Speaking of Opium: Ownership and (Settler) Colonial Dispossession

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This article will first examine colonial dispossession by highlighting the relationship between the British opium trade and intellectual property law – i.e. legal discourses of ownership – in the eighteenth and nineteenth centuries. Analysis will then proceed to settler colonial dispossession ‘then’ and ‘now’ in twentieth and twenty first century advertising techniques – i.e. cultural discourses of ownership – for medications containing or derived from opium in the United States such as patent medications and Oxycontin. In the history of the commodification of opium in the US, we see a shift from the appropriation of indigenous culture, to the mobilisation of late liberal notions of autonomy. Tracing the history of opium across these seemingly disparate geographies and discursive registers will work to analyse discourses of ownership in US settler colonialism by addressing their relationship to discourses of ownership in earlier forms of British colonialism. This approach is taken in the spirit of Veracini’s contention that if it is to be carved out as a distinct theoretical concept, settler colonialism should be considered within a dialectical relationship to colonialism.

At the beginning of the eighteenth century, the British Empire had run into a potentially devastating international trade problem. The majority of the Empire’s tea was being imported from China, along with a series of other luxury resources including porcelain and silk. While Britain relied on China for the majority of the very resource that had come to define British identity, Britain was supplying considerably less in return. This was the age of mercantilism, and the British imperial government was growing extremely uncomfortable with such economic asymmetry. Mounting debt to China might have brought catastrophic consequences to the future prominence of Britain. Two interrelated issues barred such catastrophe for imperial authorities: the victory of the British East India Company in 1757 and the resulting opium trade. At this point
in history, India had the world’s largest opium crop. Once the British had colonised the land, they were able to appropriate the crops for exploitation in international trade as well as domestic medication. Indeed, India had been exporting opium for centuries before this, but not nearly to the extent that the resources of the British Empire allowed. Given that their greatest debts were to China and that there was already an opium demand due to the small supply generated in the southeastern region of the country (primarily Sichuan), the country began to see a massive influx of opium.¹ While the revenue generated from this strategy certainly worked to settle the debt with the Chinese, there was a wide series of consequences that were to play out over the next 250 years.

First, it should be noted that the import and sale of opium had been explicitly forbidden by the Chinese Imperial government since 1729. Nevertheless, the British Empire was determined to reap the benefits from its latest colonial project in India. The illegal sale (i.e. smuggling) of opium to China by the British continued for roughly 80 years. British smuggling was primarily conducted by private merchants such as Jardine Matheson & Co, whose partners became extremely wealthy. James Matheson became the second largest landowner in The British Empire, constructing Lewis Castle off the coast of Scotland in 1844. In the decades following the war of 1812, increasing demands for opium in China caught the interest of the US. The grandfather of Franklin Delano Roosevelt (Warren Delano II) prospered immensely as head of the American firm Russell & Company who bought up opium crops in Turkey meant for sale in China. The Chinese never stopped viewing people like Matheson and W. Delano as criminals, and the conflict eventually escalated into war. The First Opium War ended in British victory in 1842, as did the second in 1858. This finally resulted in the legalisation of the sale of opium in China, ending a nearly 100 year struggle over Britain’s supposed right to sell opium to China.²

The combination of the British Empire’s expropriation of the world’s opium supply with the rise of global industrial capitalism in the second half of the nineteenth century not only led to a vastly increased availability of opium in China, but also within Europe, as well as in the settler colonies like Australia and the United States. As Marx also noted, ‘the application of chemistry to industry’ opened up
a new transnational capitalist market. Medication was a key product in this context, particularly the highly marketed elixirs with names like ‘Bateman’s Drops’, ‘Dalby’s Carminative’, and ‘Godfrey’s Cordial’. These three and many others were marketed as ‘cure all’ formulas, purported to ease symptoms of ailments as disparate as malaria and boredom; in essence, they were no more than opiates (such as morphine), or even pure opium disguised in an array of plant based ingredients that masked opium’s bitter taste.

As these medications began to circulate more widely in the transnational market during the latter decades of the nineteenth century, savvy marketers created competing brands, and the drive for control over the capital generated by the pain relieving effects of opium led to the tightening of the legal ‘patents’ of these medications. In the Europe of the 1400s, patents originally functioned as a means for the sovereign monarch to arbitrarily grant monopolies over the profit of a given resource or product. Patents were granted over resources as ubiquitous as salt to chosen members of the aristocracy as a means of maintaining power. The epistemological shift of the Enlightenment changed all this.

**DISPOSSESSION AND PROPERTY IN EMPIRE**

There are many ways to think about the foundational principles of liberalism and the Enlightenment as they relate to property. One especially fruitful way would be to refer to two foundational philosophers of property and the Enlightenment. Here I am first thinking of John Locke’s Second Treatise of Government in which we get the classic formulation of property defined as the product of labour.

Whatsoever then he removes out of the state that nature hath provided, and left it in, he hath mixed his labour with, and joined to it something that is his own, and thereby makes it his property.\(^5\)

Here Locke is referring to material property (i.e. land). Through Locke’s formulation, land becomes property when it is taken out of a
‘state of nature’ through physical toil and labour. Once the land has been worked on – and here Locke was referring to non-migrational, generally agricultural modes of existence – it becomes propertied. In order to transfer Locke’s ideas of private property to immaterial (i.e. intellectual) properties such as the formulas for ‘Dalby’s Carminative’, a conception of a universal, autonomous self-capable of ‘intellectual labour’ – i.e. not just physical labour – is necessary.

One of the canonical writings to turn to in attempting to understand the nature of the universal liberal self is Immanuel Kant’s ‘What is Enlightenment?’. In this essay, Kant defines enlightenment as ‘man’s ability to release himself from his own tutelage’. Tutelage here is defined as man’s inability to make sense of his world without the guidance of another person. In other words, enlightenment is defined as the transcendence of social obligation by carving a private space (as opposed to public space) in which one’s ‘true’ self is allowed to exist without social concerns. As these two ideas coalesce in the seventeenth and eighteenth centuries, they are codified into intellectual property law. What is known as the ‘public domain’ is codified into law as a space that is free from private influence. It is a space that is equally available to all people for the purposes of ‘mixing’ objects or ideas from that space with intellectual labour. Through this logic, intellectual labour is now capable of rendering newly propertied objects in the world by extracting raw materials from the public domain.

The aristocracy was no longer to be rewarded by the good graces of the monarch. Individual invention, innovation, creativity and (most importantly) applicability to industry were the new criteria for the granting of a monopoly. In the context of opium, the logic of intellectual property law assumes that value has been added through the process of chemical isolation of opiates such as morphine, or through mixing opium with alcohol or herbs and creating a marketing campaign. Rendering the natural world as property was certainly not unique to European history up to this point, but the global and individualistic nature of such an assertion absolutely was. The most savvy of the marketers of these newly commercialised forms of opium applied for and were granted patents by the US, British and Australian governments in order to protect their appropriation (i.e., theft) and their supposedly unique elixirs. By the end of the
nineteenth century, elixirs and tablets containing opium were circulating widely throughout Europe and its settler colonies.

The shift from granting monopolies to the aristocracy through nepotism or preference to granting monopolies to individuals on the basis of originality and contribution to industry laid the groundwork for the contemporary global intellectual property regime. The coalescing of liberalism and private property marked the beginning of a regime of intellectual property predicated on the notion that natural resources such as opium can be appropriated, propertied and sold through a discourse of individual ownership and innovation. However, indigenous political critique has begun to articulate the workings of what it has termed ‘biocolonialism’, which includes the colonial appropriation and circulation of natural resources. In addition, many legal scholars have argued that intellectual property law is itself a reflection of the history of colonialism as a mechanism of exploitation through commodification. For example, legal scholar and anthropologist Rosemary Coombe has articulated a critique of intellectual property law through a discussion of individualism and Orientalism. Borrowing the idea of the ‘European Art/Culture system’ from historian James Clifford, Coombe reviews the ways in which the terms ‘art’ and ‘culture’ shifted their meanings as part of the larger historical project of colonialism, global capitalism and the distribution liberal ideas of autonomy and creative expression. Before this shift, art referred primarily to what we would today understand to be craft. A highly specialised skill in a specific industry such as that of the cobbler or luthier fell under the idea of art, while culture referred to an organic growth such as a yogurt culture. Art with a capital A develops in the nineteenth century as the product of the expressive faculties of an autonomous self, often referred to as a ‘genius’. Similarly, culture as an organic growth morphs into Culture (capital C) – which refers to the progress of civilisation. Raymond Williams has categorised the nineteenth century notion of Culture into three categories; Culture as ‘a process of intellectual, spiritual and aesthetic development’ Culture as ‘a particular way of life, whether of a people, a period, a group or humanity’ and Culture as ‘the works and practices of intellectual and especially artistic activity’.
Hammond, ‘Speaking of Opium’. 

Coombe discusses Art (capital A) as well as Williams’ first and third concepts of Culture under the rubric of what she terms ‘possessive individualism’. More than anything else, the European Art/Culture system develops as a method of asserting ownership over a wide variety of artifacts, products of creative expression as well as natural resources (such as opium). Art is no longer the product of years of the development of a craft, but an expression of autonomy and individuality that works to assert ownership over that expression. Culture – in Williams’ first and third senses, development of the self and/or works and practices of intellect – is also a technology of ownership that is legitimated through colonial notions of the unceasing progress of civilisation. This unceasing progress – which can also be understood as the logic of development – is to be mirrored through a similar progression of the self and its intellectual and artistic expressions. Here we have the fusing of the aforementioned Lockean notions of property with Kantian notions of the ‘private’ self that exists in contrast to, but as a necessary part of, public life. Liberal autonomy and private property are necessary components of Art as an expression of creative genius and Culture as a sign of the progress of civilisation and the self.

And then there is Williams’ second notion of culture as a way of life that corresponds to particular ‘peoples’ that are defined by collective practices as well as a specific geographical location. This is the definition of culture that corresponds to the creation of anthropology as a scholarly field of inquiry. Coombe designates this understanding of culture as circulating with a lower case ‘c’. Here, culture is understood not under the sign of liberal autonomy or property, but as a collection of values and practices to be attributed to a ‘people’ rather than to a single author/individual. If Art and Culture represent a possessive individualism that is reflective of the coterminous phenomena of colonialism, liberalism and property, culture (lower case c) underpins an Orientalism that imagines societies that are the inverse of Western Culture. Important for our discussion here is the way in which culture (lower case c) is often viewed as the ‘raw materiel’ for Culture or Art. Or, in the case of opium, ‘Medicine’ (within the logics of intellectual property law). For example, there is a clear division in intellectual property law between private works and the public domain. The resources available within
the public domain are imagined to be freely available to all producers of Art or Culture.

And yet, indigenous culture is often appropriated under the idea that it exists in the public domain. Legal and science studies scholar Laurelyn Whitt has argued that the public domain operates within intellectual property law as a nexus of power that works to delegitimise indigenous creative and intellectual expression as ‘raw materiel’. We see this across artistic mediums and throughout the nineteenth and twentieth centuries. Whether we are referring to Picasso’s use of aboriginal imagery, new age musician Enigma’s use of Taiwanese aboriginal singing in his un-self consciously titled international hit ‘Return to Innocence’, or the British appropriation of opium in India, it is exceedingly clear that the public domain is far from a neutral space that is free from the power relations within colonial histories. Liberal notions of the autonomous genius that derives raw materials from the public domain as a mode of individual self expression are not only manifest throughout the logics of intellectual property law, but they are necessary elements of empire.

These legal discourses of ownership in the context of a colonial dispossession laid the groundwork for later settler colonial dispossession in the context of cultural discourses of ownership. The following sections will work to theorise the advertising techniques of the US medicine shows in the latter decades of the nineteenth century and at the beginning of the twentieth century, as well as those of contemporary pharmaceutical ad campaigns as modes of settler colonial dispossession. Through the appropriation of Native American culture, the medicine shows worked to assert ownership over medicines containing opium or morphine, while displacing the South Asian origin of opium. As we will see, the cultural appropriations upon which empire rests can also work in ways much more covert than direct expropriation or even settler or coloniser identity formation. The cultural appropriation of indigeneity in the medicine shows in the US worked to displace the colonial appropriations of the eighteenth and nineteenth centuries – i.e. the British appropriation of opium from India – through settler colonial appropriations of the nineteenth and twentieth centuries – i.e. cultural appropriations of indigeneity. From this theory of displacement, I will move to a comparison of these historical
advertising techniques with the contemporary ‘Partners Against Pain’ campaign launched by multinational pharmaceutical company Purdue Pharma. Through this comparison, I will find that within the process of the commodification of opium in the US, the necessity to exploit economically the appropriation and absorption of indigenous culture shifts to a paradigm that exploits distinctly late, liberal settler desires to be free from social constraint.

SETTLER DISPOSSESSION THEN: MEDICINE SHOWS

The medicine shows of the nineteenth and early twentieth century in the US were merely one act among a line-up of juggling, music, theatre, dance, circus performances and freak shows that travelled the country to perform in the emergent settler nation’s small towns. Most of the entertainers were based in large northeastern cities like New York – and like many in the popular entertainment industry – reaped great profits by taking their acts on the road. These entertainers freely admitted to searching out the most isolated towns whose only exposure to live entertainment was often the annual visit of travelling popular entertainment shows. The audiences of these medicine shows were often middle to working class US citizens, and generally white. The pitchman in the travelling performance troupe fell toward the end of the show. Once the audience had been appropriately wooed by the variety of entertainment, the medicine pitchman would take the stage. The best pitchmen were rhetorical craftsmen, waxing philosophic on the nature of mankind and exploiting the fear of death to such an extent that the contemporary reader can only laugh. Take the opening pitch of pitchman, T.P. Kelley:

You are all dying, every man, every woman and child is dying; from the instant you are born you begin to die and the calendar is your executioner. That, no man can change or hope to change. It is nature’s law that there is no escape from the individual great finale on the mighty stage of life where each of you are destined to play your farewell performance. Ponder well my words then ask yourselves the questions: Is there a logical course to
pursue? Is there some way you can delay, and perhaps for years, that final moment before your name is written down by a bony hand in the cold diary of death? Of course there is, ladies and gentlemen, and that is why I am here.\textsuperscript{15}

Fear of death, however, was not the only affective and effective device employed by these pitchmen. Difference – specifically racial and cultural difference – was a vital mechanism in the rhetorical toolkit of the pitchman. The medicines advertised by the pitchmen (many of which contained opium) were often presented as being from a nebulous ‘far away land’.\textsuperscript{16} Mystery and exoticism were often manifest into the pitchman himself as a vessel of a sacred and foreign knowledge that would provide health in a way that common medical knowledge could not. For example, take the following account of pitchman sales techniques by patent medicine historian James Harvey Young.

The oriental theme was [...] popular. One ‘professor’ [pitchman] spent his first evening in a new town saying not a word. Swathed in robes, he sat silent as a statue, staring straight ahead, while two aides, one on either side, pounded away at kettledrums. Phosphorescent banners bore his name and a weird mixture of unintelligible letters and symbols. The scene was illumined by green fire.\textsuperscript{17}

These medicine shows were a veritable hotbed for performances of difference. In this context, the figure of the ‘Indian medicine man’ was central. Not every patent medicine contained opium or opiates, nor did every variety show entail such overt performances of difference. However, the performance of difference in the service of the sale of medicines that contained opium was an extremely common occurrence in the US for the entire nineteenth century and roughly half of the twentieth century.\textsuperscript{18} It is these moments of articulation between the sale of opium and opiates and the performance of altereity that this analysis is critically engaging.
Specifically, I will argue that through the performance of a domesticated indigeneity, the South Asian origin of the opium in the medicine was displaced into an ‘Indianness’ that was also working in the formation of settler identity (as well as serving what Patrick Wolfe has called ‘the logic of elimination’).

John Healy and Charles Bigelow were the founders of the Kickapoo Indian Medicine Company. Healy was from New Haven, Connecticut with a background in business, and Bigelow was a farmer from Texas. Bigelow eventually ‘rejected the plow for a chance to tour with a[n] […] Indian medicine man, Phil Grant, known as Dr. Yellowstone’. Healy had worked to promote a liniment called ‘The King of Pain’, and also founded and promoted a novelty variation of the blackface minstrel show called ‘Healy’s Hibernian Minstrels’. In 1873, Bigelow was ‘pitching herbs on street corners’ in Baltimore, barely making enough money to pay the rent. Healy came to Baltimore two years later and it was then that the two men hatched the idea for the Kickapoo Indian Medicine Company. The company moved around in the years between 1875 and 1881 from Baltimore to Boston, then to New York, and finally finding a permanent home in New Haven, Connecticut. The products of the company would be ‘Sagwa’s, Salves, Remedies and Cures’ that would claim relief from ‘constipation, liver disease, dyspepsia, indigestion, loss of appetite, scrofula, rheumatism, chills and fever etc.’. Healy and Bigelow were not the first to invoke the specter of the Indian in order to sell medications, but their effort was by far the most exhaustive. It became the standard for later Indian medicine companies until the practice died out in the 1950s.

While the two men initially argued over the place of ‘Indians’ in their business, they agreed that traveling with a group of Native Americans was an absolute necessity. Healy originally wanted them to be set up beside the pitchman’s stage in a teepee with the medicine ‘simmering like a witch’s brew in a great iron pot’ to be ladled into individual patrons bottles. Bigelow preferred that the medicine be sold in individual bottles, but the two agreed that a group of Indians performing songs and dance and a teepee were necessary props for their show. That none of the Native Americans hired by Bigelow and Heath were actually Kickapoo is perhaps no surprise. According to Brooks McNamara – a performance studies
Hammond, ‘Speaking of Opium’.

In much the same way that contemporary advertisers launch campaigns across media types with a wide array of strategies and techniques, Healy and Bigelow exploited all forms of media at their disposal in order to sell their products. These efforts went far beyond labels on bottles or posters in drugstores, and even included efforts outside the traveling show. Through their circulation of a series of pamphlets on the origins of the Kickapoo medicines, the pair keyed in to a larger literature on ‘Indian Medicine’ that was circulating throughout the nineteenth and early twentieth century. In the words of McNamara:

_The Indian Doctor’s Dispensatory, The Indian Guide to Health, The North American Indian Doctor_, or _Nature’s method of Curing and preventing Disease According to the Indians_ and many similar works capitalized on the power of the Indian medicine idea over those who shared the popular enthusiasm for botanic medicine or distrusted the educated white physician.

While the travelling variety shows mixed entertainment with medical advice, testimonials and advertising, the free or inexpensive Kickapoo publications took a similar ‘meditainment’ approach by featuring a set of reoccurring characters whose adventures were slowly revealed over a long series of magazines, almanacs or pamphlets. Through their literature, Healy and Bigelow worked to build up a mythology around the origin of their medicine that was centred upon the classic American desire to ‘know’ (and possess) a pure indigeneity untouched by civilisation.

Crucial for this mythology to fully function was a genre of story that positioned a familiar presence – generally a white male – as the bearer of a guarded Indian knowledge that had been revealed to him under some extraordinary circumstance. This popular genre of
storytelling in advertisement was not unlike the genre of academic ethnography developing in early anthropology at the time. We see this in the literature distributed by the Kickapoo Company, but it is most commonly referred to in accounts of the Kickapoo Medicine Shows. In the pamphlets, Bigelow was the centre of the stories, generally referred to as ‘Texas Charlie’. Texas Charlie’s adventures on the frontier would always lead to near death experiences for which the Indians would provide a miraculous cure along with the secret formulas of their mysterious medicines. In the Kickapoo shows, once the crowds had been drawn in by the entertainment, an (almost always) white male pitchman would begin a story about adventures on the frontier that had allowed access to the generally guarded secrets of ‘Indian Pharmacology’. Beside the stage, a group of Native Americans would stand ready to perform their indigeneity, or to distribute the medicines along with the other performers to members of the crowd ready to buy or trade on the distinctly American phantom of the Indian medicine man.

There are a number of ways in which we might analyse the cultural appropriation of Native American healing practices in these medicine shows. That assertions of ‘Indianness’ have been a necessary element of the construction of an American identity is well documented. Whether despised as savages or desired as noble and pure, the contradictory specter of the noble savage has been ubiquitous throughout the history of the construction of American identity. Phil Deloria has deftly pointed to the contradictory poles of the imaginary of the noble savage as more widely representative of two intertwined histories – both crucial in the formation of the US – the history of the enlightenment, and the history of colonialism. Rousseau’s rejection of the trappings of bourgeois society was equally informed by a fantasy of a noble and pure ‘state of nature’ as Hobbes’ obsession with progress was by a fantasy of ‘savages’ as the inverse of civilisation. As these two poles played themselves out throughout the history of America, the colonial imaginary requires the notion of the cultural supremacy of the civilised white European male as understood in contrast to ‘the savage’, while the liberal or ‘enlightened’ imaginary requires the notion of the ‘purity’ of the Indian as representative of some lost element of civilised society. Patrick Wolfe has theorised this liberal desire for aboriginality in the context of Australian multiculturalism. Both Wolfe and Deloria posit
this liberal desire as not only a societal desire to retain a lost purity, but also as a mechanism of differentiating the settler colonies of Australia and the US (respectively) from the European motherland through an assertion of indigeneity as vital to national identity.

The appropriation of indigenous culture is a necessary element of settler colonialism. Once the settler colony has seized indigenous land, the next phase of the settler project is to eliminate the indigenous population. While the most obvious instantiation of indigenous elimination in the American history lies in the genocidal foundations of the US as a nation, the genocide does not stop with physical violence. What Patrick Wolfe has referred to as ‘structural genocide’ might also be considered under the purview of structural violence. Through systematic cultural appropriations that work to unevenly distribute resources across the population, one way that settler colonialism works to eliminate indigenous culture is by claiming it as its own. It does this by appropriating indigenous culture through a wide array of mimetic practices, and then incorporating those practices into settler culture. If we think through this lens – which is a direct cue from Patrick Wolfe’s model of settler colonialism – the blatant appropriation of Native American cultures in order to sell patent medications containing opium by a host of companies throughout the nineteenth and twentieth century constitutes one instantiation of an attempt to eliminate Native American culture as something distinct from the settler population by positing it as a symbol of ‘American’ (i.e. settler) culture.

I would like to pose a third way of thinking about the appropriation of Native culture in medicine shows, an approach that complements Deloria’s and Wolfe’s theories of settler identity and structural elimination. To begin, we can refer back to the history of the British appropriation of opium in India in the middle of the eighteenth century. In the case of the patent medicine companies who used opium in their medications while appropriating Native American culture in their performances and advertisements, the physiological effects of opium – including the medicinal ones such as pain relief and euphoria as well as the dangerous ones such as withdrawal or addiction – were suddenly being attributed to Native American culture (falsely – opium had been used in Asia and the Middle East since before recorded history). This worked to key in to a
larger political discourse that posited ‘Indianness’ as crucial to a new settler identity. While working in the service of the formation of a national identity as well as the enactment of structural elimination, the specific instance of appropriating Native culture in the service of commodifying a resource – opium – which was gained one hundred years prior through the British colonial project in India, works to displace the South Asian origin of the active ingredient of the medicine.

This displacement is required in order for the formation of a new object such as an ‘Indian Sagwa’ marketed by the Kickapoo Company. Merely calling opium by a different name or claiming a monopoly through legal discourses of ownership would not be sufficient in the project of the commodification of a resource gained through empire. The cultural discourse of ownership that underpinned the advertising strategies of the patent medicine companies of the latter decades of the nineteenth century worked to displace the origin of the active ingredient. Through assigning the origin of the medicine to the indigenous peoples of North America, these discourses keyed in to the larger forces of elimination and settler identity formation in order to deny any relation of the medicine to India. So, here we have a double seizure that extends through 100 years of history: the colonial structure of the British Empire works to appropriate the opium of India (starting roughly in 1757), while the settler colonial project of the US continues this appropriation by attributing the physiological effects of opium to ‘Indians’ (Native Americans) in order to promote the settler project of indigenous elimination cum domestication.

Here we have a perfect example of what Lorenzo Veracini has referred to as the dialectically opposed, but not necessarily conceptually distinct relationship between structures of colonialism, and those of settler colonialism. If we consider the relation to the indigenous population, settler colonialism and colonialism are indeed dialectically opposed to each other. In the case of the commodification of opium, the British relied on indigenous labour in India to harvest and export opium to China, while in the case of the medicine shows, Americans relied on indigenous cultural appropriation to sell opium. While both these relations to the indigenous population worked to assert ownership over opium, the
indigenous population served a very different function at very different points in the process of appropriation. The seizure and exploitation of opium in both the British colonial project in India in the eighteenth and nineteenth centuries and in the US settler colonial project of the nineteenth and twentieth centuries rely on an original appropriation.

Of course, entrepreneurs such as Healy and Bigelow were not consciously doing this work of displacement. In the moments when opium and/or morphine were used in these patent medications, their geographic origin was most likely not considered. However, this theoretical analysis is not about the intentions of the practices of cultural appropriation in question, but more specifically on the ramifications of those practices as they crystallise into discursive formations of ownership and modes of colonial and settler colonial dispossession. The cultural appropriation of indigenous culture in the US is most fundamentally driven by the aforementioned forces of elimination and identity formation. In the case of the medicine shows, a white fantasy of indigenous practices of health as holding the untapped resources of civilisation brings us the white pitchman and his performance of domesticated Indians. Domestication can also be understood through the lens of assimilation. In this instance, the assimilation occurs through a denial of radical alterity – the denial of an impasse – through the selective representation of indigeneity by the pitchmen. The white and the Indian become quite similar, and the Indian’s only difference lies in what he can offer the white. In this case, the Indian has something very distinct to offer the white; and that is the euphoria and pain relief of opium. Seen in this way, some of the first experiences of white settlers in the US with the physiological effects of opium were inextricably linked to the practices of indigenous cultural appropriation. In a symbolic reversal of Columbus’ famous mistake, the opium of India was mistakenly attributed to the Indians of North America.

SETTLER DISPOSSESSION NOW: PARTNERS AGAINST PAIN

We will now move to critical theories of late liberalism that will work to unpack the relation between the use of race in asserting ownership over opium in the medicine shows of the late nineteenth and early twentieth century, and the use of ‘freedom’ in contemporary
advertisements for pharmaceutical narcotics. Specifically, I will draw from the discussion of the Kickapoo Indian Medicine Shows in order to compare the use of the cultural appropriation of indigeneity in asserting ownership over – rendering a new object from – opium to the rendering of the fantasy of ‘a life free from pain’ in the Partners Against Pain campaign launched by the pharmaceutical company Purdue Pharma. The exploitation of notions of charity is contextualised within liberal notions of the universal and autonomous self (see my discussion of its genealogy above) that demands recognition and freedom from social constraints.

Purdue Pharma is a multinational pharmaceutical company that owns the patent to the drug Oxycontin. Oxycontin is an opioid pain medication synthesised from the opiate alkaloid thebaine. Until the controversy over Purdue’s misrepresentation of the risk of addiction culminated in a costly lawsuit in 2007, Oxycontin was one of the most commercially successful drugs in the history of the pharmaceutical industry. Sales of Oxycontin rose from $44 million (316,000 prescriptions dispensed) in 1996 to nearly $3 billion (over 14 million prescriptions dispensed) in 2001/2002. Oxycontin was much more commercially successful than other equally effective opioid medications on the market at the time.

The most obvious explanation for the reasons why Oxycontin was so much more successful than drugs that do essentially the same thing is that Purdue Pharma launched an extremely aggressive, $200 million advertising campaign that misrepresented the risk of addiction to the public and to medical professionals. Purdue claimed that Oxycontin carried a ‘less than one percent’ risk of addiction. This is now a laughable claim considering the ubiquitous reference to the problem of addiction to Oxycontin in the press and in popular culture. The presence of Oxycontin as an illicit and addictive drug has even made it into hip-hop lyrics, framing prescription medications like Xanax, Vicodin and Oxycontin as illicit drugs in the same category as heroin or cocaine. In addition, the use of opioids in the treatment of pain was largely reserved for cancer patients in the US until around the year 2000. It is no coincidence that this was exactly the time when the Oxycontin advertising campaign had reached its high point. Doctors were invited to conferences sponsored by Purdue that were billed as ‘professional education on
the newest innovations in analgesics (pharmaceutical pain medicines)’. These conferences were little more than pitches to doctors that encouraged a much wider use of opiates and opioids in the treatment of pain. Of course the opioids that the doctors were to use would be Oxycontin. This was not only because of the free samples provided to attendees of the conferences, but because the ‘discovery’ of the potential uses of opioids as general analgesics (pain relievers) rather than solely for use on cancer-related pain was ostensibly relayed to them by Purdue sponsored researchers. While the misrepresentation of addiction and the pseudo conferences launched by Purdue have been the main point of focus in critiques of the advertising campaigns of Oxycontin, this analysis will focus on the imagery and language that is used in Purdue advertising campaigns for the wide array of opium derived drugs offered by the company.

Partners Against Pain (PAP) is a website launched by Purdue with the purported dual aim of informing patients and medical professionals about the latest innovations and studies in the management of physical pain. Partners Against Pain ally themselves with philanthropic organisations such as the American Pain Foundation and the American Pain Society by providing a wide array of ‘educational’ literature and content on their website. The website is divided into information that is available for patients, and information for medical professionals. ‘Pain. It’s not something you need to face alone. You have partners’, is the tagline of PAP, accompanied by images of elderly men and women with their younger family members, x-ray images of a lower back, ‘soldiers’ in front of a US flag and international celebrities like Naomi Judd. There are links to .pdf files with names like ‘understanding pain’, ‘tracking pain’ and ‘measuring pain’. On first, or even second glance, this site would not appear to be an advertising campaign of Purdue at all, but a philanthropic organisation whose mission is to educate the public on the latest innovations in pain management. And yet, the long lists of possible pain treatments always seem to insist that pharmaceutical medication is the safest, most tested, and most reliable method for managing pain. There are entire sections of ‘alternative’ forms of treatments such as meditation, yoga and homeopathic medicines, but they are always careful to frame these
approaches to pain management as ‘supplemental’ to the more reliable, safe and tested pharmaceuticals prescribed by physicians.

If people experiencing pain or doctors seeking information about pain treatment were to stumble upon this site, they may or may not realise that the sole funding source for the project is from Purdue Pharma, a company that clearly has a vested interest in convincing doctors and patients that the best way to treat pain is with pharmaceutical narcotics derived from opium; preferably those offered by Purdue.\textsuperscript{32} So why did campaigns like this work so well? There are two related dynamics at play in the discursive strategies of PAP. First, while PAP is not a charitable foundation, it utilises the language of philanthropy in the sense that at first or second glance, the site would seem to exist solely out of the good graces of its anonymous creators. Helping people to lead lives with as little physical pain as possible would seem to be the sole mission and purpose of the organisation. Second, given the assertion that those in pain ‘no longer have to face pain alone’, PAP is suggesting that they have a specialised knowledge about human physical pain that will most likely lead to the relief of that pain. This is supported by the images on the PAP website. While this is an organisation that purportedly seeks effective treatments of pain, nobody in any of the images seems to be in pain. On the contrary, they seem to be elated. This may seem a bit too obvious of a point to make. We are all used to advertisements for Celexa that feature actors who don’t seem to be depressed at all, or for Viagra where men seem to be suffering form the opposite of erectile dysfunction disorder. And yet, the semiotic work of these images is immense. The fantasy of a life with little or no physical pain is framed as the logical end to heeding the advice of PAP. But what is a life free from physical pain? It is more fundamentally, a life free from circumstance, a life free from obligation, it is a life where one is physically unencumbered, and thus exercises free will.

By utilising the discourse of charity and freedom in order to promote their product through PAP, Purdue Pharma has worked to mobilise what Elizabeth Povinelli has theorised as the autological and genealogical discourses of late-liberal settler colonial societies in order to re-present opium in the form of pharmaceutical narcotics. Povinelli frames the discourse of the \textit{autological subject} as pitted
Hammond, ‘Speaking of Opium’. 

against the discourse of the *genealogical society*. Autological discourses are ways of framing a reality through language that demand an adherence to the notion of a self that is free from social obligation. This not only posits that one can separate modes of being into social and asocial categories (often framed in terms of public and private), but that there is a portion of one’s existence that is purely one’s own. In other words, there exists an autonomous self that is free from social constraint. Genealogical discourses on the other hand demand an adherence to the notion of a purely social self that is entirely determined by one’s past (genealogy) as well as one’s present social obligations. In Povinelli’s words:

> Autological and genealogical discourses are not [...] different in kind even though they are used to differentiate kinds of people, societies, and civilizational orders. They both presuppose a liberal humanist claim that what makes us most human is our capacity to base our most intimate relations, our most robust governmental institutions, and our economic relations on mutual and free recognition of the worth and value of another person, rather than basing those connections on, for example, social status or the bare facts of the body.³³

By mobilising the discourse of charity, Purdue has activated a potent trope that circulates in contemporary liberal settler colonies. It asserts that ‘what makes us most human’ is the ability to recognise the autonomous will of another person. Povinelli theorises these discourses within the larger project of thinking about the relation between intimate love and empire. What this analysis is posing is a gesture toward thinking about the relation between another type of normative love and empire; namely the requirement to love strangers who are suffering through acts of charity. Through the evocation of such a requirement, Purdue does the work of commodification *and* object formation by exploiting a liberal desire to respect the rights of others through charity.
Hammond, ‘Speaking of Opium’.

Here we can begin to think about a comparison between discourses of ownership in the medicine shows of the late nineteenth century and contemporary campaigns by companies like Purdue. Of course, in both contexts there is a great deal of deception. Without a fair amount of research, one would not even know that they were being marketed to in the PAP context. Because the work of Purdue was to change the professional and popular views about the proper use of medicines derived from opium, they had to launch a much more subtle campaign that worked to change the views of both doctors and those experiencing physical pain. In some ways, it would seem more apt to compare the pharmaceutical advertisements on television to which many of us are accustomed to the early medicine shows. Seen one way, the only aspect that has changed between the medicine shows and pharmaceutical advertisements on television is that there is a much more comprehensive scientific discourse legitimating the claims of the advertisements. Images of a life free from depression, pain, venereal diseases or erectile dysfunctions have replaced the exoticised images of the old medicine shows, but the relative tactics of the advertisements have not.

The crucial factor that separates PAP from television advertisements is the way in which it aligns itself with ideas of charity and philanthropy. In addition to everything else on the PAP website, we learn about the possibility of ‘becoming a pain advocate’. While the extent to which PAP actually participates in pain advocacy is unclear, there is a clear attempt to associate the organisation with other foundations and philanthropic organisations whose mission statements involve raising awareness about the latest developments in pain medication and treatment. In this sense, we can begin to theorise the ways in which exploiting the desire to engage indigeneity has been replaced by exploiting the desire to respect the individual rights of each person to an autonomous existence. In other words, in the evolution of the commodification of opium from the second half of the nineteenth century until the present day in the US, we have seen a shift from the use of a domesticated indigeneity to the use of notions of individual rights that pre-suppose an autonomous self. We can see the ways in which a monopoly over the physiological effects of opium is asserted (in part) through a discourse that – in much the same way as the racialising discourses of the medicine shows worked a hundred years before – works to displace the origin of the active
ingredient. Opium from India in the eighteenth century became the Indian (Native American) ‘Sagwas and Elixirs’ of the nineteenth century, which then became the pharmaceutical narcotics of the twentieth and twenty first century.

CONCLUSION

The performance of indigeneity in the nineteenth century medicine shows and the mobilisation of liberal discourses of freedom and obligation in contemporary advertising campaigns work to normalise a set of beliefs and practices around the ingestion of opium that carry a number of assumptions. First, there is the very important work of separating the opium from its origin in South and Central Asia. We should always be reminded that the opium sold in medicine shows as well as by contemporary pharmaceutical companies would have not been available if not for the history of British colonialism. If we fast-forward to the contemporary advertisements such as PAP, we find an even greater distance between the sign ‘opium’ that is displaced through liberal ideas of innovation, progress, freedom and charity. In other words, in the process of forming opium into various objects such as ‘Sagwas’ and ‘pharmaceuticals’, much more than a chemical process had to have taken place. Discursive formations of ownership were required, which in turn relied on both colonial and settler colonial modes of dispossession.

Finally, we have a new way of thinking about contemporary settler colonial society by focusing the center of our analysis on discourses of ownership and processes of commodification rather than directly on settler/indigenous relations, or even on processes of indigenous decolonisation. Of course, decolonisation is the ultimate hope in crafting a theoretical conception of settler colonialism. Nevertheless, it is extremely important to be reminded that an understanding of settler colonialism requires an understanding of all aspects of settler society, not just those that may seem on the surface to be related to indigeneity. As we have seen, rendering opium as a new object such as ‘Oxycontin’ in contemporary settler society for the purposes of commodification absolutely relied on colonial practices of indigenous labour and resource extraction in the British Empire, and on settler colonial practices of assimilation and absorption in the US. colonial and early settler colonial practices laid
the foundation for contemporary settler commodifications that on the surface may seem unrelated to the oppression of indigenous peoples, but are historically infused with such oppression. I echo Andrea Smith’s concern that ‘Native Studies is often ethnographically entrapped within the project of studying the Natives’.34 If decolonisation is indeed the project of settler colonial and native studies, it is necessary to widen the scope of native studies through an acknowledgment that settler colonialism is not only a phenomenon that is harmful to native people, but to all people.

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BIOGRAPHICAL NOTE

Jay Hammond completed an MA degree in the department of anthropology at Columbia University in May 2011.

NOTES

2 Courtwright, Forces of Habit, pp. 30-42.
Hammond, ‘Speaking of Opium’.


11 Presently, this notion of culture has changed, with international bodies such as the UN or the World Intellectual Property Organisation (WIPO) advocating for the ‘rights’ of indigenous peoples to ‘cultural heritage’. We might read this notion of culture as fusing notions of autonomy through a language of rights with notions of collectivity through a language of ‘traditional knowledge’.


15 McNamara, Step Right Up, p. 45.

16 Among the patent medicines that contained opium were ‘Bateman’s Drops’, ‘Dalby’s Carminative’, ‘Godfrey’s Cordial’, and ‘Mrs. Winslow’s Soothing Syrup’.

17 Young, Toadstool Millionaires, p. 199.

18 For accounts of the performance of difference in medicine shows, see Young, Toadstool Millionaires and McNamara, Step Right Up. For information of patent medicines containing opium see Young, Toadstool Millionaires, pp. 68-9, 221-222, 226, 227, 237, 240, 244, 247.

19 It should be noted that my use of the term ‘Indian’ is deliberate. While I am aware of the politically incorrect contemporary nature of the term, ‘Indian’ was in fact the predominant term used at the time to refer to Native Americans.


21 McNamara, Step Right Up, p. 81.

22 McNamara, Step Right Up, p. 94.

23 McNamara, Step Right Up, p. 87.


Hammond, ‘Speaking of Opium’.


32 The opioids currently offered by Purdue are: Butrans, Dilaudid, and MS Contin. Oxycontin has been discontinued as of 9 August, 2010 (presumably because of the continued controversy that links Oxycontin to addiction). See: <http://www.purduepharma.com/Products/Prescription/Pages/default.aspx>. Accessed 27 May 2011.
