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The Making of Viequenses

Militarized Colonialism and Reproductive Rights

Abstract: This article delves into the history of medical institutions, birthing practices, and reproductive rights in Vieques. The exploration exposes contradictions at the heart of Puerto Rico's colonial modernity. Around the middle of the twentieth century, Puerto Ricans were encouraged to depend on the colonial state and medical establishment for guarantee of life, health, and general well-being. This encouragement clashed with the militarized colonialism imposed on *Viequenses*. The 1940s expropriations—through which the U.S. Navy gained control over three-fourths of Vieques—devastated the community. And the interventions by the colonial state and medical establishment proved at times meek, complicit, and ineffective. In 2003, unruly colonial citizens evicted the Navy. Their actions were part of a struggle for the survival and well-being of the Viequense island community. In this article, the author argues that *la lucha viequense* has been fundamentally shaped by the concerns and actions of women who placed reproductive rights at the center of the struggle.

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You know that here one must protest for everything. One must fight for everything. For the most basic right that one may possess, one has to fight. And we do it, because imagine otherwise. Because they violate our rights. We have a right to give birth here, with our people, with our things. And it is not easy to travel with numerous suitcases, numerous bags, simply because you are going to give birth. Because giving birth and being pregnant is not an illness. Why can't you go through the experience in your home with your people?

—Carmen Valencia, personal communication, August 21, 2012

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On October 25, 1996, the governor of Puerto Rico, Pedro Rosselló, and the resident commissioner in Washington, DC, Carlos Romero Barceló, convened in Vieques to inaugurate the new airport terminal and the equally new municipal hospital.¹ They were joined by the secretary of health, Carmen Feliciano, and other public officials, as well as by a crowd of Viequenses who disregarded the Caribbean sun to be part of the commemorations. It was not every day that they got to see the San Juan–based political elite. And so, Viequenses gathered to look at Rosselló and Romero, but also to pay tribute to the real guest of honor: Doña Susana Centeno. The eighty-five-year-old woman was a sight to see. She was elegantly dressed for the occasion in a navy-blue suit adorned with white embroidery. Her hair arranged in a tight bun showcased rather stern features that wide-rimmed glasses could not hide. Perhaps these were remnants of a time when the mulatta had to command the respect of hospital staff and patients. Yet, that late October day on the outskirts of Isabel II she was only required to accept the rhythmic homage paid to the *enfermera práctica* who pulled out molars, participated in surgeries, performed minor operations, prepared corpses, delivered babies, and even, I am told, provided marital advice.² For the hospital was being named in her honor (*Página del Este* 1996).

The rites did not conjure a working hospital for the people of Vieques. The ceremony, symptomatic of the grand gestures that politicians undertake before elections, celebrated a structure that spent over a year closed for obscure reasons. Some stated that it was not yet properly equipped. Others say that politicians undertake and inaugurate projects without securing funds that ensure sustainability. Amidst the speculation, something was certain. The mayor of Vieques, Manuela Santiago, managed to build the hospital but could not guarantee its operation.³ The delay exasperated residents who decided to throw a birthday party for their medical institution. The celebration drew attention to the health crisis on the island and to the inefficiency of the state to address it. The event may have also inspired government officials to action. Or maybe not. Nonetheless, the Susana Centeno Center for Diagnosis and Treatment (CDT) opened its doors to the community, featuring an emergency room, a medical director who was also a pediatrician, two general practitioners, a dentist, six registered nurses, and twelve practical nurses. The facility likewise included a laboratory with limited working hours and the promise of X-rays (PRCEV 1999: 12).

While the opening of the CDT was a welcomed event, the actual services offered were scarce. For example, there were no facilities for dialysis or any

kind of cancer treatment. Such absences were noteworthy considering that Vieques is a community of nine thousand people with limited and unreliable means of transportation to nearby islands. Moreover, in the past decades the community has suffered from higher morbidity and mortality rates than the rest of the Puerto Rican archipelago.⁴ Poverty is also widespread among the population.⁵ These factors ensure dependence on local, public, and government-financed services.⁶ Islanders are reliant on state intervention and on the CDT. Marked deficiencies in the medical institution make access to satisfactory health care unlikely. And perhaps the most striking deficiency was the absence of a maternity ward. The CDT had not been envisioned to allow for birthing on the island. The situation, according to community members like Carmen Valencia, was unacceptable and infringed on the right of Viequenses to give birth in their home, with their things and their people. Thus, the name *Susana Centeno* appeared early on as a tragic misnomer for a medical facility that failed to live up to the memory of a versatile and esteemed woman. This was a woman who practiced for Viequenses knowledge that had become highly fragmented and specialized, strictly codified and regulated, adamantly monetized, and for the most part inaccessible at the onset of the twenty-first century.

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This essay delves into the life of *Susana Centeno* and the history of medical institutions, birthing practices, and reproductive rights in Vieques. My purpose is to expose contradictions at the heart of Puerto Rico's colonial modernity. The medicalization of birthing practices that took off during *Centeno's* career (1930–61) coincided with the rise of the populist and welfare colonial state.⁷ This overlap changed basic understandings of human life and redefined the relationship of individuals to the government. For the colonial state, faced with economic and political upheaval, positioned itself as the entity responsible for every citizen and as the engineer of modernizing progress. And it did so through a language of rights and of technocratic, scientific, and medical certainties. In other words, the right processes, knowledges, and experts yield predictable results. The practice of medicine—infused with scientific rationality and technocratic problem solving—was instrumentalized during the first half of the twentieth century. It was used to create an industrial labor force and rights-bearing citizens. State-led medicalization helped reshape the

socioeconomic landscape of the archipelago and the political imaginaries of Puerto Ricans.

Puerto Ricans were encouraged to depend on the medical establishment and the colonial state for the guarantee of life, health, and general well-being. Yet, the transformation of practices, expectations, and subjectivities did not happen smoothly across the archipelago. In Vieques, the impetus ran counter to the militarized colonialism imposed on islanders. The 1940s expropriations through which the U.S. Navy gained control over three-fourths of the island devastated the community. And the interventions by the colonial state and the medical establishment were sometimes ineffective and at other times downright detrimental to the upkeep of the new mandates. Life, health, and well-being remained enticing yet elusive promises for many in Vieques. Islanders have nonetheless demanded existence and adequate conditions to thrive. Their unruliness succeeded in evicting the navy. Still, *la lucha viequense* encompasses so much more than the confrontation between civil disobedients and the U.S. Navy during the years 1999–2003. It is a struggle long waged for the survival and well-being of the Viequense island community. In this essay I accordingly argue that *la lucha viequense* has been fundamentally shaped by the concerns and actions of women who placed reproductive rights at the center of the struggle. They have demanded the right to comfortably and safely give birth in Vieques and to partake in the making of new generations of Viequenses. And they indeed made reproductive rights part of the broader struggle for community survival in the island Viequenses call home.

Birth in Vieques

Carmen Valencia is a well-known figure in town. The community activist had just been recognized by the municipality as a Maker of Our History when we first met back in 2012 to talk about birthing practices in Vieques. The honor acknowledged her deep sense of civic responsibility toward the community she grew up in and loves.⁸ And so we sat down during a hot August day to talk about Vieques and the particular challenges to living and being born on the island. Carmen then told me about her own birth in 1944. She recounted how the physician who had seen her mother for some kind of prenatal care worried about anemia and recommended hospitalization. Doña Sinda, who had already home birthed five children, packed her bags and headed for the José Benítez Guzmán Municipal Hospital. It is difficult

to ascertain what convinced her to give birth away from the potential comfort of home and loved ones. Yet, she spent two months in the municipal hospital before returning to the barrio Destino with her newborn daughter. Carmen emphasizes the doctor's concern for her mother's welfare. And it could have been that Doña Sinda thought something could go wrong with her pregnancy. Indeed, she could have regarded the hospital as the place for the enactment of specialized knowledge, crucial in life-threatening situations. She could have also been curious about hospital birthing, or may have just welcomed rest from domestic labor. It is unclear how Doña Sinda interpreted her situation, valued the medical advice offered to her, or later qualified her overall experience with hospital birthing. The fact that she went back to home birthing suggests that Doña Sinda did not consider the hospital—or perhaps the José Benítez Guzmán Municipal Hospital—the ideal place for birthing. Even when she could have had free access to its services, she chose to stay home. The ambivalence Doña Sinda may have experienced was emblematic of a time when birthing practices were not yet medicalized in Vieques. She was figuring out her way through the early transition period.⁹

The history of birthing practices in Vieques is rather ordinary. The colony, officially founded by Spain in 1844, secured early on the services of a chief physician. This person worked with the local government to provide health services considered the responsibility of the state. Of particular concern were the curtailment of epidemics and the offer of medical care to the poor. The preoccupation with these two areas of public health led to the establishment of the civilian hospital in 1879. That year the municipality promised shelter, meals, medicine, access to nurses, and a daily visit from a doctor to those residents who lacked the means to take care of themselves while sick. Such guarantees were part of the hospital rules. These codified the vision of a public institution that provided for the most vulnerable on the island. And the provision hinged on the placement of patients under the purview of doctors. The rules even conditioned care to obedience of their mandates.¹⁰ From the very start, the municipality's intervention in health-related practices empowered the figure of the physician. Indeed, it early on regulated the practice of medicine and distinguished licensed physicians from healers. The enforcement of such regulations and distinctions was another matter.¹¹

In nineteenth-century Vieques, dependence on doctors was minimal due to their scarcity on the island, the difficulties of traveling for such

medical care, and the confidence that the local population placed on healers and midwives. Before medicalization became hegemonic, many requested the services of midwives. The local historian Nana Ortiz de Castaño (1996: 4) wrote that these women, while for the most part illiterate, were knowledgeable practitioners who relied on “the expertise of their hands, on vegetable oil (not very strong smelling), a pair of scissors and the power of the mother’s push.”¹² Pregnancy, though deemed dangerous, was not pathologized and prenatal care as practiced today was virtually nonexistent. The delivery of babies was understood as a craft dependent on expert hands and wisdom for success. Faith was also placed in divine intervention. In times of heightened uncertainty such as pregnancy and labor, people prayed to saints for miracles and for intercession before God. Intercession was of utmost importance since many believed that events were ultimately determined by God and the hands of midwives were guided by God’s will. Good fortune was therefore thanked and further assured by naming children through the calendar of saints and by asking midwives to become godmothers.

Susana Centeno

Susana Centeno delivered many babies during her years as an *enfermera práctica*. At the age of eighteen, she began working at the hospital as a volunteer. That was the year 1930 and there was a shortage of hospital staff. The experience changed her life and over the next three decades Centeno learned about health care through direct observation and practice. As she stated during an interview for *Página del Este* in 1994, “I started going to the hospital in order to help people who needed attention. . . . I thus went around asking and finding out things until I learned the basics of nursing and then stayed working in the hospital” (cited in Silva Casanova 1994). Indeed, Centeno completed the eighth grade in 1947 and obtained high school and nursing diplomas later in life.¹³ She apprenticed under Dr. Leoncio Davis and other practitioners. Hence, her approach to patient care borrowed from modern medicine and medical protocol but was more reliant on experiential induction. This set her apart from midwives, who did not share the medicalized perspective, as well as from health care professionals formally trained to follow medical protocol. The lack of such health care professionals on the island made it possible for her to practice nursing and to assume tasks now assigned exclusively to doctors. Laxer standards within the medical profession and limited governmental reach

to impose regulations also helped.¹⁴ Yet, Susana Centeno did more than just stand in for school-trained and licensed medical professionals that the community could not readily access. She functioned as the perfect hybrid figure for a transitional period. Her experiential knowledge was valued by Viequenses who understood health care as a craft and who interpreted life-and-death situations as the will of God. In addition, many appreciated the holistic approach and more personalized touch provided by Centeno. She could, after all, deliver babies, offer marital advice, and become godmother to newborn children (Nelly Córdova and Gloria Leguillou, pers. comm., June 16, 2012).

In a manner somewhat similar to other midwives and health care practitioners, Susana Centeno held a special place within the Viequense community. She was an esteemed public servant who worked in the municipal hospital from 1930 to 1961. Her efforts were recognized during a January 12, 1959, ceremony in which the mayor of Vieques, Antonio Rivera Rodríguez, lauded Centeno's service to the municipality.¹⁵ Two years later she left the island to live with her only daughter Nelly Córdova in the municipality of Toa Baja (*Página del Este* 1996: 24). The departure did not diminish her standing in the community. Córdova recalls how her mother's visits to Vieques had to be negotiated with admirers (pers. comm., June 16, 2012). These were people who wanted to shake her hand and let her know how she had touched their lives. As the 1996 naming of the CDT suggests, Ms. Centeno, as many called her, commanded the respect and appreciation of fellow Viequenses. And she did so in ways that perhaps no other woman has done.¹⁶ The admiration carries to this day. I remember the unconcealed pride in the face of Carmen Valencia when she told me about her birth in the José Benítez Guzmán Municipal Hospital under the care of Susana Centeno and nurse Juanita Santiago. It seems clear to me that Carmen and other Viequenses of similar age consider having been treated by Centeno a rite of passage. The experience may have been unpleasant, but it was shared among community members. Today its remembrance provides proud storytellers currency in the exchange of anecdotes about the good old days.

Some remember—with no lack of flair and drama—having their teeth pulled by Centeno. Others like Carmen recount their birth under her care. Carmen, in fact, stressed the particulars of her birth during the *Maker of Our History* ceremony. The seemingly marginal detail was likewise featured in the booklet that covered the event. The account in its many

reiterations highlighted not only Susana Centeno and Juanita Santiago's intervention but also the municipal hospital as the site of birth. The emphasis on the hospital was not a push for medicalization. Rather than promoting the benefits of medicalized knowledges, I understood that Carmen wished to bring attention to the fact of having been born on Viequense soil. To the extent that the Viequense identity is place-based, soil matters. The hospital, quite literally, grounded Carmen's Viequense identity. In addition, the old hospital, as it is known today, inscribed her in history. The "oldness" made Valencia part of the island's past. The José Benítez Guzmán Municipal Hospital allowed her access to an unquestioned Viequense identity that was further validated by Centeno and, to a lesser extent, Santiago. Thus, the story of Carmen's birth, more than a marginal detail, is central to the establishment of her Viequense identity. Furthermore, the story of her birth served to critique the current challenges to birthing and health care on the island.

The Old Hospital

According to Nana Ortiz de Castaño, one fine day in the early 1910s Carlos Benítez Castaño was stung by a bee. The ensuing inflammation worried the wealthy hacendado so much that he ventured into the *sanatorio*. The institution was located in front of the municipal cemetery in the barrio Cañon. It was a big house made of wood and zinc planks frequented by the island's poor. It was also a wretched place. So much so that, as the story goes, Benítez Castaño vowed upon his visit to rectify the situation. He subsequently donated some of his land on the outskirts of town. And it was there that Benítez Castaño, during his incumbency as town mayor (1910–14), undertook the construction of the hospital (Ortiz de Castaño 1994). The effort resulted in the José Benítez Guzmán Municipal Hospital (1913), which was staffed with doctors, nurses, and other personnel and which allowed for sleeping quarters, pharmacy, mortuary, operating room, maternity ward, and other facilities. The beautiful structure bore the name of Benítez Castaño's father and featured different wings, wraparound verandas, French doors, and an elegant main staircase.

In the decades to come the humblest of the island's population climbed up those hospital steps in search of health services and more. Indeed, during Centeno's time it was common practice for pregnant women to arrive weeks and even months in advance expecting room and board.¹⁷ In exchange, they performed tasks such as gauze making. These chores were

little more than a gesture since the government covered operational costs. It also helped that the hospital had a vegetable garden and that the staff, who were paid irregularly, engaged in barter and credit. While public funds were indispensable for the upkeep of the hospital, the institution survived because of local networks of barter and credit extension. Nelly Córdova, for example, remembers that the arrival of her mother's salary was haphazard. Many times lacking the cash for everyday necessities, Centeno depended on the credit extended by people like Zoilo Emeric who advanced her commodities on the promise of later payment. She also relied on barter through which patients offered anything from fruits to animals (Córdova, pers. comm., June 16, 2012). The offerings were not only a sign of gratitude but also a form of payment for the services received. As these exchanges suggest, health services on the island were not yet monetized to the extent they would be by the end of the century. Neither patients nor health care workers had easy access to money, and health services were valued in ways that did not necessarily include dollars. Exchanges surrounding health services nonetheless depended on the value placed on honor and the binding nature of spoken agreements. They also depended on personal relationships. Honor, chickens, and the bonds of family, friendship, and community could go a long way on an island lacking capital.

Militarization and Medicalization

In 1948, the ardent nationalist Pedro Albizu Campos (1972) denounced the actions of the U.S. Navy in Vieques as the vivisection of the Puerto Rican nation. He further argued that “the Viequense society is dying, extinguishing before the cold, deliberate, and intentional attack by the government of the United States [that] has chosen Vieques to repeat, in plain view of contemporary civilization, the crime of genocide” (50–51). For Albizu Campos, what happened in Vieques during the 1940s amounted to outright genocide. The term was defined that year by the United Nations (1948: 280) *Convention on Genocide* as “acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group.” And Albizu Campos wielded it to denounce how the navy took control of three-fourths of the island. Two expropriation waves trapped Viequenses between what would be an ammunition depot and a live target range. The expropriated, with their dwellings razed to the ground, were forced to relocate and very much encouraged to emigrate. Those who stayed on the island faced an uncertain future in a militarized colony that would be ruled by the needs and desires

of the navy. The welfare of civilians was secondary. This much was made clear early on, and reinforced over the years when protests against environmental and socioeconomic devastation went either unacknowledged or persecuted.

The navy clearly preferred to have the island for itself and actively strategized to get rid of its inhabitants.¹⁸ Its efforts, while ultimately unsuccessful, yielded tangible results. The local population dropped from 10,362 in 1940 to 9,228 in 1950 and to 7,210 in 1960.¹⁹ In twenty years the island lost 30 percent of its population. The situation appeared grave to Mayor Antonio Rivera who in 1964 publicly condemned the navy for forcing Viequenses to leave the island and for orchestrating the “savage murder” of the community.²⁰ Viequenses did not have to be formally evicted. The rampant poverty and the omnipresent violence of military encounters made and was supposed to make life in the island unbearable.²¹ Meanwhile, the looming threat of further displacement imprinted itself on the collective ethos and subjected islanders of all ideological inclinations to the uncertainty of collective survival.²² Indeed, since the expropriations, many in the community articulate the conviction that the navy and the colonial state have waged war against Viequenses subjected over the years to displacement, socioeconomic marginalization, military violence, and disease. These aggressions have made life and reproduction quite difficult, if not impossible.

While the Viequense population dwindled, there were rapid changes transforming the main island. The populist leadership of the Popular Democratic Party, in power from 1944 to 1969, committed to a series of far-reaching reforms. These initially focused on broadening access to land, work, and sustenance under a more democratic form of government. Yet, the technocrats crafting the *Estado Libre Asociado* (ELA or commonwealth) soon discarded access to land as a priority and agriculture as a viable economic activity. The move toward aggressive industrialization pulled people to urban areas and drove those whom the new economy could not incorporate to leave the archipelago. The population expulsion was integral to the engineering of the colonial landscape. Technocrats thought that the right application of science, medicine, and systematic planning would address the ills plaguing the colonial body. And one of the main ills to cure was overpopulation. If the new economy could not absorb all Puerto Rican workers and if land was a limited resource, emigration offered a solution.

Family planning was another area technocrats explored to quell the perceived threat of overpopulation, and to fashion modern families. State-

sponsored family planning emphasized certain kinds of practices, which included sterilization and medicalized hospital birthings. The effort was quite successful and, according to historian Isabel Córdova (2017), by the 1950s most births in Puerto Rico, although assisted by midwives, were taking place in hospitals. Changes were not limited to the main island. Vieques, while in many ways unaffected by the ongoing reforms, had 79 percent of women delivering their babies in the hospital by 1953. Out of the 212 births on the island, only 45 were in homes (Córdova 2017: 63). The percentage of hospital birthings would go up in the following years, reaching 99.4 percent in 1968 (PRDS n.d.: 10). By the end of the 1960s, the José Benítez Guzmán Municipal Hospital had become the site for birthing in Vieques. Women, increasingly placing their trust in the medical expertise of doctors and nurses, were dependent on the services offered by the medical institution. Yet, less than two decades later, when home birthing was no longer within the realm of possibilities that pregnant women considered, the hospital closed the maternity ward.²³

Medicalized and Travel Birthing

The temporary closure of the maternity ward in 1983 was gradually made permanent. If home birthing had become unthinkable by the 1980s, birthing in Vieques was rendered inconceivable by the 1990s. Or at least it was so to public servants who even framed the absence of a maternity ward as a legal matter. According to Mayor Manuela Santiago, the law that transformed municipal hospitals into CDTs proscribed surgical and other dangerous interventions (Silva Casanova n.d.).²⁴ These included, as evidence of the ascendancy of medicalization, birthing. Yet, several factors coincided at the end of the twentieth century to impede birthing on the island. Medical knowledge became increasingly specialized and the costs of medical care rose exponentially. Part of the rise was due to the greater reliance on specialists and diagnostic technology. It was likewise due to the expectation of lawsuits (Ramírez García 2008: 1).²⁵ The faith once placed in other forms of medicine and in divine intervention was eroded and in many ways replaced, at the behest of the colonial state, by the certainty that the practice of medicine infused with scientific rationality and technocratic problem solving yields predictable results. The conviction that the right scientific processes, knowledge, and experts lead to expected outcomes implies that unsuccessful ones are the result of malpractice. The shifting belief system helped open medical providers to lawsuits.

In the late 1990s, the Viequense Dr. José Luis Cintrón, ob-gyn, summed up the barriers to giving birth in Vieques from the viewpoint of medical providers. He stated that

to think of a maternity ward for Vieques is a fantasy. Within the realm of modern medicine, this is a project impossible to finance. A maternity ward needs specialized personnel such as an obstetrician-gynecologist, anesthesiologist (twenty-four hours), pediatrician-neonatologist, nurse anesthetist, and indispensable equipment like an incubator, respirator, blood bank and others. . . . It is quite true that these services used to be offered in Vieques. But what is not mentioned is the high mortality and morbidity rate that these practices entailed. . . . We have to understand that those were other times and other attitudes. Physicians could engage in improper practices and the people harmed were often conformists or did not have the malice to think about lawsuits and disputes. Nowadays a doctor must carefully weigh each step. We are in a time of lawsuits, especially against obstetrician-gynecologists, who are the target of most of them. For such reasons none of these specialists are going to work in a place that does not guarantee services and equipment conducive to an adequate practice of their profession. (cited in Silva Casanova n.d.)

Dr. Cintrón stressed specialization and lawsuits as major hurdles to birthing in Vieques. But so was the implementation of managed health care and neoliberal policies designed to lower costs and government intervention. These measures, epitomized by the health reform enacted by the Rosselló administration, gained ground during the 1990s. Bureaucrats and technocrats then became the ultimate arbiters in identifying excessive expenditures and unnecessary measures. In their quest for efficiency and cost-effectiveness, they transformed the exceptional into the ordinary: travel birthing.

Following the closure of the maternity ward, parturient women were flown to regional hospitals on the main island. Through an agreement with the local airline Vieques Air Link, the government made for a fragmented birthing process and for unlikely midwives. Rafael Mercado, for example, found himself delivering the baby of an eighteen-year-old Viequense who crowned during landing. The pilot, once aware that an ambulance did not await them in Fajardo, intervened. He even cut the umbilical cord and tied the ends with shoelaces. Mercado later explained that he had received basic

training for such emergencies, which was fortunate since the ambulance eventually arrived without adequate instruments or personnel (*La Página de Cheo* 1983: 2). The incident was unusual. But it still portrayed the challenges faced by Viequense women subjected to the assumption that labor could be planned and compartmentalized into self-contained stages. Parturient women were made to secure a trip to the municipal hospital, travel in an ambulance to the airport, take a flight to the main island, travel again by ambulance to the regional hospital, give birth, and find a way back home. The process was designed to ensure adequate medical care but lent itself to makeshift deliveries. As such, stories circulate about plane, bathroom, and other haphazard birthings. In light of the situation, pregnancy and labor were times of heightened stress and risks for Viequense women. Far from experiencing an empowering birth, these women were made vulnerable by a disjointed process that impeded sustained medical and familial support. They were separated from the familiar, taken in and out of different settings, and placed in the hands of people who were not all health care providers or even willing participants.

Reproductive rights advocates emphasize the need to depathologize pregnancy and reframe labor as a special time for women to bond with their gravid bodies and newborns. Travel birthing, devised through the logic of lowering the cost of medicalized interventions, denies such conditions. Yet, there were other reasons why Viequense women denounced travel birthing as unacceptable. Some were equally concerned with the intricate relationship between soil, statistics, and the Viequense identity. For people like Nana Ortiz de Castaño, the Viequense identity is inextricably linked to the Viequense soil. To be a Viequense is to be born in Vieques.²⁶ She was therefore deeply troubled by travel birthing and became a vocal supporter of the return of midwives and deliveries to Vieques. In an edition of the *Vieques Times* published a couple of months before the inauguration of the CDT, Ortiz de Castaño (1996: 4) wrote, “to the future parents in this Vieques community, I appeal, exhort you, in the absence of a proper maternity room in this island forgotten by the big shots in San Juan, please join me in my demand for a training course for midwife/nurses to protect the lives of future mothers so that there may be more native Viequenses and fewer Fajardeños in this little land that refuses to die.”

The comments by Ortiz de Castaño were part of a broader conversation about the lack of a maternity ward in the new CDT. And like other community members, she correlated the challenges imposed on the reproductive

practices of Viequenses with the community's subordination to San Juan-based politicians. For Ortiz de Castaño and other Viequenses, the colonial state, rather than being the guarantor of life, health, and general well-being, was an infringer. This perception was further aggravated by the shared understanding that a pregnant Viequense woman was not just any Puerto Rican woman in a gravid state. The Viequense woman faced conditions dictated by being part of an island municipality along with subjection to a particularly acute kind of colonial neglect and militarized devastation. Indeed, the hardships imposed on her reproductive practices were both inseparable from and integral to the systematic oppression of her island community. The conviction of being subjected to such targeted violence led Viequenses to utter the word *genocide* as a rallying cry (*Primera Hora* 2010).²⁷

Nonetheless, Viequense women have not been passive victims of the violence inflicted by the navy and the colonial state. In addition to developing a sophisticated critique of their situation, they have worked to open up alternatives. Their labor over the years has yielded notable successes. In early 1999, for example, women met with the purpose of sharing their experiences and delineating a role for themselves in the fight against the navy. The historic meeting led to the formation of the Vieques Women's Alliance under the motto "because Vieques is our home." This organization, of which Carmen Valencia was a founding member, became a central player in the struggle that ousted the navy, and in pushing forth the issue of reproductive rights on the island. Its members connected reproduction, health, and community survival. And they demanded that the Puerto Rican government reconsider the services offered by the new CDT and discard the notion that Vieques was an island where children could not be born. Their activism pressured the Sila María Calderón administration to redefine what was deemed "necessary" and defy neoliberal logics articulated under the previous administration to deny the CDT funding.²⁸ The women of the alliance strengthened the call on the colonial state to not just say it was the entity responsible for the people of Vieques, but rather to act accordingly. To which the colonial state, mired in civil unrest, agreed "to expand the services offered by the CDT in order to integrate a maternity ward and fit out a delivery room that had previously existed" (OCEVC 2002: 1). And so, on September 6, 2002, Governor Calderón inaugurated a maternity ward in the Susana Centeno Family Health Center. A year later the navy left the island.

Conclusion

The years of travel birthing (1983–2002) mark an exceptional period for Viequenses. There is now a generation of islanders born across the Vieques Sound. They bear the stain of such births. For these can be a source of embarrassment on an island where many claim to be Viequense first and then Puerto Rican, and where some proudly trace their origins to the old hospital. It is not unusual to encounter the stories, especially from forty-somethings, who describe how they barely made it. They got to inhabit the category of *Viequense* with more ease, unquestioned. Nevertheless, all Viequenses carry their births on their sleeves, from the expropriated to the travel-birther. Some were taken from the homes and barrios in which they were born. Others were flown to the main island to be born. Still, they all share the feeling of dislocation and the tentativeness of being Viequense. This has been an identity denied secure footing and made migratory by the colonial state and the navy. Travel birthing cannot but resonate to Viequenses as an echo in a long history of forced displacements. Yet, these births are more than an episode from the past. Travel births remain fresh in the mind of Viequenses because they still happen. The new maternity ward worked intermittently due to air conditioning malfunctions. In addition, high-risk pregnancies are flown to the main island.

Alma, for example, was diagnosed with preeclampsia during her second pregnancy. The disorder guaranteed her a trip across the Vieques Sound once labor pains started. She was flown from the CDT, drugged and in pain, to the Dr. Federico Trilla Hospital in Carolina.²⁹ Neither her husband nor her belongings fit in the helicopter. Alma traveled alone while Héctor secured childcare for their firstborn and prepared for a rather long and uncomfortable journey. He then took the ferry to Fajardo and a car to Carolina. There, Alma underwent a caesarean and recuperated from serious complications that ensued. It took her eight days to be released, time Héctor spent traveling to and from Vieques. He could not afford to miss work. Nor could he bear to stay away from his wife and newborn. And so he traveled and spent nights in a chair in the hospital waiting area. Men were not allowed in the room past visiting hours. It was therefore a relief when Alma was discharged. Their premature baby remained. Consequently, Alma, who almost died during childbirth, returned to Carolina every other day. She considered it a mandate to spend time with her newborn and bring him maternal milk. Seventeen days after being placed in an incubator, he was

finally released. Only then, when they all made it to Vieques, did the travel birth conclude for the family (pers. comm., March 18, 2014).

The birthing practices afforded to islanders are still a major concern to many Viequeses. The passing of Hurricane María in 2017 forced the decommissioning of the Susana Centeno CDT. Since then Vieques women have delivered babies in tents and other temporary structures. In these spaces, health care providers continue to do their very best with very little (Cruz Soto 2018). It is unclear what will become of the CDT inaugurated just over two decades ago with such enthusiasm and fanfare. The Federal Emergency Management Agency, the Vieques municipality and Puerto Rico's Central Office for Recovery, Reconstruction, and Resiliency have negotiated costs and whether to bring back a clinic or a hospital (Quiles 2019). The dispute over the appropriate designation of the future medical institution goes back to the issue of costs and to the longer conversation about what services will be made available to the island community. There is no agreement on the latter. Accordingly, it is equally unclear what will happen to the maternity ward. Will it be once again considered a fantasy? An unnecessary expense?

Amidst all the uncertainty, the words of Carmen Valencia haunt. In Vieques, she told me, “one must fight for everything. For the most basic right that one may possess, one has to fight.” The need to be unruly is perhaps the one thing Viequeses can count on, “because imagine otherwise.” Valencia's follow-up exhortation was a call to grasp what was truly at stake: survival. For, in Vieques, to survive is to engage in a historical struggle against the ravages of militarized colonialism and associated ills.³⁰ This is the essence of *la lucha viequense*, which has been waged in fundamental and often unacknowledged ways by Vieques women. These women in *la lucha* (i.e., these *luchadoras*)—whether performing myriad roles in an understaffed hospital, organizing rallies for better health services, or escorting patients to medical appointments on the main island—shape the struggle for the survival and well-being of the Vieques island community.

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Notes

I could not have written this article without the generous support of Nelly Córdova and Gloria Leguillou. They shared memories, photographs, and other treasured texts. I am grateful to Nelly for trusting me with the collection of documents she compiled on her mother. I refer to them as the Susana Centeno Papers (SCP). The collection may soon be available at the Historical Archive of Vieques. I am also grateful to Carmen Valencia and to all the other Viequenses who have shared their stories with me over the years. I am likewise thankful for the helpful comments made by the anonymous reviewers of this article and for the pioneering work of historian Isabel Córdova. But I am most grateful to my mother, the best research assistant I could have ever hoped for. All translations are my own.

- 1 The word *hospital* is used colloquially to refer to the Center for Diagnosis and Treatment (CDT) inaugurated by the Rosselló administration. In the 1950s, Guillermo Arbona, the secretary of health, put in place a regional model through which satellite clinics serviced municipalities with primary care. For specialized and complex treatment, patients were transferred to regional hospitals and to the medical center in San Juan. Clinics, whether named CDTs or Family Health Centers, have since offered basic and stabilizing services. Hospitals provide more comprehensive care (Ramírez García 2008). In Vieques, however, a hospital predated the satellite clinic. And those who remember the services offered by the institution often consider the “new hospital” lacking. The word *hospital* is consequently a politically charged term that can encompass aspirations for better health services (Quiles 2013).
- 2 Susana Centeno was a practical nurse who learned the trade through apprenticeship and later through nursing courses. Nonetheless, the responsibilities she assumed in the municipal hospital exceeded those of a registered nurse and an advanced practice registered nurse.
- 3 The hospital depended on the municipality of Vieques and Puerto Rico’s Health Department. Its early years were marked by instability, budget deficits, personnel shortages, and equipment problems. In March 1999, for example, the hospital was transferred to the municipality and in October 2001 it was transferred back to the Health Department (ETI 2004: 187). The municipality, with an operational deficit of \$3,638,392 for the fiscal year 1999–2000, lacked funds to run the institution (PROC 2001). Mayor Santiago negotiated with the navy for aid. Their ensuing agreement was criticized as unusual as well as self-serving given the upcoming referendum on the navy’s presence in the island (Rodríguez 2000: 14). The condemnation got worse when stories surfaced that Santiago ignored other donors (Díaz Alcaide 2000a: 6). She denied the accusations. Meanwhile, Governor Rosselló celebrated the agreement. He declared the Puerto Rican government unable to provide funds (Díaz Alcaide 2000b). Instead, it was unwilling. The transfer of the hospital to the municipality was part of a broader implementation of neoliberal policies aimed at reducing the size of the government.

- 4 The morbidity and mortality rates are associated with chronic diseases such as cancer. The Central Cancer Registry of Puerto Rico reports that for the year 2000, cancer-related mortality in Vieques was 27 percent higher than expected when compared to Puerto Rico. In *Incidencia y mortalidad de cáncer en Vieques, 1990–2004*, the authors state that the registry’s findings “suggest a potential health problem in the island municipality. . . . It is worrisome that while mortality due to cancer in Puerto Rico underwent a 7 percent decrease [between 1990 and 1999], in Vieques there has not been a comparable decrease” (Figueroa et al. 2009: 58).
- 5 In 2000, according to government statistics, 73.3 percent of the population was living in poverty. The percentage carried over from the previous decade. In 2010, the figure decreased to 42.9 percent (PROC 2016). The decline may have been due to improved economic conditions in the island following the closure of military installations, as well as to immigration and gentrification trends in post-navy days.
- 6 Eligible island residents can opt for government health insurance partly funded by Medicaid and administered by the Administración de Seguros de Salud de Puerto Rico (ASES). The number of beneficiaries fluctuates by month. In November 2019, for example, these totaled 3,401 (PRDS 2019). Benefits and providers likewise change. Yet, beneficiaries usually have access to a primary care physician and a primary medical group. These coordinate the health care of patients and make referrals to specialists within the general network offered by the private insurance company contracted by ASES (see, e.g., ASES 2015). Since there are limited health care providers in Vieques, patients travel to the main island for access to services. In August 2016, for example, there were two laboratories (owned by the same company), one pharmacy, four general practitioners, one gynecologist, and two dentists. The situation after the passing of Hurricane María in 2017 is more volatile.
- 7 I define *medicalization* as the process through which realms of life once considered outside the purview of medicine come to be framed as medical problems (see, e.g., Clarke et al. 2010).
- 8 Carmen Valencia performed civil disobedience against the navy and participates in health-centered initiatives. Her work with the Susan G. Komen Foundation, for example, has made mammograms more accessible to Viequense women.
- 9 For a history of the medicalization of birthing practices in Puerto Rico, see Córdova 2008 and 2017. The second chapter of *Pushing in Silence* is particularly pertinent to the present discussion because it traces the transition to hospital birthing and includes statistics on Vieques.
- 10 27 de octubre de 1879, exp. 5, caja 1, Documentos Municipales, Vieques, Archivo General de Puerto Rico, San Juan.
- 11 Shortly after the establishment of the colony, the governor of Vieques, Francisco Sainz, was impeached. Listed first among the accusations was his

- acquiescence to the treatment of patients by “an old man practitioner in medicine, but without the license to practice.” The “summary of charges” further states that the island’s chief physician forbade the “old man” to practice “healing,” but the governor was bribed into allowing it. *La Sumaria contra Sainz* [1851], *Documentación sobre Vieques: Transcripciones de documentos procedentes del AHN/U Madrid*, 815, Centro de Investigaciones Históricas, Universidad de Puerto Rico, Río Piedras.
- 12 Nana Ortiz de Castaño (1996: 4) argues that midwives aptly identified life-threatening conditions like placenta previa. If serious complications arose, they deferred treatment to doctors and aided in the transfer of parturient women to the hospital. Doctors were legally authorized to attend complications midwives could not treat. How often parturient women in distress turned to doctors is difficult to ascertain since birthing practices went for the most part unrecorded until the mid-twentieth century. Much of what is known circulates orally.
 - 13 Susana Centeno grew up in a household with numerous members and humble means. While her mother Elisa Carrión was a housewife, her father Arturo Centeno worked in construction. His search for employment led the family to move between Vieques and Puerto Rico. The displacements made it difficult for Centeno to obtain a stable education during her early years (Silva Casanova 1994: 28). The central role she later played in the hospital did not make it easier. Nelly Córdova remembers her mother stepping out of night classes to attend women in labor and other emergencies (pers. comm., June 3, 2014).
 - 14 Manuel Silva Casanova (1994: 28) writes that there were accusations of malpractice leveled against Centeno and that people critiqued her performance of roles that should have been reserved for doctors. Centeno responded to Silva Casanova that she never caused a death due to malpractice. She also stated that doctors were always on call and that patients in critical condition were transferred to Puerto Rico.
 - 15 Gobierno Municipal de Vieques, *Diploma de Reconocimiento: Susana Centeno*, January 12, 1959 (SCP).
 - 16 Susana Centeno received numerous tributes during her lifetime, including being declared Adopted Daughter and Distinguished Citizen of Toa Baja in 1997. She was also celebrated by Viequesenses Ausentes during a 1987 activity in San Juan. And in 2006, the mayor of Vieques, Dámaso Serrano, commemorated her posthumously. Gobierno Municipal de Toa Baja, *Ordenanza Num. 26, Serie 1996–97, March 12, 1997* (SCP). Gobierno Municipal de Vieques, *Proclama: En homenaje póstumo y en conmemoración del natalicio de Susana Centeno Carrión*, May 24, 2006 (SCP).
 - 17 Nelly Córdova, who lived in the hospital with her mother, emphasizes the allure that food had for expectant mothers and their families (pers. comm., June 16, 2012). In an island suffering from widespread poverty, free nourishment was attractive. It was arguably more appealing than access to medicalized knowledges.

- 18 During 1958–64, for example, the navy garnered support for the complete expropriation of the island. The plan was dropped when San Juan–based politicians secretly agreed to stunt the development of leisure tourism in Vieques (see Vélez Rodríguez 2002).
- 19 The population of Vieques totaled 9,301 in 2010. This was 1,061 fewer than before the navy's arrival (PROC 2016).
- 20 Antonio Rivera to People of Vieques, March 31, 1964, 1, documento 96, cartapacio 54, sub-serie 13, serie 8, secc. V, Fondo Documental Fundación Luis Muñoz Marín, Trujillo Alto, PR.
- 21 In the decades following the expropriations, the violence engendered by militarized colonialism became part of the quotidian. Its manifestations varied from curfews to rapes and beatings. Two entities were charged with keeping the peace in the civilian area. The municipal police exercised jurisdiction over civilians, and the military police over servicemen. The situation made clear that there were different standards governing the people who coincided in the middle stretch of the island. Life in Vieques was also riddled with what the navy deemed accidents. These included stepping on land mines and being hit by a truck. They could also encompass stabbings, shootings, and all sorts of actions that the navy never acknowledged as (attempted) murders.
- 22 The 1940s expropriations were heralded by eviction letters. These stipulated that those relocated to navy property could be vacated at any given moment. The proviso affected most of the people who did not emigrate and their descendants.
- 23 Gloria Leguillou, a registered nurse who specialized in obstetrics, states that her retirement prompted the closure of the maternity ward because the remaining hospital personnel lacked the proper education to deliver babies (pers. comm., June 3, 2014).
- 24 Since the 1993 health reform did not create CDTs, Mayor Santiago may have been referring to the 1976 “Ley de Reforma Integral de los Servicios de Salud de Puerto Rico.” The law set higher standards for the certification of health care professionals and solidified CDTs as the centers for primary care throughout the archipelago (Ramírez García 2008: 3–4).
- 25 The medical director of the CDT, Dr. Betzaida MacKenzie, stated that today there are higher expectations for the medical community. These result from the specialization of physicians who can provide better health care. The exponential increase in medically relevant knowledge has also meant that a doctor can no longer perform myriad roles, especially since malpractice (or unfulfilled expectations) can lead to costly lawsuits (pers. comm., July 5, 2012).
- 26 The Department of Health assigns to Vieques the children born to Viequense mothers. Yet, birth certificates identify their birthplace on the main island. In 2000, according to the secretary of health, Johnny Rullán (2002), 76 percent of these children were born in Fajardo, 20 percent in Carolina, 7.5 percent in San Juan, and 2.7 percent in Vieques.

- 27 The United Nations (1948: 280) defined genocidal acts as the killing of members from a targeted group, the causing of bodily and mental harm to group members, the infliction of life conditions meant to bring about the complete or partial demise of the group, the imposition of measures intended to prevent births in the group, and the transferring of children outside the group.
- 28 Months after the Rosselló administration declared the government unable to provide funds, the Calderón administration identified \$4.7 million for a maternity ward (Díaz Alcaide 2002).
- 29 The Department of Health has made arrangements for the transportation of patients via airplane or helicopter. Island residents are responsible for their return travel. Patients without adequate health insurance coverage are likewise responsible for the transportation costs to the main island.
- 30 For the past decades, islanders have been working with a transnational scientific community on the identification, quantification, and analysis of substances dispersed by navy practices. Their findings reveal toxic chemicals lodged in the food chain and bodies of Viequeses, which can explain the high morbidity and mortality rates of the population (GATP 2002: 93–103). Yet, the Agency for Toxic Substances and Disease Registry (ATSDR) denies the existence of clear scientific evidence linking “any health problems in Vieques residents” to the “potential releases of hazardous substances from military training activities on the island” (ATSDR 2013).

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