong antidrug national identity. Historically, drug addiction was considered dangerous, antisocial behavior, confined to marginal segments of society and the U.S. government has sought to minimize not only addiction within America but also the illicit production and trafficking of drugs abroad. During the time period discussed in this essay, drug use had increased and spread into mainstream society. Nonetheless, the U.S. government vigorously maintained drug use as a dangerous and un-American behavior. In essence, for the Nixon administration and many other government officials, drug use, particu-

larly heroin use was not part of the American identity.

In response to the GI heroin epidemic, the U.S. government discursively and through its antidrug policies represented GI addicts as harbingers of increasing crime and addiction by employing the drugs-as-disease-metaphor, which equated addiction with a contagious disease. More specifically, GI heroin users, along with their domestic counterparts via their dreaded disease threatened to complicate a contingent national identity, an identity heavily influenced by capitalist modernity. Addiction was believed to be antithetical to capitalist modernity, a condition in which (among many other factors) scientific rationality, human agency, individualism, and the belief in unlimited self-development (including the ability to self-reflexively construct an identity) are prized. In modern, capitalist America, addicts were viewed as a reversion to an illusionary, irrational, and “traditional” life in which the opportunities afforded the modern self were deleted by the individual’s addiction. Thus, given the antimodern character of addiction and the belief that addiction spread like a contagious disease, the U.S. government sought to identify and contain addicts and if possible return them to “normal” life through drug treatment, such as methadone maintenance.

In 1971 the news that 15 to 25 percent of the military personnel in Vietnam were using heroin alarmed the Nixon administration and American public. Highly publicized reports filtered in during mid-1971, but indicators of heroin usage among soldiers initially emerged in the spring of 1970, when high-grade heroin (no. 4 heroin) became widely available throughout South Vietnam. Throughout 1970 heroin use and addiction spread among American soldiers.² Drug overdose deaths shot up by 175 percent in August and September, with forty-six deaths occurring, while during the first three weeks of October thirty-five soldiers died (McCoy 1990, 222-23; Hallway 1974, 109; U.S. Congress 1971b, 7-8).

On 25 February 1971, *The New York Times* ran an article on the widespread availability of cheap and potent heroin in South Vietnam, but the story did not garner great attention until a few months later. The 16 May 1971 front page of *The New York Times* proclaimed “G.I. Heroin Addiction Epidemic in Vietnam.” Estimates of the number of soldiers addicted to heroin ranged from 10 percent to 25 percent, which meant anywhere from twenty-four thousand to over sixty thousand soldiers. The rest of the spring and summer of that year saw a flurry of

reports about the “heroin epidemic” and a fear of the prospect of returning soldier addicts spreading their addiction in the United States. A month after the story broke a Gallup poll revealed drug addiction as the third largest problem facing the country. The number of Americans who expressed such opinions had doubled since March (Massing 1998, 113).

Moreover, in late April two Congressmen, Morgan F. Murphy (D-IL) and Robert H. Steele (R-CT), presented the findings of their study mission to Vietnam in which they investigated the level of heroin abuse among American soldiers (Murphy and Steele 1971). Their report proclaimed that tens of thousands of soldier addicts were poised in Vietnam waiting to return to the United States with their habit and implied that they would resort to crime to finance their addiction. With Nixon’s plan for Vietnamization (the simultaneous withdrawal of American troops and buildup of South Vietnamese forces) in effect, around one thousand soldiers were withdrawn from Vietnam daily, and if 10 to 25 percent of those returning were heroin addicts, then the prospects of a worsening domestic addiction problem seemed palpable.

The GI heroin epidemic prompted Nixon to find a way to inoculate the country from returning servicemen addicted to heroin. Two measures that were enacted are of particular interest: a federal methadone maintenance system and the employment of urinalysis to screen veterans for heroin use before they returned to the United States. The GI heroin epidemic, and the drugs-crime nexus associated with it, prompted the establishment of a federal methadone clinic system aimed at reducing addiction and crime among existing addicts and possibly those returning from Vietnam. Urinalysis (used on a large scale for the first time in Vietnam and, by the 1980s, a permanent feature of the drug war) helped maintain an antidrug American identity because drug testing made heroin-using soldiers visible to the government and demarcated the bounds of American identity.³ Nixon intended the procedure to construct a *cordon sanitaire* around the United States in order to contain the foreign danger of GI addicts.

Outlining his administration’s new approach to drug addiction, Nixon, on 17 July 1971, delivered a landmark speech that declared drug abuse as a “national emergency” and “public enemy number one.” Reflecting the breakdown in the purely punitive approach to drug control that held sway since the 1930s, Nixon stated that law enforcement “must be coupled with a radical approach to the reclamation of the drug

user himself.” To bolster public support for his program he drew a distinct connection between addiction and street crime by claiming that addicts spent \$10,000 to \$36,000 a year on narcotics, most of which came from “shoplifting, mugging, burglary, armed robbery,” and other crimes. With these statistics in mind, Nixon recognized the need for vastly expanded treatment facilities for existing addicts and for the possible infusion of Vietnam veteran addicts who would return to find higher prices for heroin. On this point, Nixon noted that “a habit which cost \$5 a day to maintain in Vietnam can cost \$100 a day to maintain in the United States.” Conjoined with these provisions was a call for expanded enforcement measures, such as increased drug crime penalties, greater cooperation between American and foreign enforcement agencies, increased funding for the Bureau of Customs, funds for the Bureau of Narcotics and Dangerous Drugs (BNDD, later, in 1973, the DEA) to train foreign narcotics officers, and amending existing foreign policy legislation to permit American assistance in helping foreign nations tackle illegal drug production and trafficking (U.S. Congress 1971a, 20594-598).

To expedite the urinalysis program, Nixon established, by executive order, the Special Action Office for Drug Abuse Prevention (SAODAP) to immediately set up urine testing programs among soldiers departing from Vietnam (U.S. President 1971, 941-42). Under the auspices of the humorously dubbed Operation Golden Flow, soldiers were required to submit a urine sample for screening. Throughout the fall of 1971 the number of positive tests decreased, and in February 1972 the positive test rate fell to under 2 percent, at which point the administration declared the “epidemic” under control (Massing 1998, 86-131).

By identifying a population of individuals deemed a threat to the United States and subjecting returning soldiers to urinalysis the U.S. government helped construct and maintain a modern anti-(illegal) drug identity. Operation Golden Flow and the greatly expanded urinalysis program that eventually encompassed millions of overseas soldiers set up a boundary between normal and pathological behavior that helped determine and construct a national identity. David Campbell’s (1992) work proves useful for understanding how national identity and drug control were linked. Campbell maintains that the United States does not possess an a priori, stable national identity. Rather the United States

has a constructed national identity, which is produced and sustained by the constant process of identifying security threats to the country (vii). For Campbell, “the boundaries of a state’s identity are secured by the representation of danger,” which form an integral part of “foreign policy” (3). The term “foreign policy” refers to “all the practices of differentiation or modes of exclusion (possibly figured as relationships of otherness) which constitute their objects as ‘foreign’ in the process of dealing with them” (8-12). The discursive process of “foreign policy” utilizes bipolar language and entails the delineation between the “self” and the “other,” or the “inside” and the “outside.” For Campbell, and for the purposes of this essay, the inscription of otherness upon individuals, groups, and nations identifies internal and external threats that might undermine or complicate the contingent identity of any nation (214-15).

The practice of “foreign policy,” the process of discursive differentiation among a self and others, which informs identity formation, influences “Foreign Policy,” the relations between states, and how national governments interact with one another. For Campbell, the relations between nation states serves “to *reproduce* the constitution of identity made possible by “foreign policy” (discursive differentiation) and to *contain* challenges to the identity which results” (75-9). The process of “foreign policy” and the inscription of “other” upon suspect groups and individuals informs the mindset of officials involved in international policy formation; it is part of American culture, a resource that individuals draw upon to order the world they live in.

Domestic addicts, GI addicts, and foreign traffickers and producers played the role of the “other” and needed to be contained or excluded from playing any role in constructing an American identity, one characterized by anti-drug beliefs and practices. Campbell noted that the drug war constructed “sites of both ‘domestic’ and ‘foreign’ marginality, constituting American identity through the negation of ‘un-American’ behavior at home and abroad.” Subjecting soldiers to urinalysis in Vietnam and identifying heroin users at home through the institution of methadone maintenance programs contained and excluded the domestic “other,” but the exclusion was not final. Due to the re-conceptualized notion of heroin addiction as a medical disease, GI addicts and methadone patients held the potential for reform and conformity to “normal” behavior, behavior consistent with capitalist modernity.⁴ In

one sense, William S. Burroughs previewed the incompatibility of addiction and capitalist modernity when he wrote that the U.S. government wished to rid the country of “anyone who does not function as an interchangeable part in their anti-human Social Economic set up” (Burroughs, 125). However, unlike the 1950s, when Burroughs expressed his strong sentiments and incarceration was the primary approach to dealing with addicts, the Nixon administration replaced incarceration with methadone treatment (for non-criminal addicts) in hopes of normalizing heroin addicts to life in a modern, capitalist society.

An integral part of differentiation and identity formation is regarding the other as a threat to the self, which is often expressed through metaphors of sickness or pollution. The drugs-as-disease metaphor performed this task when used to express the danger that heroin addiction posed to the United States (Campbell, 76). When President Nixon characterized addiction as a “cancerous growth” that “comes quietly into homes and destroys children” (U.S. Congress 1971a, 20597-598), he was performing “foreign policy” by marking boundaries of identity between addicts who cause destruction and “normal” Americans who raise families and do not use illicit drugs. Likewise, when the Nixon administration increased funding for U.S. drug control policies aimed at preventing international drug trafficking, American “Foreign Policy” (the relations between nation states) was reproducing the process of othering addicts (foreign policy) discussed above.

Returning to the link between addiction, national identity, and capitalist modernity, it is necessary to expand upon how GI heroin addicts in Vietnam and their domestic counterparts jeopardized a contingent American identity bound to notions of modernity and order. The literature on modernity is legion and for that reason this study will rely upon a brief definition of modernity. Modernity is defined as a socio-economic state characterized by scientific rationality, liberal-democratic political systems, a capitalist economy based upon high industrial production and exploitation of natural resources, and a highly centralized government with an integrated population that possesses a sense of nationalism, enjoys high literacy rates and holds substantial urban populations. Moreover, modernity entails more than just the socioeconomic state of a group of people and the degree of control a government holds over its nature and population; it also entails attitudes, values, beliefs, and a certain existential view of the world, one that upholds freedom of

human action and choice.⁵

One argument for why addiction is antimodern centers on the fact that addiction cuts individuals off from society, it de-socializes them. Addicts withdraw from mainstream culture into a world of solitary, inauthentic pleasures that are far removed from “reality” (Derrida 1995, 235, 250). Two acute critics of rationality in Western culture, Max Horkheimer and Theodore W. Adorno (1972), referring to the story of the “Lotus-eaters” in Homer’s *Odyssey*, argued that the addict’s pleasures are an illusion in the eyes of most modern individuals. For Adorno and Horkheimer, enlightened bourgeois society required “sobriety.” The “high” state of mind produced by drugs stood as a “mere illusion of happiness, a dull vegetation, as meager as an animal’s bare existence, and at best only the absence of the awareness of misfortune” (57, 62-3). The pleasures of the addict are beyond the boundaries of pleasure allowed by society. Addicts cannot produce anything of merit or contribute to a rationalized society because their faculties are distorted. Commenting on the anti-modern characterization of addiction throughout American history, H. Wayne Morgan (1981) noted that addiction threatened a

generally accepted set of values and aspirations that dated from the beginning of the national experience. These involved an individualism that was responsive to larger social needs and that conformed to limits; the need for order, efficiency, and predictability that kept the entire society going; productivity that enriched the society as well as the producer; an emphasis on the observable reality of the world rather than flights of imagination; and a rational mentality and emotional stability that were the hallmarks of liberty based upon conscious logic (x-xi).

Thus, the premium placed on rationality in American culture makes the addict’s willful irrationality the basis for intervention, particularly since addiction is viewed as a contagious infection that may spread to others.

Besides irrationality, non-productivity, and withdrawal from mainstream society, drug addiction deletes a central aspect of an individual living within a modern society: free will and limitless self-development. Modernity frees individuals from rigid social and economic restrictions,

as well as from the superstitious beliefs found in traditional societies. Modernity affords an individual's economic development as well as self-development (Tomlinson 1991, 140-50). Addiction, however, can be viewed as negating these freedoms. If addiction is a physical disease that obliterates free will, narrows a person's options, and distorts rational decision-making then addiction is antimodern. Jacques Derrida likened the life of addicts to a "society of foragers," whose economic life remains at a subsistence level (Derrida 1995, 472). In sum, the search for unauthentic pleasures and the constant need for drugs severely constrain the addict's personal development and focuses their lives upon a narrow set of goals.

Psychological assessments of soldier drug users upheld the irrationality, unproductivity, and social withdrawal associated with addiction. One report stated that "susceptible personalities" contributed to addiction, while another noted that "situational maladjustment problems," "immaturity problems," and "longstanding character and behavioral disorders" typified drug users in Vietnam (U.S. Congress 1971c, 65). While these characterizations of addict psychological states seem ordinary, they do reveal the otherness associated with drug abuse. That is, these reported psychological defects in soldiers illustrated how drug abuse was axiomatically linked to abnormal behavior, which, in the end, prevented individuals from engaging in social interaction and the performance of everyday actions.

Likewise, the symbols associated with addiction help separate drug users from mainstream society. Arguably, the most recognizable and powerful symbol of addiction is the hypodermic syringe, a symbol that often denotes heroin addiction. Why the needle is emblematic of heroin addiction, the "hardest" of addictions, stems from numerous factors. First, the hypodermic needle violates the boundary between the body and the outside world. This violation is normal if an injection is related to an approved medical procedure. Yet, injection of heroin nullifies this normality because the voluntary introduction of an illegal substance into a person's bloodstream violates the "normal" use of a hypodermic needle. Moreover, instead of medication, an illegal pollutant is placed into the body (Manderson 1995, 799-83). Thus, the ultimate boundary of the body plays a role in deciding what is normal and what is deviant because what one allows into the body contributes to identity formation. That is, the concept of pollution associated with heroin ad-

diction contributes to the practice of differentiation or othering. Anthropologist Mary Douglas (1970) argued that where “there is no differentiation there is no defilement,” and the drugs-as-disease- metaphor supports this statement because the metaphor performs a differentiating function (115-22). In sum, addiction disturbs the natural (though socially constructed) use of the hypodermic needle and quickly makes the previously fixed symbol of a medical instrument abnormal. The hypodermic needle becomes an ambiguous symbol, one that denotes legitimate and illegitimate behavior. Drug laws maintain an antidrug national identity by trying to mitigate this ambiguity and contain difference by delineating borders, both individual and national, and by representing the pollutant or the other as a danger, a security threat.

Most GI heroin addicts did not inject heroin; rather, they snorted or smoked it, nonetheless, the repulsive symbol of a mainlining addict could not be removed from the GI heroin epidemic. The 6 June 1971 edition of *The New York Times* featured a photograph of a hypodermic needle puncturing an army helmet, an image that illustrated the wedding of heroin addiction and injection in the popular mind. Representative Seymour Halpern (R-NY) fanned popular fears of mainlining addicts by arguing that returning GI addicts, finding less pure heroin in the United States, would graduate to injecting the drug. Likewise, an article in the *Saturday Review* (1972) on the decline of morale within the United States army in Vietnam featured a photograph of a hypodermic syringe; a single needle floating against a blank white background. The syringe is unconnected to any other image but automatically evokes heroin addiction and all of the anxiety attached to it. The prospect of soldier addicts becoming intravenous heroin users as typified by the “junkie” stereotype heightened the sense of pollution and danger the nation faced from the GI heroin epidemic and at the same time reinforced a “normal” American identity by depicting heroin using soldiers as an other.⁶

Yet, the attempt, conscious or unconscious, to place the stereotypical image of a heroin addict onto GI users did not square with the identity that soldier addicts had constructed for themselves. In fact, while soldiers who used heroin in Vietnam may have appeared to become like the domestic heroin-using other, many GI heroin users actively rejected the “junkie” stereotype. As a subculture, GI drug users were not a one-dimensional group. Rather, they were dynamic and complex and dif-

ferred from their domestic counterparts. As previously stated, the most common form of heroin administration was mixing the drug with cigarette tobacco and then smoking it. The next most common method was snorting or sniffing. Taking heroin in these ways was a conscious attempt by GI users to avoid the identity of "addict" or "junkie," which they associated with crime and an inability to perform on the job. In rejecting the addict stigma, GI heroin users denied their possible dependency on the drug and the need for rehabilitation or treatment once they had undergone detoxification. Most felt that they could quit using heroin on their own and in fact fought against military drug programs that tried to assign the addict identity to them. Furthermore, many GI heroin users wanted Americans to know that they were not like domestic addicts and that they should not be feared because they were aware of the high social costs of heroin addiction in "the world" (Ingraham 1974, 117-18; Halloway 1974, 109-11).⁷

Drug use among American soldiers in Vietnam ran the spectrum when it came to the types of substances abused. Nearly every psychoactive substance made possible by the modern world was available. Soldiers who used drugs in Vietnam often referred to themselves as "heads" as a way of creating an identity for themselves. One's rank within the "head" subculture depended upon his drug of choice. Soldiers who used only marijuana held the highest status, while soldiers who used drugs that made them unpredictable, unreliable, or annoying had lower status. For example, habitual users of amphetamines, known as "speed freaks," were disliked because of their constant talking and overactivity. Likewise, soldiers who indulged in hallucinogenic drugs, such as LSD, were held in suspicion because of their perceived unpredictability, while individuals who used "downers," such as barbiturates, were also held in low esteem due to their heavily impaired dexterity and ability to speak. In between the marijuana smoker and lower status drug users were the heroin smokers, who maintained this in-between position because they were considered able to perform their duties despite their drug use. (Ingraham 1974, 116-17; Sanders 1974, 32-43).

The drug using GI subculture also constructed an identity for itself through the outward symbols it adopted. Some observers of the heroin epidemic and drug use in general in Vietnam argued that counterculture values, such as drug taking, had made their way overseas and partly explained GI drug use. By the time of the heroin epidemic Ameri-

can soldiers came from a society in which illegal drug use, especially marijuana, had increased and young people held different views on drugs than earlier generations (Stanton 1976, 561-63; Zinberg 1971). But while drug using GIs came from a more drug tolerant society, their substance abuse and adoption of counterculture symbols, such as long hair, bandannas, peace symbols, and “drug cant,” did not automatically signal a belief in counterculture values. Rather, many adapted counterculture symbols and rhetoric to express their frustrations with military life, namely the difference in power between enlisted men and their superiors and the “heads” disdain for career soldiers (“lifers”). Though their rhetoric and outward appearance suggested antiwar and antimilitary attitudes, they “did not question the authority of their government to send them to Vietnam, nor did they question their obligation to serve, nor did they express regret about the killing of ‘gook’ or ‘slant’ combatants and civilian noncombatants” (Ingraham 1974, 123).⁸ Furthermore, GI drug users did not perceive drugs as a path to religious or eternal truth, as some of the counterculture did. Just as GI heroin users rejected the “junkie” label, despite superficial similarities, many also rejected “hippie” values.

Fear that soldier addicts in Vietnam would spread heroin addiction in the United States proved to be exaggerated. While surveys could not represent all Vietnam veterans, one study indicated that of the total number of returning addicts, only 1 percent “reported addiction to heroin during the first year back from Vietnam, and only two percent reported addiction in the second or third year back.” The same study found that “half of the men who had been addicted in Vietnam used heroin on their return but only one-eighth became readdicted to heroin. Even when heroin was used frequently, that is, more than once a week for a considerable period of time, only one-half of those who used it frequently became readdicted” (Schaler 1998, 256-59). Nonetheless, thousands of GI addicts were discharged prior to the urine-screening program, and even after the establishment of Operation Golden Flow, soldiers who detoxified themselves to avoid detection returned home “clean” but possibly still addicted. So too did soldiers who earned their superiors’ ire, and a discharge, by repeatedly failing urinalysis tests, according to 19 December 1971 *New York Times* story. The military’s antidrug policies proved less than perfect, but the dire warning of a flood of addiction resulting from returning soldiers also proved less than accurate.

Despite the self-image of drug using soldiers, politicians' and policymakers' employment of the drugs-as-disease metaphor to emphasize the notion of drugs as a foreign danger manifested itself in specific legislation and antidrug policies enacted during the early 1970s, such as the U.S. supplying antinarcotics aid to foreign nations. Individuals in the White House and in Congress found the drugs-as-disease metaphor useful as rhetorical justification for greater source control efforts. But as Michael Hunt (1987) has observed,

Public rhetoric is not simply a screen, tool, or ornament. It is also, perhaps even primarily, a form of communication, rich in symbols and mythology and closely constrained by certain rules. A rhetoric that ignores or eschews the language of common discourse on the central problems of the day closes itself off as a matter of course from any sizeable audience, limiting its own influence. (15)

When Nixon uttered that "this deadly poison is a foreign import" (U.S. Congress 1971a, 20595), he was not only communicating to the public through a widely used metaphor, which conveyed an understanding of addiction and its dangers that require increased source control, he was also imparting symbols of what America was and how drugs threatened national identity.⁹ The same held true for congressional members who weighed in on the drug issue, and Congress, no less than Nixon, found wide use for the metaphor in creating new antidrug legislation.

How the drugs-as-disease metaphor helped promote source control measures attempting to halt the production of illicit narcotics at their source or interdicting drug traffic requires explanation. Numerous foreign "dangers" have been characterized as illnesses, such as communist subversion, but unlike the fear of domestic communism, heroin addiction presented to the public demonstrable evidence of the damage that addiction reaps upon individuals and communities. Individually, addiction limits personal development and also can lead to physical decline due to bodily neglect and the detrimental effects of drugs.¹⁰

Crime and violence are often cited as the societal damage resulting from drug addiction, and this was true during the early 1970s, as Nixon's law and order pledge testified. While the anticipated rise in drug-related crime due to the GI heroin epidemic did not materialize, how officials argued that returning soldier-addicts would spread addiction

and crime offers evidence that illustrated how the drugs-as-disease-metaphor justified greater source control and interdiction measures. Besides GI addicts, American officials pointed to a potential increase in the amount of Southeast Asian heroin coming into the United States. For example, CIA reports and testimony by drug enforcement officials warned that Southeast Asian heroin would become a major source for the American drug market (McCoy 1990, 254-55, 283-92). Given the potential for a wave of addiction and subsequent crime, individuals in the military, the Nixon administration, and Congress offered epidemiological models of heroin addiction that demonstrated how addiction acted like an infectious disease.

General Lewis W. Walt, U.S. Marines (Ret.), headed a task force on the world narcotics traffic in 1972. Testifying before a Senate Judiciary subcommittee Walt employed the drugs-as-disease metaphor to amplify his argument that heroin was an outside threat to the United States. Remarking that “drug addiction has all the attributes of a contagious disease,” he asserted that addicts were “under an irresistible compulsion to addict others,” and that heroin addiction was “just about as contagious and just about as deadly as the bubonic plague.” In order to demonstrate the communicable nature of heroin addiction and how GI addicts as well as domestic addicts contaminate the nation, Walt supplied evidence to boost his claims. British psychiatrist Rene de Alarron exhibited her research for the congressional subcommittee, illustrating “how two addicts in the small British town of Crawley spread the sickness of heroin addiction to 56 other people over a period of 5 years.” Diagrams depicting concentric circles charted how the two addicts made “contact” with others and spread their disease. Referring to returning GI addicts and the infusion of Southeast Asian heroin into the United States, Walt stated, “multiply the infectious circles in this diagram by roughly 10,000 and you will have some conception of the problem we are up against in America today” (U.S. Congress 1972, 125-26).

Dr. Joseph A. Greenwood, a BNDD statistician and epidemiologist whose work was enlisted by the administration, offered a way of estimating the number of heroin addicts in the United States that underscored the infectious character of addiction and highlighted increased addiction rates. In late 1969 the BNDD reported 69,000 registered addicts. The BNDD’s number was compiled from local and state crime reports. Greenwood, applying a statistical sampling technique used by

biologists to calculate fish population, took the 69,000 number and multiplied it by the number of individuals who were identified in 1969 and 1970. Greenwood's statistical analysis reported that the population had jumped to 315,000 by the end of 1970. Applying the same procedure in 1971, the BNDD reported 560,000 addicts by late 1971. Greenwood admitted that his numbers were not the result of exact scientific techniques but defended the legitimacy of his statistics. So did the Nixon administration (Epstein 1990, 174-81). If addiction was a foreign-born disease, then crime was certainly the worst symptom.

Congressional members also characterized addiction as a foreign-born disease, which fostered the reliance on source control. One month after the GI heroin epidemic became front line news, Senator Alan Cranston (D-CA) likened addiction to an "infectious disease" sweeping the nation and maintained that it threatened "far greater destruction of lives and welfare . . . than the war in Southeast Asia" (U.S. Congress 1971b, 5). Senator James O. Eastland (D-MS) portrayed heroin addiction as a "contagious disease" that posed considerable danger to the nation since each addict was "capable of spreading his disease to many other people." Eastland extended the threat of addiction to include the nation's "internal security" (U.S. Congress 1972b, 1). Representative Lester L. Wolff (D-NY), declared that narcotics were "far more dangerous than one man, or even an army of murderers, for they threaten the American way of life and the American future" (U.S. Congress 1973, 14).

Congress enacted source control measures that reinforced the notion of drugs as a foreign disease and charges of complicity among the United States' Southeast Asian allies in the narcotics trade prompted members of the House and Senate to tie American foreign aid to drug control. In February 1971 Congress amended the 1961 Foreign Assistance Act to allow the application of American funds to international narcotics control and authorized the suspension of foreign aid to countries that were not cooperating with the U.S.-led drug war. March 1971 saw Congress add to the president's power to use economic incentives in the drug war. Three laws aimed at potentially uncooperative nations authorized the president to instruct American representatives to the Asian Development Bank, the Inter-American Development Bank, and the International Development Association to vote against loans for nations deemed disinclined to the American drug war. Furthermore, in May

1972 the National Advisory Council announced policy changes for international financial institutions (IFI) such as the World Bank. The policy changes urged financial and technical assistance to nations willing to combat narcotics trafficking and production within their borders (Quinn 1974, 50-54). Within two months Congress had created carrots and sticks for Nixon's drug war.

Congressional employment of the drugs-as-disease metaphor, as with its use by members of the Nixon administration, was more than just hyperbole.¹¹ While scholars have made justified arguments that the heroin epidemic was a manufactured scare or politicians exaggerated the problem for political fame or more nefarious reasons (Epstein 1990), the language used is still telling about the cultural mindset surrounding drugs and the cultural construction of the drug war. Metaphors function within a culture by making a complex or not fully understood phenomenon familiar; they make what is complex simple. In the case of drug addiction, the drugs-as-disease metaphor proved useful because, in many ways, addiction was (and still is) a mysterious phenomenon. Susan Sontag (1990) wrote that misunderstood illnesses have the "widest possibility as metaphors for what is socially or morally wrong" (61), and the linkage by government officials between addiction and social decay underscored this idea. In one sense, the disease metaphor cleared away misunderstandings about heroin addiction by supporting methadone clinics and the fact that addiction required medical treatment, not incarceration. Yet, addiction remained a highly stigmatized condition, one that evoked powerful reactions.

Moreover, likening addiction to the bubonic plague or cancer, as Nixon did, implied that addiction was a radical abnormality and that the "normal" state of society was drug free, just as a healthy society should be disease free (Campbell 1992, 94-101). Clarifying this notion, Nixon, in July 1969, declared that federal antidrug policies were "aimed at eradicating this rising sickness in our land" (*The New York Times* 1969). This mode of thinking upheld binary thought, which bestowed the individual or group making the diagnosis with the authority to prescribe a solution or treatment. In this sense, use of the drugs-as-disease metaphor during the early 1970s stood as an example of how socio-medical discourse operated in American society because it delineated who or what was normal and abnormal and upheld the authority of U.S. government to intervene at home and abroad in order to stem

drug abuse and trafficking. If addiction was the disease, then a “clean” body, individual and national, was “normal,” though conceptions of normality and abnormality are culturally constituted, just as national- and self-identity were and are. Domestic addicts threatened the “clean” and “normal” social body while Southeast Asians connected to the narcotics trade posed a danger to the United States. Urinalysis, methadone maintenance, and increased domestic enforcement acted as the domestic treatment while source control and interdiction were the international solution.

Furthermore, metaphors, as Hayden White (1978) has noted, often lack specificity and therefore do not offer exact knowledge about who or what they refer to. White observed that a metaphor functions as “a symbol, rather than a sign: which is to say that it does not give us either a *description* or an *icon* of the thing it represents, but *tells* us what images to look for in our culturally encoded experience in order to determine how we *should feel* about the thing represented” (91). The disease metaphor did not offer the American public a useful conception of addiction but instead presented a discursive device upon which a grab bag of stereotypes and stigmas could be attached. While using the disease metaphor to uphold a medical approach to addiction offered a more specific conception of addiction, old stereotypes persisted with the employment of the illness metaphor, namely drugs as un-American and a foreign danger.

The drugs-as-disease-metaphor even attached itself to another overgeneralized term, “national security.” When Senator Eastland and Representative Wolff invoked drugs as a national security threat, they further diluted the specificity of what sort of danger addiction posed in American and international society.¹² The GI heroin epidemic may have been a national security threat had it not occurred in the midst of Vietnamization and had the government of South Vietnam displayed any semblance of autonomy and popular support. But the heroin epidemic hit at the end of the United States’ long involvement in Vietnam, and the withdrawal of American troops actually helped stem the spread of addiction by removing the market for heroin in Vietnam. Besides the case of the GI heroin epidemic, narcotics trafficking constituted a security threat for the Nixon administration because international drug control policies emphasized the foreign origin of drugs, and blame lay with foreign governments that lacked the will to fight illicit production and

distribution. In any case, the avowal of drugs as a national security threat did not lend any useful conception of how addiction affected society and only promoted a militarized perception of drug policy. The complex and most likely un-resolvable issue of demand reduction is lost in viewing drugs as a national security threat and further casts blame onto foreign nations.¹³

In the final analysis, the GI heroin epidemic and the discursive and policy responses to it represented a particular historical event in which issues of national- and self-identity, othering, and modernity converged. U.S. government representations of GI heroin addicts and domestic addicts as others and a foreign danger through the employment of the drugs-as-disease-metaphor resulted in programs designed to contain these threats. If addicts harbored a contagious disease that promised to spread addiction and crime as well as disrupt social order then, as this essay demonstrated, urinalysis for soldiers serving in Vietnam, methadone clinics, and drug control assistance to foreign nations was required to protect a contingent antidrug national identity that was also wedded to capitalist modernity and its emphasis on rationality, order and human agency. The same notions of addiction that informed the U.S. government during the GI heroin epidemic drugs as a dangerous disease, an antidrug national identity, and the antimodern character of addicts still resonate with U.S. drug policy to this day.

Notes

¹ This is not to suggest that Nixon began the war on drugs. He did draw upon prior drug policy, primarily a source-control focus (stopping the illicit production of drugs at their source of origin and interdicting drugs en route to the United States) and nativist beliefs that America's drug problem stems from foreign nations and people.

² No. 4 heroin refers to the highest grade of heroin available, which is 80-90% pure. Heroin is derived from morphine that has been chemically treated. The name, "no. 4," means that the heroin resulted from four stages of refinement to remove impurities. A skilled chemist is needed to produce no. 4 heroin, while no. 3 heroin, a granular substance, takes less treatment but is of considerably less purity. No. 4 heroin consists of a fine white powder and is what most people envision as "heroin."

³ For an analysis of how governments attempt to identify and make

hidden drug subcultures visible and subject to official intervention, see Fitzgerald (1996).

⁴ It should be noted that in 1962 the Supreme Court declared addiction a medical condition and not a crime. Likewise, proponents of methadone maintenance held the view that heroin addiction permanently altered an individual's physical makeup, which prevented them from exercising self-control over their habituation. The answer to this physical problem was the administration of medicine, methadone. For an incisive critique of the notion of drug addiction as a medical, biologically-based disease, see Peele (1987). Also see Keane (2002) for a critical analysis of the many existing discourses of addiction. Keane and Peele offer a needed corrective to the prevalent belief that addiction is a chemically and biologically based disease.

⁵ This definition of modern societies is not drawn from one source. My understanding of modernity and modern science comes from the following: Scott (1988); Escobar (1995); Sachs (1992); Tomlinson (1991); Giddens (1991).

⁶ Gilman's (1988) work advanced a similar argument concerning the stereotyping of AIDS patients. Gilman demonstrated that the archetypal AIDS patient—male, homosexual, and African American—was often grafted onto all AIDS victims despite the existence of a more varied AIDS population (245-72).

⁷ Halloway (1974) noted that only one in ten heroin users in Vietnam preferred injecting the drug.

⁸ However one must qualify Ingraham's conclusion regarding American soldiers' attitude on killing Vietnamese civilians. U.S. soldiers did discuss, question, and were affected by the killing of noncombatants, particularly after the My Lai massacre, which occurred in March, 1968 and became public in November, 1969.

⁹ The full text of Nixon's words reads: "This deadly poison in the American lifestream is, in other words, a foreign import." Nixon was also implying that the disease of heroin addiction threatened societal collapse, an implication associated with many Western images of disease.

¹⁰ Horror stories abound when it comes to the individual and collective damage drug abuse can do. For vivid testimony of the detrimental effects of addiction, consult Inciardi (1992).

¹¹ Philosopher Mark Johnson (1987) has argued that metaphors are more than just figurative language employed as another way of making

literal statements. Johnson countered the Objectivist standpoint that metaphors merely restate preexisting literal knowledge with a different name and therefore play no role in producing knowledge. He argued that metaphors play an essential role in cognition and that they are “one of the chief ways we general structure in our experience in a way that we can comprehend.” In essence, Johnson denies the scholarly tradition of viewing language as a transparent reflection of an independent reality (67, 98).

¹² Since its inception in the 1940s, the term “national security” has lost all specificity. The very title of the four part hearings conducted by the Senate Judiciary Committee, *World Drug Traffic and Its Impact on Security*, conveyed the notion of drugs as a national security threat.

¹³ In 1986, President Reagan formally institutionalized drugs as a national security threat, for the United States and all of the Americas, with the declaration of National Security Decision Directive NSDD no. 221.

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