

The Effects of the War on Drugs on Healthcare  
Development and Outcomes in Latin America: Medellín,  
Colombia, and Ciudad Juárez, Mexico as examples.

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## Abstract

This thesis will help answer the question of how U.S. foreign policy relating to the War on Drugs affected violence and healthcare in Colombia and Mexico – specifically in Medellín, Colombia and Ciudad Juárez, Mexico. It will argue that through the prohibitionist and militant policies of the United States regarding the War on Drugs Colombia and Mexico experienced an undue amount of violence and suffering. Furthermore, it exemplifies how lower income nations who have underdeveloped healthcare systems are particularly pre-disposed to having their capacities overwhelmed during periods of acute conflict. This finding was seen through the case of Colombia (considered a lower-middle income country during the height of its violence) and was absent for Mexico (considered upper-middle income during its rising violence). This difference was seen despite the similarity of the two cases. It was also found that a potential reason for why Mexico has continued to experience growing violence over a decade and a half after declaring a war on drugs while Colombia has seen their violence subside can be attributed to the misapplication of the Kingpin Strategy (the targeting of senior officials for extradition or assassination) and the geopolitical differences of the countries. In a larger sense, this research question is an examination of the ways in which U.S. foreign policy often has unintended effects that extend beyond the target and goals of the original policy that was implemented. It may serve as a discussion around the important considerations that must be taken when constructing specific goals within foreign policy, and how we must think beyond the immediate effects those goals may have.

## Introduction: The Endless War

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I was riding in my daily Uber in Colombia from my apartment in the middle of Barranquilla to the Universidad del Norte located on the northern outskirts. I had a long commute, so I often took the time to talk to my Uber drivers, both to practice my Spanish as well as to ask them about their experiences with the War on Drugs. This day I was talking to an older gentleman. He was wearing an old military veteran hat, so I asked him about it. He then went on a long story about his time fighting for the Colombian military against both the cartels and the guerillas. He told me about how he had fought during the extended armed conflict of the 1990s and early 2000s. One of the worst things of all, he told me, was not the fact that they were fighting, but the fact that they were killing other Colombians. He and his friends fought for over a decade, and he was happy to see the situation in Colombia continue to improve. I had told him about my research, so I asked him about his friends and if I would be able to talk to them about their experiences. There was a momentary pause before he took a deep breath and told me his response – they had all been killed in the fighting.

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How does a moral panic around the consumption of what the U.S. labeled as “illicit substances” cause a cascade effect that destabilizes countries and cause large-scale suffering? Is there truly a relationship between the two? How do the politics and policies of the largest economy in the world affect the day-to-day lives of the people living in the countries in its periphery? The answer is found within the complicated web of stories that tell the tales of how the War on Drugs began, why Colombia became the essential example, and how Mexico has become the next frontier of the War on Drugs.

This thesis will answer the question: how U.S. policy and intervention influenced the development and outcomes of healthcare in Colombia and Mexico, specifically looking at

Medellín, Colombia and Ciudad Juárez, Mexico. In answering this question, this research will explain why Colombia and Mexico had such different outcomes despite using similar strategies. As will be seen, Colombia's healthcare system showed a decline in effective care during the period of acute violence in the 1990s and 2000s whereas Mexico did not show any correlation between deterioration and violence even as the latter continues to rise beginning in the 2000s to today. The reasons for these differences in effective healthcare outcomes will be discussed; however, on an aggregate level, the healthcare systems of the two countries improved since the explosion of the War on Drugs. The reasons, logic, and ramifications of these realities will be discussed in length, but it the key contributory factors identified related to a more intense U.S. foreign interest in counternarcotics in Colombia, economic development, and relative timing. Furthermore, the use of the Kingpin Strategy in Mexico, a strategy that has a history of being effective for political movements rather than explicitly international criminal organizations, is held responsible for the lack of conflict resolution.

## Chapter 1: The U.S. and the Genesis of the War on Drugs

The U.S. War on Drugs was formally declared by President Richard Nixon on June 17<sup>th</sup>, 1971. In his declaration that “America’s public enemy number one is...drug abuse” and that we must wage a “new, all-out offensive,” one “conducted on a basis in which the American people all join in,” Nixon made the formal statement that would initiate a war that has seen no end, caused countless deaths, and led to destabilized communities and countries.<sup>1</sup> Given modern U.S. sensibilities, one may be tempted to think that Nixon was acting in either a political vacuum, or along party lines; however, in 1969, at the height of the counterculture revolution and civil rights movement, “84 percent of Americans believed anyone caught with even the smallest amount of marijuana should go to jail”.<sup>2</sup> This harsh tone would not just be brought down upon international communities, but also on the U.S. population itself. Since the beginning of the war on drugs, the U.S. saw an explosion in the federal prison population, rising from 24,640 in 1980, to a height of 219, 298 in 2013, and falling to 159,090 in 2023.<sup>3</sup> There was a gradual decrease between 2013-2019 and a steep decline after 2019 (due to the pandemic); however, the upward trend is beginning to rise once more.

The War on Drugs arose from nearly a century of progressing legislative restrictions on drug use. Following increased tensions around drug use and abuse in the late 19<sup>th</sup> century with the arrival of cocaine into an unregulated U.S. market, and a past century of politics around opium, the beginnings of more intensive drug regulations began.<sup>4</sup> Coming off the heels of Upton Sinclair’s groundbreaking work *The Jungle*, which chronicled the unsanitary conditions of the meat packing industry, and testimonies before Congress, the Pure Food and Drugs Act was

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<sup>1</sup> (Nixon, 1971), (Farber, 2021)

<sup>2</sup> (Farber, 2021)

<sup>3</sup> (*BOP: Population Statistics*, 2023)

<sup>4</sup> (Grinspoon & Bakalar, 1981)

passed in 1906.<sup>5</sup> This act served as a pillar of the progressive era legislation, which believed the government would be able to alter and control the public's actions and beliefs through legislation.<sup>6</sup> As a part of the progressive era, which sought the ultimate goal of moral reform in the U.S. by eliminating vices (i.e. drug use, alcohol, prostitution, etc.), was the movement to eliminate marijuana consumption.<sup>7</sup> This movement started in California with limited public support for the regulation of cannabis and was underpinned by anti-immigrant rhetoric (specifically for Mexican immigrants).<sup>8</sup> This is an early example of the undercurrents of racism and the War on Drugs that would be uncovered and criticized later in the 20<sup>th</sup> and 21<sup>st</sup> century.<sup>9</sup> As waves of immigrants from Mexico began to enter the U.S., more western states began to outlaw the use of marijuana as well.

In parallel with the evolution of marijuana regulation in the U.S., the panic around narcotic drugs and their dangers was growing. 1914 saw the passage of the Harrison Act, banning cocaine and opium sales – except in preparations containing minimal amounts.<sup>10</sup> This act was followed by the 1920 Dangerous Drugs Act which prohibited the production, possession, sale, and distribution of narcotics: specifically, cocaine, heroin, opium, and morphine.<sup>11</sup> It was in 1925 that one of the first reports denying the claimed harmful effects of marijuana was released in the form of the Panama Report; however, not only would international powers ignore this report, it would also be the beginning of a legacy of missed chances to modify marijuana and

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<sup>5</sup> (Commissioner, 2019)

<sup>6</sup> (Austin, 1978)

<sup>7</sup> (Gieringer, 1999)

<sup>8</sup> (Young, 2017).

<sup>9</sup> (Provine, 2008), ("The Drug War Is the New Jim Crow," 2001), ("Race & the War on Drugs," 2003)

<sup>10</sup> (Austin, 1978)

<sup>11</sup> (*Control of Drugs and Drug Users: Reason or Reaction?* | *Office of Justice Programs*, n.d.)

drug legislation as well as criminal policy to align with scientific recommendations.<sup>12</sup> A seminal work in the anti-marijuana rhetoric was the movie, *Reefer Madness*. Originally titled *Tell your Children*, it was a continuation of the morally driven ethos of the progressive era, led and funded by a Christian U.S. religious group to scare parents and convince the public that marijuana use makes the user a danger and menace to society.<sup>13</sup>

As the public fears around drug use and abuse continued to spread across the U.S., 1944 saw one of the first major U.S. reports on marijuana use, one that would contradict the U.S. Treasury Department and undermine much of the anti-marijuana rhetoric of politicians. The La Guardia Committee released their report on marijuana use and, through scientifically backed studies, they claimed that cannabis does not pose a medically addictive risk, does not lead to criminal behavior, and does not lead to using other drugs such as heroin, cocaine, or opium.<sup>14</sup> Furthermore, this report was one of the first to point out the correlation between increased policing and targeting of specific groups would lead to higher criminal statistics for that population; therefore, the claims stating criminals use drugs was one that was likely artificially produced.

In 1948, post creation of the World Health Organization and the United Nations – two governing bodies that would signify the new global world order and an ushering in of an age of even greater interconnectivity – the W.H.O. was given control to classify drugs within the international drug control structure during the 1948 Paris Protocol.<sup>15</sup> This meeting along with the 1909 Shanghai Conference, 1912 Hague International Opium Convention, 1925 Geneva Opium

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<sup>12</sup> (Austin, 1978), (Brooks, 2016), (Bennett, 1974), (Nahas & Greenwood, 1974), (*Denial of Petition To Initiate Proceedings To Reschedule Marijuana*, 2016),

<sup>13</sup> (Gasnier, 1938)

<sup>14</sup> (Brooks, 2016)

<sup>15</sup> (Canada, 2001)



Conventions, 1931 Geneva Narcotics Manufacturing and Distribution Limitation Convention, 1931 Bangkok Opium Smoking Agreement, 1936 Geneva Trafficking Convention, 1946 Lake Success Protocol, and the 1953 New York Opium Protocol would lay the international groundwork for the approaching 1961 Single Convention on Narcotic Drugs.<sup>16</sup> 1956 saw the final major act passed in the U.S. before the Single Convention with the Narcotics Control Act – an act which began the federal penal policy of mandatory minimum sentences for traffickers and outlawing of suspending sentences or probation.<sup>17</sup>

The 1961 Single Convention on Narcotic Drugs marked a watershed moment and set the legal and international stage for what would come to be known as the “War on Drugs.” It was signed by 73 nations, representing an enormous international accord – where Colombia was notably missing –, and set up protocols for the management and distribution of scheduled drugs for medical and scientific purposes as well as protocols for handling the illicit trade. Article 22 specified that “[w]henver the prevailing conditions in the country or a territory of a Party render the prohibition of the cultivation of the opium poppy, the coca bush or the cannabis plant the most suitable measure, in its opinion, for protecting the public health and welfare and preventing the diversion of drugs into the illicit traffic, the Party concerned shall prohibit cultivation,” in reference to the legal production and distribution of scheduled drugs. Furthermore, it set the expectation that countries follow estimates created by the W.H.O on needed legal amounts that were not to be exceeded to limit the possibility of illicit trade.<sup>18</sup> In terms of legality, Article 33 specifically states “the Parties” (referring to the signing nation-states) “shall not permit the

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<sup>16</sup> (Canada, 2001)

<sup>17</sup> (UNODC - *Bulletin on Narcotics - 1956 Issue 3 - 004*, n.d.)

<sup>18</sup> (*United Nations Treaty Collection*, n.d.)

possession of drugs except under legal authority,” effectively criminalizing drugs on a global scale.<sup>19</sup>

The following articles (35, 36, 37, and 38) handle the provisions created to handle the illicit trade, penal provisions, seizure and confiscation, and treatment of drug addicts, respectively. Setting the stage for the international War on Drugs, article 35 section (b) states, “Co-operate closely with each other and with the competent international organizations of which they are members with a view to maintaining a coordinated campaign against the illicit traffic,” and the other provisions call for the creation of governmental agencies to handle illicit traffic and expeditious work between countries. Article 36, section I is arguably one of the most important of the treaty and showed the penal tone that was on the horizon for the global struggle against drugs:

*“Subject to its constitutional limitations, each Party shall adopt such measures as will ensure that cultivation, production, manufacture, extraction, preparation, possession, offering, offering for sale, distribution, purchase, sale, delivery on any terms whatsoever, brokerage, dispatch, dispatch in transit, transport, importation and exportation of drugs contrary to the provisions of this Convention, and any other action which in the opinion of such Party may be contrary to the provisions of this Convention, shall be punishable offences when committed intentionally, and that serious offences shall be liable to adequate punishment particularly by imprisonment or other penalties of deprivation of liberty.”*

Particular attention is owed to the final sentence: “adequate punishment particularly by imprisonment or other penalties of deprivation of liberty.” This harsh penal code that sought to accelerate incarceration on a global scale would have profound consequences in both producer countries, as well as consumer countries of drugs.<sup>20</sup> Furthermore, Article 37 allowed for the

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<sup>19</sup> (United Nations Treaty Collection, n.d.)

<sup>20</sup> (Yepes & Guzmán, 2010), (“Mexico: Majority of Federal Inmates Imprisoned on Drug Charges-Mexico Institute in the News”, 2013)

seizure of any substances or equipment that were related to any offenses enumerated in Article 36. Finally, Article 38 lays out yet another precedent for treating and rehabilitating drug addicts, however, as has been discussed, these recommendations are not heeded. It outlines that “special attention” should be given to the “medical treatment, care and rehabilitation of drug addicts,” and that it is desirable to “establish adequate facilities for the effective treatment” of these drug addicts.<sup>21</sup> This recommendation, however, is contradictory to Article 36 which applies the penal policy to possession, and there is no explanation as to how countries might address this discrepancy.

As the 1960s continued, the countercultural movement in the U.S. was growing, and with it the use of marijuana and other hallucinogenics grew.<sup>22</sup> Naturally, the panics of the early 20<sup>th</sup> century and associations between drug use and moral decay discussed previously were still lingering; however, there was mounting evidence against the need to criminalize marijuana. That evidence came in a series of reports from the Le Dain Commission in Canada and the Shafer Commission in the U.S.<sup>23</sup> Both called for the decriminalization of marijuana and emphasized medical treatment, not criminal punishment. As will be seen, the sentiments around reducing strict criminal punishment for drug use, including and beyond marijuana, would continue to grow in the 20<sup>th</sup> century and expand considerably in the 21<sup>st</sup>.

Between the growing regulations for drugs, increased international cooperation to stamp out drug use and production, mounting evidence that criminal management of drug use may not be the proper methodology, and growing global tensions around the illicit drug trade, the stage was set for Nixon’s 1971 address and the beginning of the War on Drugs. As will be seen in the

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<sup>21</sup> (*United Nations Treaty Collection*, n.d.)

<sup>22</sup> (National Academies of Sciences et al., 2017)

<sup>23</sup> (Bennett, 1974), (Nahas & Greenwood, 1974)

following chapters, the implications for the U.S., Colombia, and Mexico were profound, and the groundwork put in place in the first half of the 20<sup>th</sup> century would allow for the failed war in the second half as well as the beginning of the 21<sup>st</sup> century.

## Chapter 2: Theoretical Background

The main theoretical frameworks will draw on multiple disciplines. First, medical anthropology has major relevance to the study of this research question for its relationship to society and health. William H. R. Rivers, Ackerknecht, Nancy Scheper-Hughes, and Beauchamp, Tom and James Childress provide fundamental works and principles through which to analyze and apply medical anthropology in this context. To understand the War on Drugs, the drug trade itself will be at the center of the discussion. Understanding the drug trade necessitates a rigorous discussion of organized crime. Specifically, the synthesis of the illegal enterprise theory, best defined through the works of Peter Reuter, and the social embeddedness and networks of crime theory, best defined through the works of Mark Granovetter, will allow for a proper discussion of crime in the context of the War on Drugs. This understanding of crime will be deepened through the contemporary framework of ‘moral economies’ developed by Enrique Arias and Thomas Grisaffi.

Medical anthropology is a relatively new field as it has evolved as a social science alongside the natural science of medicine itself. Medical anthropology has attempted to understand human interaction through a specifically health centered lens, which led to the development of a few key theoretical frameworks through which the field has operated by in some capacity since their conception.

One of the pioneers of medical anthropology and the father of one of the earliest medical anthropology frameworks (medicine as a social process) was William H. R. Rivers (1864-1922). Rivers was the first to push for the idea of medicine to be viewed as a social process and not just as a sterile science. Rivers put forth one of the early ideas of a diffusion of cultural traits that defined the idea of medicine as being intricately connected with the cultures in which it was

practiced. This idea presents a framework within which I can argue that the cultural and societal contexts of Colombia and Mexico did not just affect the healthcare through injury and violence caused in its periphery, but rather directly through cultural diffusions. He believed “the practice of medicine is a social process, subject to the same laws, and to be studied by the same methods as other social processes.”<sup>24</sup>

One of the most influential medical anthropologists was Erwin Ackerknecht (1905-1988) who put forth the functional views of medicine framework. He believed that the relations between different social institutions acted in a similar way as the body does with each part contributing in some way to the continuation and function. While functionalism can allow a more nuanced discussion of the war on drugs as being an organic process rather than a static one, I will be cautious in not allowing it to become biologically deterministic or reductive. He also pointed out that social tension could be seen through how ideas about diseases were discussed and the reactions to them could help describe the culture of that society. He famously said, “what is disease if, in the last instance, not a biological fact but a decision of society,” showing how the rise of medical anthropology reflected the general idea that disease was more complex than previously given credit.<sup>25</sup> This idea applies not just to the war on drugs, but how the penal measures were defined along the lines of what chemicals were considered illicit vs. licit.

Critical medical anthropology is an emerging field that has important implications here because it analyzes the effects that socioeconomic standing, wealth, power distribution, and labor divisions have on health care access and patterns. These social conditions are generative of health outcomes and, by understanding the context that gives rise to these conditions, some of the causes behind health disparities can be elucidated. These more novel theories are supported

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<sup>24</sup> (Jorlmon, 2006)

<sup>25</sup> (Ackerknecht, 1963)

by political economic writings and Marxist theory, although this field is gaining importance. A key author of this growing theory is Nancy Scheper-Hughes. In *Death Without Weeping: The Violence of Everyday Life in Brazil*, she examines the effects of healthcare outcomes related to violent crime and how social determinants of health have a larger impact on outcomes than previously given credit.<sup>26</sup>

Beyond the anthropological side, medical anthropology is invested in medical ethics. Medical anthropology and ethics both seek to answer similar questions, just in different ways. The popular ideas of medical ethics in terms of patient care are to respect the principles of healing (autonomy, beneficence, non-maleficence, and justice) were introduced by Tom Beauchamp and James Childress in the late 1970s.<sup>27</sup> However, there has been contention around these principles due to their western centered “Americanized” idealism. These criticisms came from some of the newer experts in the field, Renée Fox and Judith Swazey<sup>28</sup>. Fox criticizes the over connection of these principles to the idea of American individualism and justice that is not flexible enough to account for cultures other than western individual centered ones. It will be crucial to keep these critiques in mind when considering healthcare development outside of U.S. and explicitly western contexts.

Medical anthropology is a field that is constantly changing as both the social understanding of medicine and medicine itself evolve together. The progression of societal views surrounding medical care, ethics, and practice will only continue, making medical anthropology a necessary companion to ensure that medicine is able to account for its unavoidable social aspect. This is crucial when considering the close ties that social factors have when discussing

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<sup>26</sup> (Scheper-Hughes, 1992)

<sup>27</sup> (Beauchamp and Childress, 2001)

<sup>28</sup> (Fox and Swazey, 2008)

and examining relationships between healthcare outcomes and the prevalent factors effecting Colombia and Mexico.

In terms of understanding and conceptualizing organized criminal activity, there are many frameworks that exist; however, the illegal enterprise theory and the social embeddedness and social network of crimes theory are the most applicable and comprehensive. Peter Reuter in his work *Disorganized Crime – the Economics of the Visible Hand* showed, through book making and loansharking in New York City, how illegal markets function as competitive operation with rational, entrepreneurial actors.<sup>29</sup> This theory allows the conceptualization on a small and large scale of the rationale and execution of drug trade, why people participate, and how it may function. Furthermore, Reuter in “Organization of High-Level Drug Markets: an Exploratory Study” showed, through interviews with drug dealers, how entry into the drug markets have a low barrier, participants are easily replaced, and competition, not collusion, is the standard.<sup>30</sup> Combining these two ideas, it allows a theoretical explanation for the failure of large-scale drug organizations to thrive for extended periods, why targeting cartel leaders and groups do not solve the drug war, and how much of the drug trade has shifted to favor smaller scale groups that are rapidly replaceable.

However, it would be reductive to view organized crime in a purely rational actor and economic framework. It is essential to understand the social contexts of crime and how they can act on a global scale without the regulations and trust afforded by licit transactions. Mark Granovetter’s theory of social embeddedness discusses how “most behavior is closely embedded in networks of interpersonal relations” and allows a framework to explain how large transactions,

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<sup>29</sup> (Reuter, 1983)

<sup>30</sup> (Reuter, 1989)



trades, and other functions of illicit economies occur despite legal and societal frameworks not being there to support trust and mediate disputes.<sup>31</sup>

A synthesis of these two ideas allows organized crime in the context of the War on Drugs to be understood as a social process consisting of rational actors who perform in entrepreneurial capacities similar to those of licit economies that are able to function through the support underpinned by principles of embeddedness. In line with this understanding of the execution of the drug trade is the work of Enrique Arias and Thomas Grisaffi and ‘moral economies.’<sup>32</sup> Grisaffi, specifically, has done extensive work in the Chapare region of Bolivia, a large coca leaf growing region. In “the White Factory,” he argues “at its very lowest rungs, the cocaine trade generates high levels of employment, including providing jobs for men and women, and younger and older people, and contributing to (local) economic stability”, thus treating coca farmers, who are participants in the drug trade, as rational actors supported by social networks.<sup>33</sup> Furthermore, the understanding of criminal organizations as being upheld by embeddedness implies destabilization of those social networks and broader social instability is generative of breakdowns of trust, which would lead to disagreements. Disagreements in the context of illicit trades are often settled through violence and other, similarly, non-legal means due to the lack of courts and legal punishment; therefore, market destabilization and state action that undermines such networks would be generative of violent outcomes.

Furthermore, the methods utilized by the Colombian, Mexican, and U.S. government as a part of the Plan(s) Colombia and Mexico to attempt to destabilize and weaken the cartels will be discussed. The strategy implemented at the recommendation of the U.S. was the Kingpin

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<sup>31</sup> (Granovetter, 1983)

<sup>32</sup> (Arias and Grisaffi, 2021)

<sup>33</sup> (Grisaffi, 2021)

Strategy.<sup>34</sup> It consisted of targeting leaders in the cartels and either assassinating them or extraditing them. The reasoning for the use of the Kingpin Strategy was that it was successful in dissolving and breaking down political organizations.<sup>35</sup> However, as discussed, cartels differ from political organizations; therefore, the ramifications of this strategy will be seen. Through synthesizing these different views of organized crime, a more profound understanding of the drug trade may be achieved, and an explanation for the failures and outcomes of the War on Drugs can be placed within a theoretical framework.

Finally, a discussion around healthcare, global health, and outcomes would not be complete without being able to discuss the reliability and validity of the data that has been and is currently being collected. Due to fraud, inaccessible communities, poor infrastructure, political motivations, and more there are profound limitations in the collective capacity of developing nations in regard to healthcare data, especially when looking at older statistics. To discuss the problems presented by the data and how to still obtain valid results that can support an argument, the framework presented by Vincanne Adams in *Metrics: What Counts in Global Health* will be used.<sup>36</sup> This work will serve to bolster the arguments made while, at the same time, still giving the important recognition to the problems presented.

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<sup>34</sup> (Velasco, 2023)

<sup>35</sup> (Phillips, 2015)

<sup>36</sup> (Adams, 2016)

### Chapter 3: Data and Methodology

To better understand how the war on drugs has affected healthcare developments and outcomes in Colombia and Mexico, a variety of methods were utilized. First and foremost, data on healthcare outcomes in both countries was collected. Fortunately, the W.H.O. and World Bank have extensive data on mortality rates, disease incidents, birthrates, deaths due to intentional injury, and more; therefore, this data can be utilized to examine how incidents of violent crime have correlated (or not) with other key indicators of a country's healthcare development.<sup>37</sup> Deaths due to intentional injury was selected due to it serving as the best data representation of the violence and death linked to the War on Drugs. Indicators such as fetal and maternal mortality, tuberculosis rates, vaccination rates, and malnutrition can serve as adequate indicators of the level of care and effectiveness.<sup>38</sup> These indicators are widely used as litmus tests for the efficacy of a country's healthcare system, and, moreover, can display when a countries healthcare capacity is being pushed.<sup>39</sup> For example, year over year rises in the rate of tuberculosis infection can indicate a healthcare system that is failing in proper prevention and treatment efforts while the inverse can represent a growth in healthcare capacity. Maternal and infant mortality has been a key statistic for tracking healthcare evolution in general and serves a similar role. Therefore, t-tests are used to check for any significance between these indicators and deaths due to intentional injuries to understand the relationship between the War on Drugs and healthcare development. Below, the p-values, which display high significance, show the degree to which intentional injury and selected mortalities correlate.

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<sup>37</sup> (W.H.O. mortality database, n.d.)

<sup>38</sup> (Larson & Mercer, 2004)

<sup>39</sup> (Larson & Mercer, 2004)

*Intentional Injury vs. Selected Mortalities in Colombia 1972-2010*

|                | maternal mortality | perinatal mortality | tuberculosis mortality |
|----------------|--------------------|---------------------|------------------------|
| <i>p-value</i> | 4.25E-15           | 1.89E-09            | 9.79E-14               |
| <i>t-value</i> | 10.33              | 7.03                | 9.52                   |
| <i>R</i>       | -0.70              | -0.62               | -0.72                  |

Fig. 1<sup>40</sup>

*Intentional vs. Selected Mortalities in Mexico 2000-2020*

|                | maternal mortality | perinatal mortality | tuberculosis mortality |
|----------------|--------------------|---------------------|------------------------|
| <i>P-value</i> | 1.55E-10           | 7.00E-04            | 8.57E-10               |
| <i>t-value</i> | 11.91              | 4.00                | 10.80                  |
| <i>R</i>       | -0.83              | -0.83               | -0.72                  |

Fig. 2<sup>41</sup>

These values show a significant relationship that, over the extended periods analyzed, there was an inverse relationship between healthcare development (as denoted by Pearson's R), thus confounding the idea that violence would overwhelm and damage healthcare systems. However, when analyzed on a smaller scale of intense violence, we see that there is a strong positive correlation. The data from the most violent time of Colombia that was analyzed is below.

<sup>40</sup> (W.H.O. mortality database, n.d.)

<sup>41</sup> (W.H.O. mortality database, n.d.)

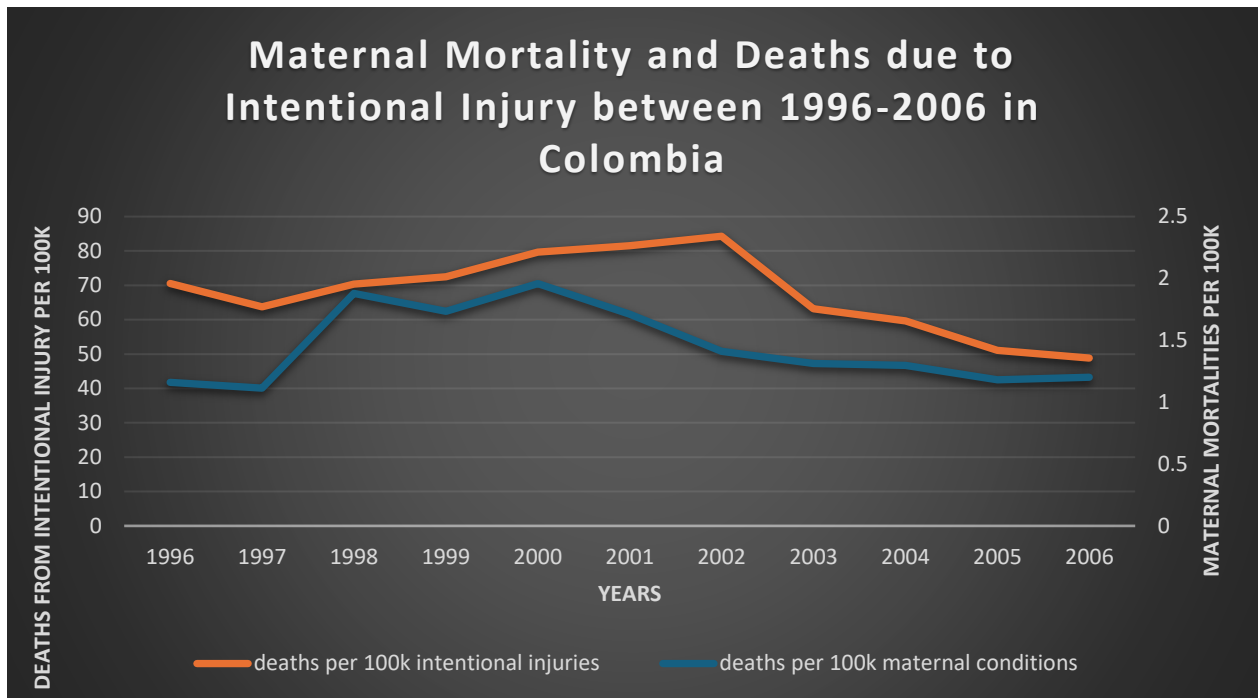


Fig. 3<sup>42</sup>: p-value = 3.48E-09, t-value = 9.94, R value 0.63

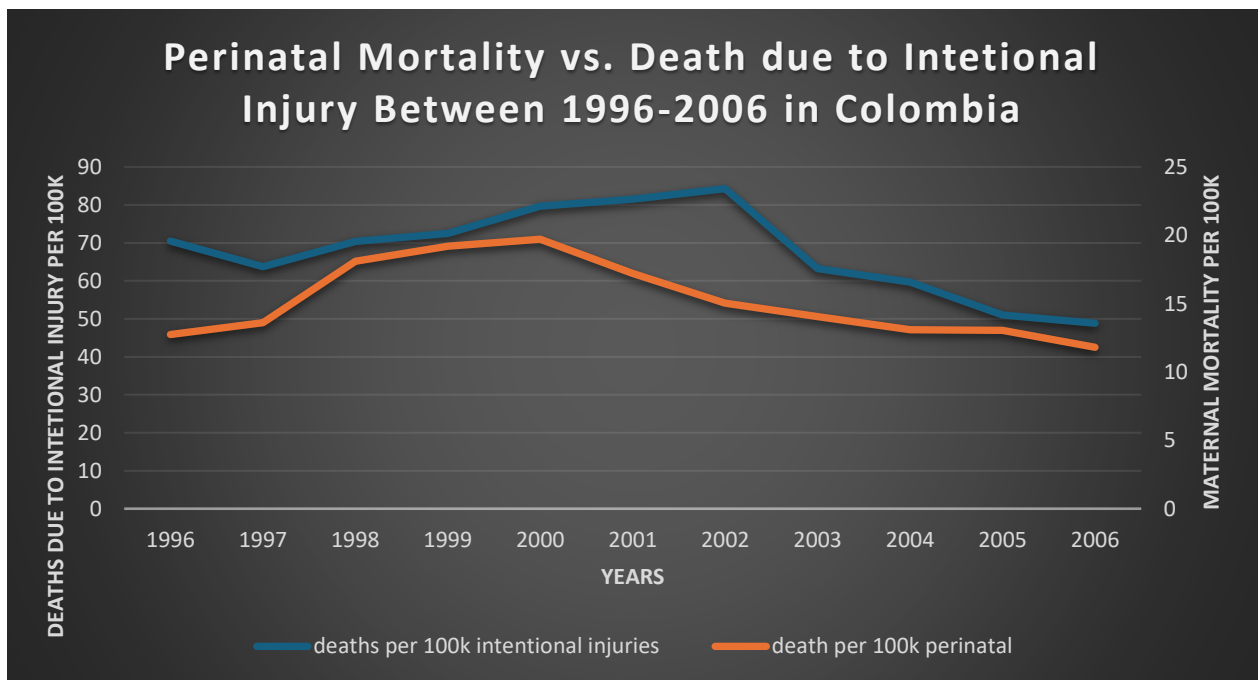


Fig. 4<sup>43</sup>: p-value = 8.47E-09, t-value = 9.43, R value = 0.687

<sup>42</sup> (W.H.O. mortality database, n.d.)

<sup>43</sup> (W.H.O. mortality database, n.d.)

These ten years represent the era following the death of Pablo Escobar and the wave of violence between the cartels and guerilla groups. These two graphs will be discussed further in the context of the Colombia chapter as well as the previous data in their respective chapters.

An important issue to recognize is that gathering country-wide healthcare data is, at best, semi-unreliable. Due to the nature of reporting and data collection in both Mexico and Colombia in the 20<sup>th</sup> century, there is a high probability that the data is not completely accurate<sup>44</sup>; however, given the strong statistical significance of some of the results and the W.H.O.'s reputation for intending to be as reliable as possible, the data is reliable enough to utilize for the research purposes herein. Furthermore, the two countries healthcare systems themselves are similar. Both of them represent some of Latin America's most advanced and have a general public scheme with a growing private one (mostly based off medical tourism and increasing disposable income).<sup>45</sup> Both of their healthcare systems transitioned to these public systems right before their conflicts escalated: Colombia transitioned via their constitutional reforms in 1993 and Mexico enacted the program in 2003.<sup>46</sup> The similarity between the two thus strengthens the comparisons made.

The Gross National Income per capita (GNI per capita) of Mexico and Colombia was also measured. The reason GNI per capita is relevant is it can be used to analyze the transition of Colombia and Mexico from low income, to lower middle, and to their current upper-middle income country status. It is well known that lower income and lower middle income countries face severe health burdens due to underwhelming healthcare infrastructure and, as countries transition out of a low income state, the ability to improve healthcare infrastructure grows and

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<sup>44</sup> (Vicanne, 2016)

<sup>45</sup> (Colombia Healthcare system, 2024), (Healthcare in Mexico, 2023)

<sup>46</sup> (ibid), (ibid)

the ability to meet crucial global health indicator targets (vaccinations, maternal health, etc.) increase.<sup>47</sup> Therefore, it is important to recognize that the War on Drugs was not evolving in a vacuum, it was evolving as both countries transitioned from low income to their current upper-middle classifications. The classifications that will be used are listed below.

| <b>Classification</b> | <b>GNI per capita (current USD)</b> |
|-----------------------|-------------------------------------|
| Low-income            | \$1,135 or Less                     |
| Lower-middle income   | \$1,136 to \$4,465                  |
| Upper-middle income   | \$4,466 to \$13, 845                |
| High-income           | \$13,846 or More                    |

Fig. 5<sup>48</sup>: GNI per capita

Colombia was seen to transition from low-income to lower-middle income in 1980 and to upper-middle income in 2008 while Mexico transitioned from low-income to lower-middle income in 1974 and to upper-middle income in 1993.<sup>49</sup> The transition points are essential since during the drug crisis in Colombia in the late 1990s and early 2000s, they were yet to be considered upper-middle income and still faced many of the infrastructural problems of an LMIC, predisposing their healthcare infrastructure to folding under the violence seen. Mexico on the other hand, had over a decade of upper-middle income classification and time to build out its infrastructure before the massive surge in violence seen post-2006.

Furthermore, the flow of USAID was analyzed. This analysis will help to understand how U.S. and international interest in helping support these countries during times of crisis caused by the war on drugs has changed over time. Furthermore, a major idea is that the nexus of the war

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<sup>47</sup> (Orach, 2009), (Schneider, et. al, 2021)

<sup>48</sup> (World Bank Country and Lending Groups, n.d.)

<sup>49</sup> (World Bank Open Data, n.d.)

on drugs has shifted from Colombia following the partial success of PLAN Colombia into Mexico where we are currently seeing increased violence and narco activity.

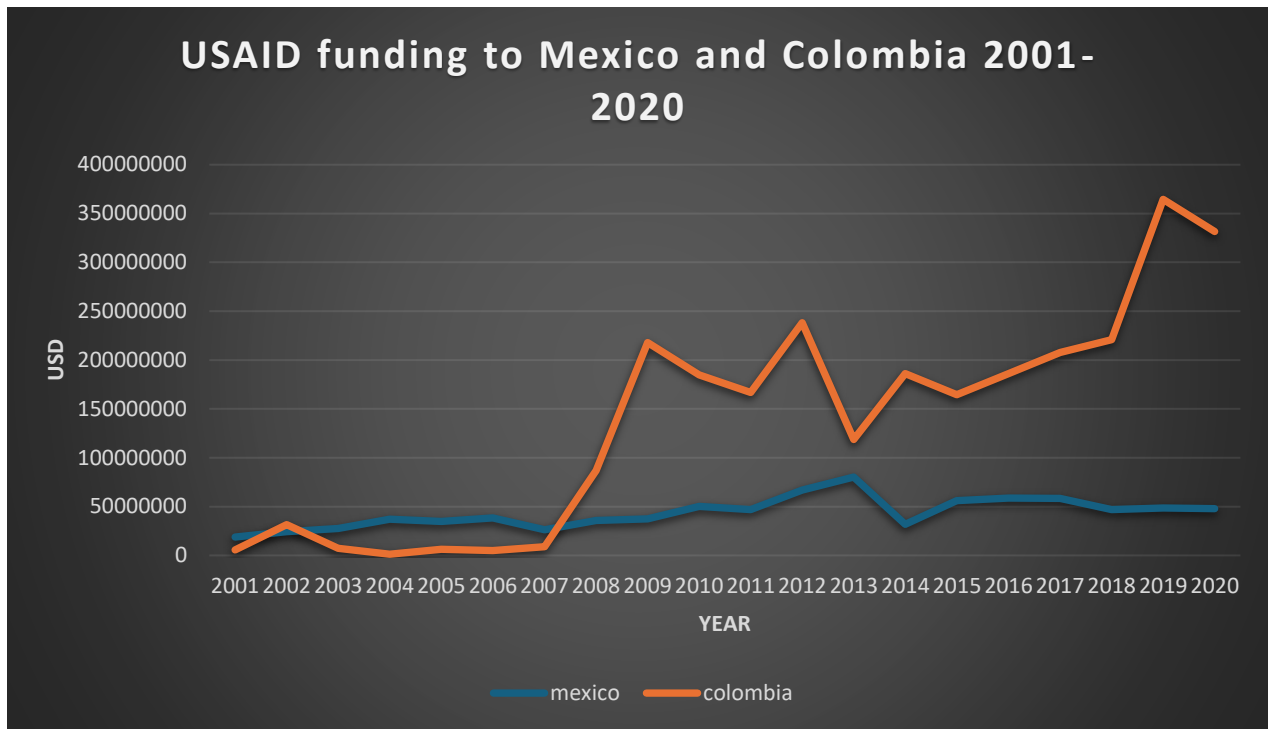


Fig. 6<sup>50</sup>: p-value = 8.45E-09, t-value = 9.43, Pearson’s R = 0.687

Something noteworthy with the results seen is that while both increased, Colombia increased significantly more. Furthermore, the significant correlation and positive R value denote them both rising together which is the opposite of expected. However, this discrepancy in incomes can be explained:

“Among other regional priorities in FY2024, the Administration requested \$444.0 million for Colombia to support counternarcotics efforts, peace accord implementation, and the integration of Venezuelan migrants; \$291.5 million for Haiti to restore democratic institutions, improve security, and address health and economic challenges; \$111.4 million for Mexico to strengthen the rule of law and combat illicit drugs; and \$64.5 million for the Caribbean Basin Security Initiative (CBSI).”<sup>51</sup>

<sup>50</sup> (Fa.gov, n.d.)

<sup>51</sup> (Meyer, 2023).



There is a vested interest on the part of the U.S. to maintain strong relationships with Colombia given their powerful role in the drug trade (explicit or not); however, the core objectives of the USAID is to support counternarcotics efforts, peace accords, and, crucially, the integration of Venezuelans.<sup>52</sup> The Venezuelan migrant crisis began in 2014 following the election of Maduro, and Colombia has been the major site of most Venezuelan migration.<sup>53</sup> The wording of these is also essential where Colombia's relation to the war on drugs is "counternarcotics efforts" and Mexico's is to "strengthen rule of law and combat illicit drugs", creating a differentiation for the two.<sup>54</sup>

Finally, I grounded these country wide statistical analyses to the city level of the two selected case studies through the use of articles and locally reported crimes from these cities to try to develop a better understanding of the particular impacts of violence in these cities. The data provided by large institutions like the W.H.O do not allow departmental segregation of data; furthermore, data on the city-wide level at an aggregate level is not reliably obtainable. Therefore, utilizing country wide data, supported by news and crime reports from the cities, should be enough to relate that statistical analysis to these two cities in the context of healthcare development and outcomes.

The results will be presented country by country and then analyzed in a comparison. Each subchapter will include a brief context of the history of the War on Drugs in the country and how it evolved as well as the relationships between these statistics in healthcare outcomes in the countries and, specifically, the cities of interest. After the two are compared, I conclude by

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<sup>52</sup> ("Venezuelan Refugee Crisis", 2022)

<sup>53</sup> ("Main Destinations for Venezuelan Migrants 2020", 2021)

<sup>54</sup> (Meyer, 2023).

relating these findings back to the role the U.S. had in either causing or helping to cause them and give thoughts on potential paths forward for Mexico.

## Chapter 4: Outcomes in Colombia and Mexico

Colombia is often considered the genesis of the War on Drugs outside the U.S. and, specifically, Medellín was the home of the Medellín cartel – the strongest cartel going into the 1990s and responsible for a good bit of the drug trade, chaos, and policy efforts both in the U.S. and Colombia. As the War on Drugs evolved, Colombia went into a political crisis following the death of Pablo Escobar, devolving into violence that peaked in the early 2000s. Following the Plan Colombia, a bilateral effort between the U.S. and Colombia, violence waned and came back to pre-90s levels in the mid to late 2000s. During this time, however, the focus of the War on Drugs began to shift towards Mexico.<sup>55</sup>

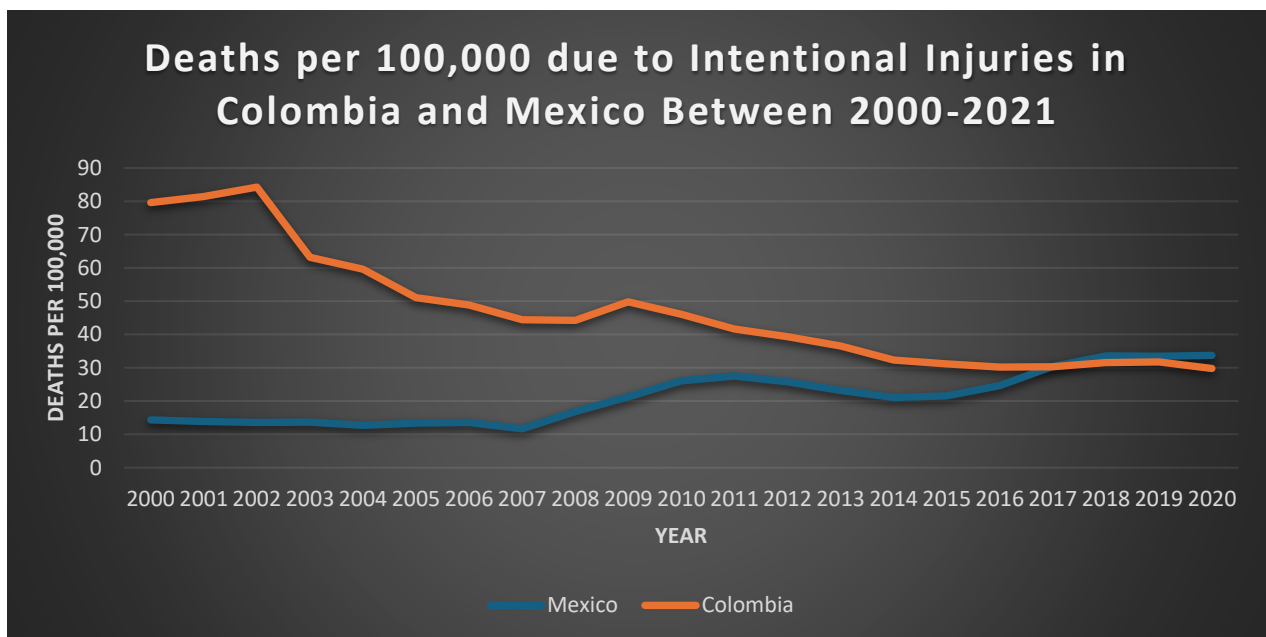


Figure 7<sup>56</sup>: p-value = 6.477E-05, t-value = 4.46, Pearson R = -.071

Due to increased border and customs scrutiny in places like Miami during the 80s, drug trafficking routes shifted from sea and air ones to land routes via central America. This new wave of drugs and business necessitated the construction of a new criminal order to facilitate the

<sup>55</sup> (*Intentional Injuries in Colombia and Mexico 2000-2021*)

<sup>56</sup> (W.H.O. mortality database, n.d.)

illicit trade of goods; therefore, in the post 90s chaos of Colombia, while the U.S. was focusing its efforts there, the next crisis was growing just across the border. At the intersection of political crisis in Colombia, economic effects of NAFTA and neoliberal policy, destabilized governments, and new opportunity in the land-based drug trade, arose that defines contemporary Mexico. Furthermore, as seen in figure 7, violence stayed relatively stable through the initial decrease in Colombia, but after the declaration of Mexico's War on Drugs by Felipe Calderon, violence began to spin out of control.<sup>57</sup> However, before we can understand Mexico and its growing War on Drugs, we must first look back at the start of the U.S.'s foreign drug policy interests, how Colombia became the center of drug activity, and what the consequences were for those living there.

#### Chapter 4.1: Colombia, Cocaine and Corruption

Colombia has a long history of violence and instability. The 19<sup>th</sup> century ended, and the 20<sup>th</sup> began with the 1000 day's war, a conflict between the two main political parties in Colombia that still exist to this day: the liberals and conservatives.<sup>58</sup> After the resolution of this war, party tensions – instead of being reduced by this civil war – only simmered under the surface and began to grow to a boiling point. There are debates over the true starting date of the period of armed conflict referred to as “La Violencia,” since political violence started intensifying in 1946; however, most scholars point to the assassination of populist leader Jorge Eliecer Gaitán in 1948 as the true outbreak of “La Violencia.” This period of violence would be responsible for an estimated 100-200,000 deaths, although some estimates put it higher<sup>59</sup>. Furthermore, the brutality of these deaths – often including brutal mutilations and torturous deaths – caused extreme hatred

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<sup>57</sup> (Calderón, 2015).

<sup>58</sup> (Rozema, 2007)

<sup>59</sup> (Sanín, Wills, and Sánchez, 2006)

between the two political groups. The armed conflict would come to an end in 1958 with the formation of el Frente Nacional (the national front), an agreement between conservatives and liberals to switch which party controlled the presidency each term; however, many Colombians felt shortchanged by this deal and did not believe it addressed many of the social injustices or beliefs they spent the past decade fighting for (or fleeing from)<sup>60</sup>. Thus, Colombia found itself coming off half a century of near constant brutal fighting with an unstable government, a discontent population, corrupt officials, and more. The stage was set to allow some of the key groups to rise to power: the guerillas, the narcos, and the paramilitaries.

Given the political discontent in Colombia at the end of the 1950s, it goes without saying that the Fidel Castro's successful revolution in Cuba did absolutely no favors for the Colombian government's attempts at maintaining control. As in many other Latin American countries in the late 50s and early 60s, there was a sudden expansion in Marxist-Leninist guerilla groups being formed. Colombia was no different, which likely does not come as a surprise given its unstable climate. While there were many guerilla groups formed, like M19 among others, the two most important by far were the FARC and ELN guerilla groups.<sup>61</sup>

The ELN or Ejercito de Liberación Nacional (the National Liberation Army) was formed in 1964 by the brothers Fabio and Manuel Vasquéz. The party drew from the same Marxist-Leninist inspiration that Castro did and consisted of a group of more middle class and intellectual make up (which will contrast to the FARC). Their original goals were to advocate for Colombians that they saw as victims of violence and repression perpetrated by the state.<sup>62</sup> The group was nearly wiped out in 1973; however, it was able to rebuild to its greatest size in 1999

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<sup>60</sup> (Rozema, 2007)

<sup>61</sup> (Rozema, 2007)

<sup>62</sup> (Mapping Militant Organizations, 2019)

(right around the height of the armed conflict in Colombia).<sup>63</sup> Originally, ELN relied on kidnapping wealthy and influential figures in Colombia, since it aligned with their ideological principles, but as time went on and financial requirements grew as they increased in size, the ELN turned to “taxing coca and marijuana growers, especially in the Bolivar province, where the group had established its headquarters.”<sup>64</sup> The ELNs involvement with the drug trade was one of the common denominators with the other guerilla groups and begins to reveal the sometimes contradictory, but always present, interconnectivity of the drug trade with every key antagonistic group in Colombia from the 1970s moving forward.

The FARC (officially FARC-EP) or Fuerzas Armadas Revolucionarias de Colombia (Ejército del Pueblo) (the Armed Revolutionary Forces of Colombia (army of the people)) was also formed in 1964. It too was a Marxist-Leninist group and was founded by Manuel Marulanda and Jacobo Arenas. Following the Frente Nacional in 1958, the PCC (Partido Comunista de Colombia) or Colombian Communist Party was severely repressed, so ex-PCC members came together to make FARC to serve the rural populations and poor of Colombia.<sup>65</sup> FARC also relied on kidnapping and extortion in their first couple of years, but quickly they transitioned into trafficking and taxing cocaine in the 70s.<sup>66</sup> This allowed a quick acceleration in their growth and they became the largest and most formidable guerilla group in Colombia.<sup>67</sup> Furthermore, FARC was notorious for being more violent, strict, and controlling than other guerilla groups which is one of the key reasons that it became the primary target for first attacks and military operations

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<sup>63</sup> (Sanín, Wills, and Sánchez, 2006)

<sup>64</sup> (Mapping Militant Organizations, 2019)

<sup>65</sup> (Mapping Militant Organizations, 2019)

<sup>66</sup> (Bagley, 1988)

<sup>67</sup> (Mapping militant Organizations, 2019)

on the part of the Colombian government and the U.S. and then became the focus of peace accords.<sup>68</sup>

The guerilla groups are a crucial part of the violent landscape of Colombia's political scene and, as will be seen, conflicts between them, the narcos, and paramilitaries were responsible for continued destabilization and suffering. Still, the paramilitary groups were a key part of the equation as well; however, before they are discussed, the cartels and narcotrafickers must be discussed.

The Medellín cartel and Cali cartels were the two most significant narco forces in Colombia entering into the 1990s. Of particular interest here is the Medellín cartel which was led by perhaps the most infamous drug lord of all time: Pablo Escobar Gaviria. Escobar created a sprawling drug empire that reached every corner of the country, but it concentrated itself in Antioquia, the department where Medellín was located. As Escobar's drug empire grew, his involvement in political violence also increased. In 1989, he instigated a bombing in Medellín: "a truck bombing that killed 52 people in the capital" (Bogotá) with the bomb being "1,100 pounds of dynamite that were detonated in front of the offices of the secret police" and was responsible for a notorious airline explosion.<sup>69</sup> His sicarios also engaged in kidnapping, murder, and extortion, much like the guerillas. As the narcos gained influence and money, they also began buying large amounts of land, much to the shagrin of groups like FARC and ELN which opposed purchase of large plots of land for non-productive reasons; therefore, guerilla groups began kidnapping family members of drug lords. This sparked the creation of one of the first paramilitary groups after the kidnapping of Marta Nieves Ochoa in 1981 – MAS (muerte a

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<sup>68</sup> (Bagley, 2000)

<sup>69</sup> (COLOMBIA CARTELS TIED TO BOMBING - *The New York Times*, 1989)

secuestradores).<sup>70</sup> These paramilitary groups would continue to grow in number and strength as time went on, especially as major drug lords began dying or being arrested.

The paramilitaries are often defined by Colombian scholars as “irregular forces of the state” due to their close interactions with the military and government in order to destroy the different guerilla groups in Colombia.<sup>71</sup> One of them would come to be of extreme importance: the Autodefensas Unidas de Colombia (AUC), or the united self-defenses of Colombia. This group was formed in the 1990s by Carlos Castaño and was backed financially by his direct involvement in the Calí cartel. The AUC facilitated acts of violence throughout the country, but especially in areas where there were high concentrations of guerilla groups. The other major paramilitary groups are less important on a national scale, but relevant to Medellín: PEPES and the BCN (which will be discussed shortly).

Finally, the roles that the U.S. played on a national scale had a few key points: the Extradition Treaty with the Republic of Colombia, the presence of DEA operatives in Colombia, and the PLAN Colombia. The Extradition Treaty was signed on September 14<sup>th</sup>, 1979, and allowed the extradition of criminals, especially for drug related crimes, to the United States.<sup>72</sup> This policy was directly related to the U.S.’s War on Drugs growing interest in intervening on a global scale. Furthermore, there was a consistent placement of blame on the part of the United States on producer countries for the drug epidemics in the U.S., instead of a focus on prevention and public health in the U.S. itself as the consumer (and thus the driver of demand for the drug production in the first place). Second, the presence of DEA agents as well as their role in the eventual death or arrest of major drug lords destabilized the region, creating power vacuums that

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<sup>70</sup> (LeGrand, 2003)

<sup>71</sup> (LeGrand, 2003)

<sup>72</sup> (“Resolution of Ratification - Treaty Document 97-8 - EXTRADITION TREATY WITH COLOMBIA | Congress.gov | Library of Congress”, 1979).



were quickly filled with even less stable leaders.<sup>73</sup> Finally, the PLAN Colombia was the largest single action by the U.S. in terms of intervention and one of the most consequential.

The Plan Colombia made it so that “in May 2000, Colombia suddenly leapt into the news in North America because the U.S. Congress, at President Bill Clinton’s urging, voted to send \$1.3 billion mainly in military aid to Colombia to fight the drug war.”<sup>74</sup> Furthermore, it helped specifically to train a new battalion, purchase high tech helicopters and military hardware, and signaled to Colombia and the world that the U.S. would continue to be invested in their War on Drugs. There were also widespread aerial sprayings of coca farms with glyphosate which was responsible for widespread controversy on the global stage as well as in Colombia itself. Although it is considered a class IV pesticide (least concern), glyphosate has a controversial reputation as it can be highly toxic to all types of plants upon building up due to the way it effects the shikimate path (a metabolic process) in plants, leading to killing plants other than the targeted coca.<sup>75</sup> Furthermore, the manual removal and destruction of coca plants and farming showed to be more effective than the spraying and had less of an environmental concern attached to it in the first place.<sup>76</sup> As time went on, the U.S. continued the support of PLAN Colombia when “President Bush’s administration added to the \$1.3 billion in initial support, \$380 million in FY02 money and proposed \$439 million in FY03” as well as an “additional almost \$40 million” by August 2002.<sup>77</sup> This continued massive financial dedication to Colombia also coincided with the growing global war on terrorism and the U.S. viewed the Colombian guerilla groups of interest that could be attacked under the guise of the War on Drugs as well.<sup>78</sup>

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<sup>73</sup> (Bartilow and Horace, 2009).

<sup>74</sup> (LeGrand, 2003).

<sup>75</sup> (Costas-Ferreira et al., 2022).

<sup>76</sup> (Mejia, 2016).

<sup>77</sup> (“Press Statement,” *U.S. Department of State*. 2002).

<sup>78</sup> (LeGrand, 2003)

The effects on health were apparent as well. As seen in figures 3 and 4 from chapter 3, following the death of Pablo Escobar and the fragmentation of the Medellín and Calí cartels, the healthcare systems were sent into a tailspin as the country's healthcare infrastructure could not keep up with the increased pressure from the explosion in violence.<sup>79</sup> As will be discussed, the burden was felt acutely in Medellín where violence spiked following the chaos of the fragmentation. However, an important idea to discuss before speaking on Medellín is the long-term effects seen in Colombian healthcare over the past 40 years, even under the context of the war on drugs.

While Both Colombia and Mexico are considered upper-middle income countries (UMIC), they were not always considered to be so. As mentioned in chapter 3, low income and lower-middle income countries (LMICs) are associated with greater healthcare challenges and insufficient healthcare infrastructure.<sup>80</sup> Colombia was not considered an UMIC until 2008, meaning that it underwent the armed conflict crisis of the 2000s as its economy was still attempting to develop.

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<sup>79</sup> (*Intentional Injuries in Colombia 1996-2006*, n.d.)

<sup>80</sup> (Orach, 2009)

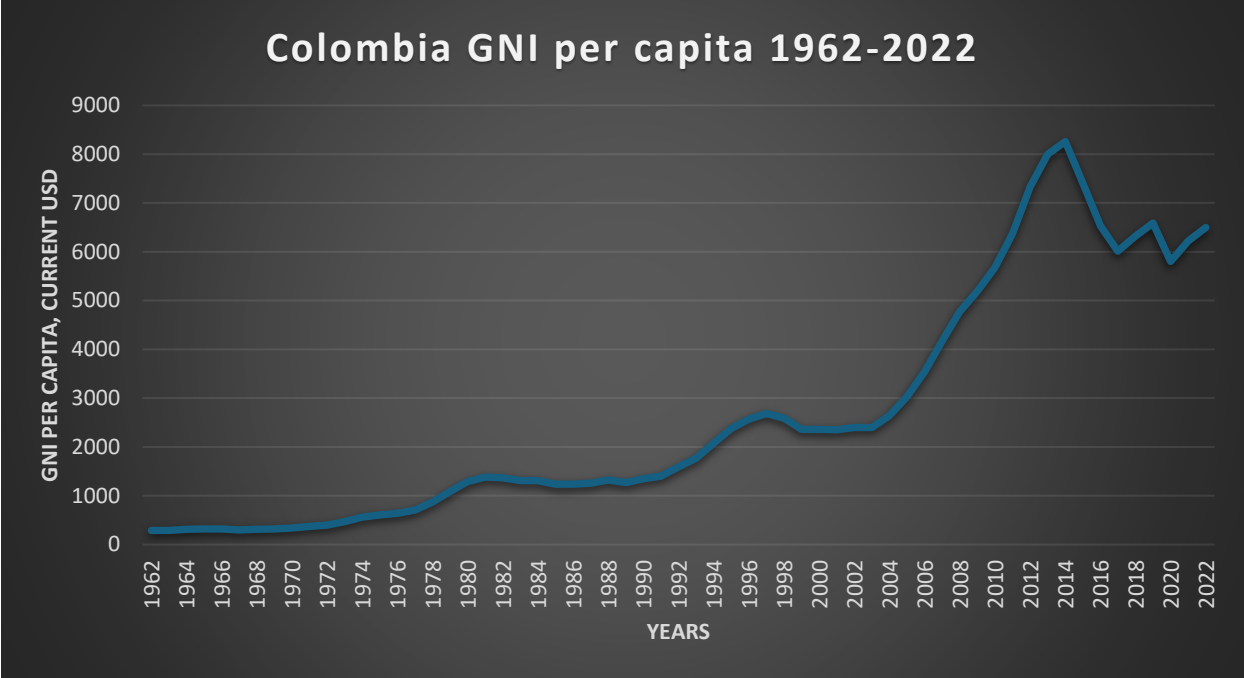


Fig. 8<sup>81</sup>: Colombia GNI per capita 1962-2022

As will be discussed in the Mexico subchapter, they did not see the same correlation with deteriorated healthcare infrastructure that Colombia witnessed, and a contributing factor is the relative lack of development in Colombia economically and infrastructurally versus Mexico when it underwent its crisis over a decade later.

Furthermore, the transition from low income pre-1980 to UMIC in 2008 can help explain the macrotrend of increased healthcare capacity in Colombia.

<sup>81</sup> (World Bank Country and Lending Groups, n.d.)

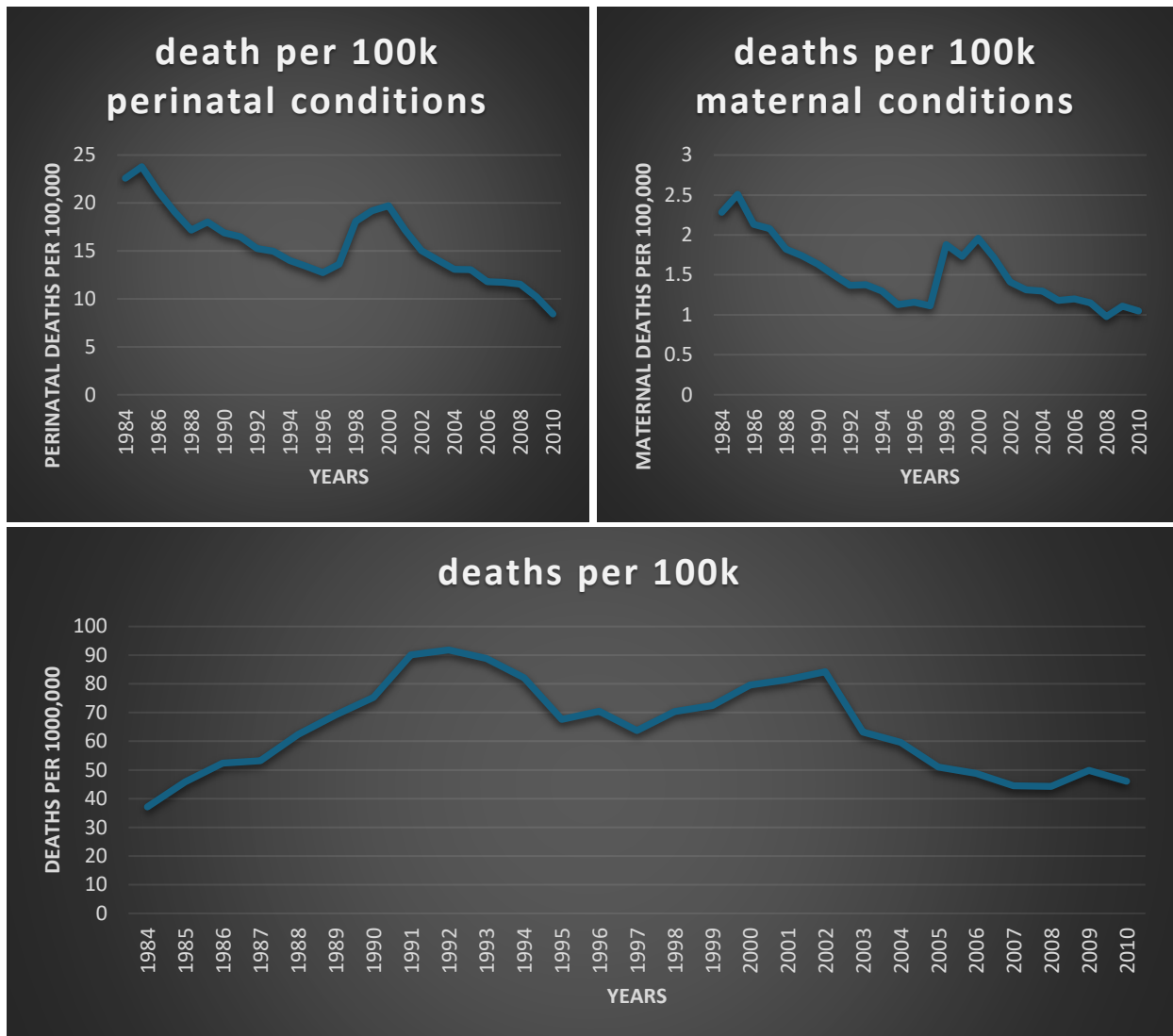


Fig. 9<sup>82</sup>: evolution of Colombian healthcare outcomes 1984-2010

As can be seen, the overall decrease in deaths from perinatal and maternal conditions display a considerable growth of healthcare infrastructure and effectiveness. The spikes in the 2000s, as discussed, display the nascent condition of the Colombian healthcare infrastructure at the time as it buckled under the pressure of the armed conflict. The overarching idea, however, is that though U.S. intervention heightened violence and caused the healthcare infrastructure to buckle at some points, the overall trajectory shows a positive improvement. The U.S. funds through

<sup>82</sup> (W.H.O. mortality database, n.d.)

USAID, money via PLAN Colombia, and U.S. interest in supporting the Colombian economy for counternarcotic objectives did not result in a lack of growth.

Between the guerillas, paramilitaries, and narcotraffickers, all three of these groups relied on funding from the drug industry, violence, kidnapping, extortion, and weaponized ideology despite constantly being at odds with each other. The drug cartels and guerilla groups began fighting which turned into the paramilitaries fighting the guerillas and, eventually, some of the cartel themselves. This entire whirlwind of chaos was occurring all while the Colombian government was reeling, trying to make some sort of peace. This brief discussion of the evolution of the armed conflict in Colombia does not encapsulate the whole of the complexity; however, we will look more closely at Medellín to see how the violence manifested in the lived experience of those who inhabited it. Furthermore, with this complex conflict groundwork set, it will be easier to see how U.S. foreign policy played first into the dramatic acceleration of the violence, and then to the semi-successful unraveling of it.

As previously discussed, Medellín was the home of the Medellín cartel, the most powerful cartel during the early 1990s and was a center of violence and instability. However, the presence of the drug cartel's leader, Pablo Escobar, while being a source of violence and criminal activity himself, was a key part of what was keeping the area relatively stable. After his death, it would accelerate headlong into chaos. As an example of Escobar's ability to directly influence the level of violence experienced by the Medellín population and how the U.S. could attenuate it, "following the declaration in July of a truce by the Extraditables," what Escobar and other cartel members called themselves in relation to the fact that Colombia was extraditing cartel leaders to the U.S., "the murder rate dropped to nine per day."<sup>83</sup> Furthermore, in Medellín,

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<sup>83</sup> (Farah, 1991).

one of the principle drivers of violence in the early 1990s beyond Pablo's direct actions was his simple existence. As mentioned earlier, paramilitary groups rose up in response to guerilla groups across Colombia; however, there was a mention of them rising up against cartel leaders. In Medellín, los PEPES (the persecuted by pablo escobar<sup>84</sup>) formed with the intent of killing Pablo Escobar:

“The 4<sup>th</sup> of July, 1992, the captain Pablo Escobar signed – without knowing it – his own death sentence. This day, in the jail “the cathedral” where he was held, he killed two of his associates: Gerardo ‘Kiko’ Moncada and Fernando ‘Negro’ Galeano. Here he let loose the fury of some and it served as an excuse for others to unite for a common cause: cut ties with the leader of the Medellín Cartel. So, Los PEPES were born and acted as terrorists, waging an urban war without precedent in Colombia. And nobody paid the penalty for it.”<sup>85</sup>

Furthermore, los PEPES were responsible for the mini urban war together with the aid of the United States in Medellín:

“The documents reveal that the U.S.-Colombia Medellín Task Force, known in Spanish as the *Bloque de Búsqueda* or 'Search Block,' was sharing intelligence information with Fidel Castaño, paramilitary leader of *Los Pepes* ... One cable describes a key meeting from April 1993 where, according to sensitive US intelligence sources, Colombian National Police director General Miguel Antonio Gómez Padilla said ‘that he had directed a senior CNP intelligence officer to maintain contact with Fidel Castano, paramilitary leader of Los Pepes, for the purposes of intelligence collection.’”<sup>86</sup>

Therefore, in retrospect, it became apparent that the death of Pablo Escobar was imminent, and the cost of that death appeared to be secondary to that of the objective itself.

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<sup>84</sup> Los Perseguidos por Pablo Escobar en Español

<sup>85</sup> (Chica, 2018), Original (translated by author): “El 4 de julio de 1992, el capo Pablo Escobar firmó -sin saberlo- su sentencia de muerte. Ese día, en la cárcel La Catedral de Envigado donde estaba recluso, **asesinó** a dos de sus socios: Gerardo 'Kiko' Moncada y Fernando 'Negro' Galeano. Así desató la furia de algunos y lo que sirvió de excusa a otros para unirse por una causa en común: acabar con el líder del Cartel de Medellín. Nacieron entonces Los Pepes, que a punta de actos terroristas desataron una guerra urbana sin precedentes en Colombia. Y nadie pagó pena por ella.”

<sup>86</sup> (Evans, 2008).

The effects of the death of Pablo Escobar should not be understated, neither for Colombia as a whole, nor for Medellín. After Escobar was successfully killed in 1993, there was a swift fragmentation in the command and structure of the massive Medellín cartel. Violence quickly began to surge as control loosened. In response, the paramilitary group MAS mentioned earlier, formed into AUC, the group that would help drive deaths into never before seen levels in their battles with guerilla groups, government, and other narcos in the coming years.<sup>87</sup> Furthermore, the huge number of assassins (called sicarios) no longer had jobs and ended up “establishing new criminal gangs that devastated the city for years.”<sup>88</sup> In response, the Colombian government, desperate to reduce the violence that was building, allowed the implementation of independent committees that acted as armed vigilantes to fight organized crime in the city. There were also smaller armed groups, “milicios” that came together to work to form peace pacts between 1995-98, but as they worked to fix their differences, FARC and ELN entered into the neighborhood, especially “la comuna 13,” and the paramilitaries worked to establish themselves in the margins of the city. Here we can see how the violence in Colombia, and especially Medellín, skyrocketed under the failed policies of the War on Drugs on both the part of the U.S. and the Colombian government. The entrance of each of these three key groups – a fractured narco empire, growing guerilla groups, paramilitaries, and even smaller armed groups scattered across the city and surrounding countryside – set the stage for devastation.

However, with the chaos Medellín was experiencing, it also then became one of the key cities that the U.S. and Colombia worked to reduce violence in following the utter failures of pre-21<sup>st</sup> century policy efforts. Medellín, with the help of new policies, different approaches under

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<sup>87</sup> (Woody, 2017)

<sup>88</sup> (Rozema, 2007), Original (translated by author): “los sicarios que habían perdido su trabajo establecieron nuevas bandas de criminalidad que asolaron la ciudad por años.”

the PLAN Colombia, and growing stability due to a decade since Escobar's death, became the first site of a major paramilitary accord, representing an important turning point for the city. On November 25, 2003 "800 fighters from an urban band of right-wing paramilitary group laid down their weapons on Tuesday in a disarmament ceremony."<sup>89</sup> The government was able to achieve this through the policy of DDRR: "disarm, demobilize, reinsert, and reintegrate."<sup>90</sup> Maximum prison sentences for the paramilitaries were also reduced to only 5-8 years for severe cases. This rehabilitative approach rather than punitive approach succeeded in returning Medellín to pre 90s levels of violence and, eventually, to some of the lowest levels seen. Medellín today is a thriving cultural, economic, and tourist hub in Colombia and is no longer considered one of the most dangerous cities in the world.

However, all issues have not been resolved for Medellín, Colombia, and the cartels. As the outward violence of the cartels, guerillas, and paramilitaries subsided in both the city and country, it did not disappear – it just morphed. Modern cartels learned from the mistakes of their predecessors like Escobar and realized putting a target on their back is a bad plan. Furthermore, the shift in the drug trade routes from Caribbean in the late 70s and early 80s into Central America never went away, they only grew in strength. Now, cartels move with a greater degree of silence and have transitioned "to working with Mexican cartels in the 2010s."<sup>91</sup> However, as we will discuss shortly, the violence and chaos that has been continuously decreasing in Colombia did not vanish, rather moved to a different place. It moved with the drug routes up to the border – up to Mexico.

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<sup>89</sup> (Forero, 2003).

<sup>90</sup> (Rozema, 2007), Original (author translated): "desarme, desmovilización, resinsertación, y reintegración"

<sup>91</sup> (Woody, 2017).



## Chapter 4.2: Murdering Mexico

While Colombia was the original focus of the U.S.'s War on Drugs outside their own borders, Mexico was not only an early and frequent focus, but also a new center of the War on Drugs. As discussed previously, the evolution of the drug trade routes from Colombia to the U.S. over the course of the 1970s from the Caribbean routes to the land routes through Central America were crucial to setting the groundwork to the War on Drugs in Mexico. This new influx of illicit goods and cash led Mexico's drug trafficking organizations to "consolidate their power in the late 1980s and early 1990s."<sup>92</sup> Furthermore, the passage of NAFTA in 1994 was one of the most consequential pieces of legislation for the course of the drug wars. It led to an uprising in Chiapas with the Zapatista army and the U.S. responded by training a Mexican special forces unit at fort Bragg in North Carolina to combat the insurgency.<sup>93</sup> A group of these specially trained forces defected to work under the leader of the Golfo Cartel, Osiel Cárdenas, and created the highly organized, ultra-militaristic group known as "Los Zetas." While the Zetas have lost influence recently, the crucial contribution they made was the normalization of highly militarized cartels that functioned more like armies than gangs. The major cartels and narcotrafficking groups will be introduced later; however, before they are discussed three key events need to be mentioned.

In 2006, after his election, President Felipe Calderon he initiated the beginning of Mexico's War on Drugs by sending troops to his home state of Michoacán – the first of many combined operations (operaciones conjuntas) between the Mexican Army and state forces.<sup>94</sup> Calderón emphasized the use of a strategy started by the DEA in the 1990s in Colombia. The

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<sup>92</sup> (Velasco, 2023)

<sup>93</sup> (Vice en Español, 2021)

<sup>94</sup> (Velasco, 2023)

strategy consisted of targeting the leadership of the large cartels instead of the grunts, and it was known by the Kingpin Strategy.<sup>95</sup> As previously discussed, the Kingpin Strategy in Colombia was successful in killing or extraditing major cartel leaders; however, the ramifications of cutting off the head of the hydra has been known for millennia: two or more heads will grow back. Under the principles of the Illegal Enterprise Theory, the lack of legal constraints around the functioning of the drug economy made it so that any time a member of a cartel fell, someone would come to fill the void.<sup>96</sup> This held true for the lowest level as well as the highest, and as soon as leaders fell, structural collapse within the cartels occurred and they fractured into warring factions with new leaders.<sup>97</sup> Furthermore, Mexico's War on Drugs was fueled by the U.S. with the creation of the Mérida Initiative in 2008.<sup>98</sup> This initiative was also known by the name Plan Mexico. One would expect that the U.S. would have learned the consequences of the Kingpin Strategy combined with direct intervention via militarization of conflict since this evolution nearly identically mirrored Colombia and much of the violence was shifted up from Colombia in the first place; however, that was unfortunately not the case. Combined with this strategy, the U.S. money, and a willed ignorance on the events in Colombia, the years following would produce some of the most violent years in Mexican history.

It is time to discuss the main belligerents of the conflict: the many cartels of Mexico. Colombia was unique in that while the violence was partially a product of pure fighting between cartels, much of it derived from conflicts between the paramilitaries, cartels, and guerilla groups over ideological disputes. In Mexico, the cartels had a much greater degree of militarization and benefitted from the direct training of the U.S. government through the militarized model

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<sup>95</sup> (Colombia Cocaine Cartels: Lessons from the Front | *Office of Justice programs, n.d.*)

<sup>96</sup> (Reuter, 1983)

<sup>97</sup> (Council on Foreign Relations, 2022)

<sup>98</sup> (Merida Initiative | U.S. Department of State, n.d.)

fashioned by the Zetas.<sup>99</sup> The militarized tactics spread to other cartels, especially after the extradition of their leader in 2007 and their following breakdown in the mid 2010s.<sup>100</sup> Therefore, there are now a huge number of cartels or smaller gangs; however, there are still 9 major cartels identified by the 2020 National Drug Threat Assessment (NDTA).<sup>101</sup>

1. Sinaloa Cartel: the Sinaloa Cartel is perhaps the most notorious Mexican Cartel. It began in the 1980s during the consolidation period of drug trafficking organizations in Mexico. It continues to remain strong and active, mainly in the northwest and Pacific coast.
2. Jalisco New Generation Cartel (CJNG): the CJNG is one of the products of the drug war policies and splintered from the Sinaloa Cartel in 2010. It is estimated that the CJNG provides for a third of the U.S. drug market.
3. Beltrán-Leyva Organization (BLO): BLO formed as yet another splinter from the Sinaloa Cartel in 2008.
4. Los Zetas: Los Zetas are the infamous group that originally formed as a private military cell within the Gulf Cartel, but they formally splintered from the Gulf Cartel in 2010 following their destabilization with the extradition of their leader.
5. Guerreros Unidos (GU): GU is a splinter from BLO, so they too derive from Sinaloa.
6. Gulf Cartel: The Gulf cartel is one of the major original cartels in the northeast of Mexico and has extensive ties to the CJNG.
7. Juárez Cartel: The Juárez Cartel is one of the most important cartels in Ciudad Juárez; however, it is losing a bit of power as it has splintered as well. Most significantly, it led to

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<sup>99</sup> (Janowitz, 2022)

<sup>100</sup> (Janowitz, 2022)

<sup>101</sup> (United States Drug Enforcement Agency, 2021)

the formation of La Línea, a smaller cartel in Ciudad Juárez and its surrounding region that has produced a large amount of violence.

8. Los Rojos: Los Rojos is a splinter group of BLO (which is a splinter of Sinaloa), continuing the trend of some of the major cartels causing so much violence being products of breakdown of control in the larger cartels.

Why is it important to discuss all of these? It is due to the common theme that emerges from them and relates back to the illegal enterprise theory. The majority of these cartels formed in the past two decades, all around the same time, and often due to a splintering of bigger, stronger cartels. As will be discussed, these cartels engage in extensive violence between each other which has caused a large increase in total violent deaths.<sup>102</sup> The explosion of cartel related violence following the implementation of U.S. planned and backed policies followed a nearly identical path in Colombia, and there should have been a lesson learned there; however, the leadership in Mexico did not seem to give it a thought.

The three major presidents since the start of the formal Mexican War on Drugs were Felipe Calderón (2006-2012), Enrique Peña Nieto (2012-2018), and Andrés Manuel López Obrador (AMLO) (2018-present). Felipe Calderón was the president to begin the formal War on Drugs in Mexico, instated the Kingpin Strategy, and emphasized an ultra-militaristic approach to fight the cartels throughout Mexico. During his tenure, he killed 25 of the top 37 major drug kingpins in Mexico via the decapitation strategy (the Kingpin Strategy).<sup>103</sup> However, as seen from the results on violent deaths in Mexico following 2006 and Colombia, this “success” of taking out the kingpins was catastrophic in the long run. Peña Nieto said he would focus on reducing violence against civilians and decrease focus on kingpins, but that was not true. He

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<sup>102</sup> (Council of Foreign Relations, 2022)

<sup>103</sup> (Council on Foreign Relations, 2022)

ended up expanding the militarization and continued down the same road as Calderón.<sup>104</sup>

Furthermore, his promise to reduce violence against civilians was an empty one as well. Since the beginning of the formal declaration in 2006, more than 100,000 Mexican civilians have gone missing; however, there are clear political motivations to reduce this number or artificially deflate it meaning there are likely many more.<sup>105</sup> These vanished individuals are known as “los desaparecidos” and reveal another issue with the War on Drugs: state violence and corruption. Human rights violations and state violence with little control or oversight was also a large problem in Colombia and many experts attribute the missing individuals to crime *and* state corruption.<sup>106</sup>

AMLO promised he would demilitarize and reduce disappearances, but he has still failed to live up to the full breadth of his promises. Under AMLO, he weighed pursuing decriminalization policies and decreasing the penal pressure on his citizens. He lived up to this promise and helped legalize marijuana in 2021.<sup>107</sup> Together with growing marijuana legalization and regulation in the U.S., there has been a growth in the market for synthetic drugs due to the decreasing illicit value of marijuana.<sup>108</sup> This has especially been a problem in Ciudad Juárez.

Ciudad Juárez has been experiencing increasing issues with violence since the 1980s. It has especially been caught up in the sale, production, and consumption of illicit drugs. The violence began because during “this period the government of the U.S. closed the entrance route for narcotraffickers that came from Colombia and the Andes region to the cities of Florida.”<sup>109</sup> Violence in Ciudad Juárez, however, would rise to unprecedented levels between 2008-2011.

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<sup>104</sup> (Wilkinson, 2018)

<sup>105</sup> (Zerega, 2024)

<sup>106</sup> (Lakhani, 2022), (Lee, 2020)

<sup>107</sup> (Oré, 2023)

<sup>108</sup> (Tello, 2023)

<sup>109</sup> (Fragoso, 2017), Original (translated by autor): “en ese período el gobierno estadounidense cerró la ruta de entrada del narcotráfico que procedía de Colombia y del la region andina a las ciudades del estado de Florida”

This reality arose from a combination of three things: Plan Mexico, Calderón’s war on drugs, and his combined operation in Chihuahua. This last point was one of Calderón’s “conjuntos” that led to widespread devastation across the country as it led to fracturing and outraged in the cartels. Between 2008-2011, “Ciudad Juárez recorded more than 10,000 killings. In those years, nearly one in every five murders in Mexico took place in the city. The statistics were unprecedented.”<sup>110</sup> The violence rose to a nearly incomprehensible level as all the elements discussed earlier coalesced into this one border city in northwest Mexico. For those living there, the scars are long lasting:

*“Jesús Ángel Estrada\* has helped many at-risk youth as a social worker for a non-profit in Ciudad Juárez, the sprawling manufacturing hub on the US-Mexico border. But he still struggles with the case of a boy who saw his father murdered in front of him... The boy, now a teenager, is fixated on one thing: locating the white truck and killing those who murdered his father.”<sup>111</sup>*

This whirlwind of constant, incessant violence fueled even more violence. Furthermore, there are many critics of the level of violence used by the government itself, pointing out that “when the state decides to threaten to use violence, there is nothing that can distinguish between violence exercised by one from the other.”<sup>112</sup> Moreover, the constant violence becomes a reality not just in the sense that those who live there must witness it, but also must partake in it. The cartels actively forced people into joining the local gang or cartel – first by offering, then by asking directly, then by threatening your life. In one case, a young man growing up in the city during the 2008-2011 wave of violence recounted that he believed of the 100 young people he lived with in his neighborhood,

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<sup>110</sup> (Álvarez, 2024)

<sup>111</sup> (Álvarez, 2024)

<sup>112</sup> (Fragoso, 2017), Original (author translated): “Cuando el Estado decide y amenaza con utilizar la violencia no hay nada que permita distinguir la violencia ejercida del uno por el otro”

Barrio Nuevo, he believed that at least a third died – died because they refused to fight for a gang.<sup>113</sup>

Unfortunately for Ciudad Juárez, violence is once again on the rise in the border city. Arguments have been made that due to the “increased trafficking of migrants and synthetic drugs,” there has been an increase in the “cycle of violence” that has been going on since the beginning of the war on drugs in Mexico.<sup>114</sup> As previously stated, there is the possibility that this increase in synthetic drugs is due to the decreasing illicit value of marijuana due to its increasingly legal status in the U.S. and it being completely legal in Mexico. This potential relationship is actually quite dire. One of the potential solutions to resolving the War on Drugs and reducing the violence associated with it has long been said to be a public health and decriminalization approach, which would decrease the illicit value of the substances. However, it seems the vacuum created by marijuana is only serving to push increasingly more deadly drugs, causing an even harsher response from authorities.<sup>115</sup> The potential ramifications and more detailed solutions, however, will be discussed in the conclusion. As it stands, however, Ciudad Juárez has already experienced an acutely violent year, logging “more than 1,000 homicides in 2023.”<sup>116</sup>

The future for Mexico is not highly optimistic currently. Based off data through 2021, deaths due to violence remain at all-time highs.<sup>117</sup> To make matters worse, if the wave of increased violence in Ciudad Juárez that may have been caused by shifting drug legalization

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<sup>113</sup> (Álvarez, 2024)

<sup>114</sup> (Tello, 2022), Original (author translated): “el creciente tráfico de migrantes y Drogas sintéticas podría ser la explicación del reciente aumento e los homicidios en Ciudad Juárez, que no ha logrado salir del ciclo de violencia que comenzó tras el inicio de la Guerra contra las Drogas en México.”

<sup>115</sup> (Asmann, 2023)

<sup>116</sup> (Álvarez, 2024)

<sup>117</sup> (El Crimen | Mexico Crime rates, 2023)

policy is indicative of an increase in violence across the country, Mexico could be facing the most violent year in its history. There are also new vigilante groups rising up to fight the cartels, much like Colombia had armed groups rise up to fight guerillas or cartels in cities and in the countryside.<sup>118</sup> There is also the mounting issue in Ciudad Juárez of the increasing fragmentation of Cartel Juárez. The ramification for the citizens of Mexico and the inhabitants of the city are profound. As will be discussed in conjunction with the results from the data analysis in previous chapters, we will see how healthcare outcomes have been negatively impacted by the explosion in violence. The U.S.'s hand in Mexico's situation cannot be understated, and as has already been discussed, in both Colombia and here, misguided policies led to catastrophe and tragedy both in the immediate results of violence; however, the outcomes for healthcare between the two differed.

As mentioned in chapter 3 and 4.1, the overall macroeconomic trends of Mexico and Colombia differed. Mexico benefited from the immediate proximity of the U.S. and NAFTA (in a fiscal sense, at least). Therefore, Mexico become an LMIC and UMIC sooner than Colombia.

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<sup>118</sup> (Diaz, 2019)



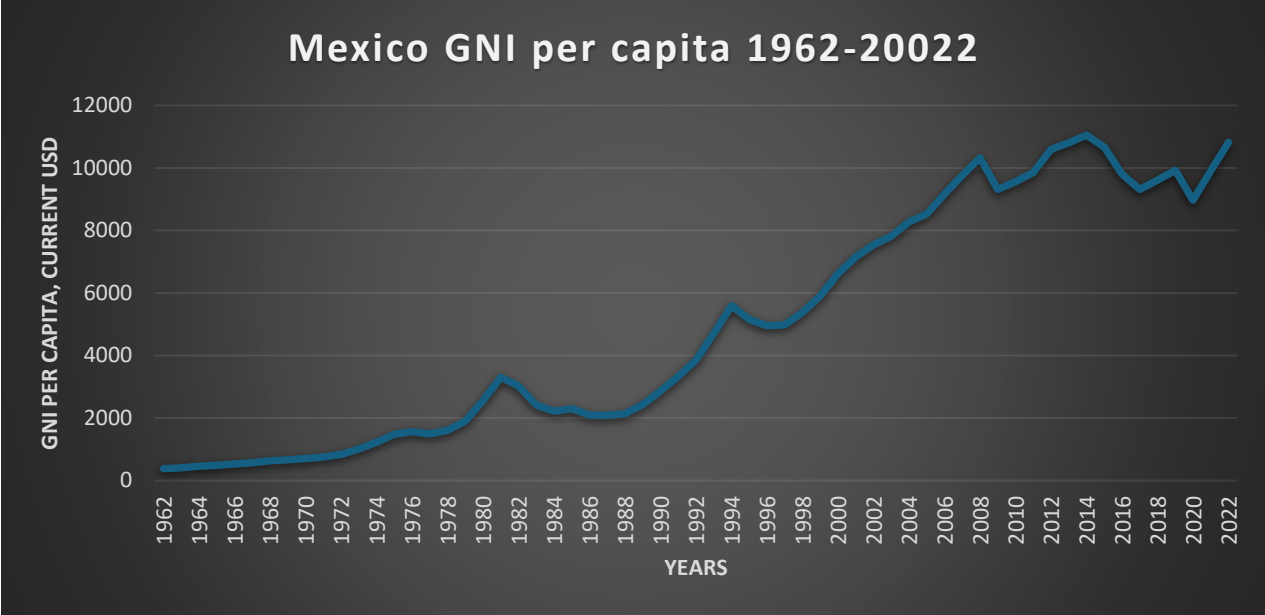


Figure 10<sup>119</sup>: Mexico GNI per capita 1962-2022

Furthermore, not only did Mexico become an UMIC in 1993, but also Calderón did not declare the militarized war on drugs in Mexico until 2006 – nearly a decade and a half after Mexico’s evolution into an UMIC. This meant that while Colombia experienced its most severe violence while it was still a developing economy, Mexico has entered its more severe phase of its armed conflict already as an UMIC. This difference in economic positioning between the two countries means Mexico did not have the same disadvantages in their healthcare systems that Colombia did when it was still an LMIC and had time to benefit from the greater healthcare capacity of UMICs<sup>120</sup>. Therefore, Mexico does not witness the same healthcare collapse that Colombia saw at the height of its conflict in the 2000s; however, it is also important to note that Mexico surpassed the same number of deaths per 100,000 due to intentional injury of Colombia only as recently as 2017 – with little sign of slowing down. Therefore, it’s possible Mexico could see the

<sup>119</sup> (World Bank Country and Lending Groups, n.d.)

<sup>120</sup> (Schnieder et. al, 2021)

level of crisis Colombia did if its intentional injury rate rose to the levels of Colombia in the 2000s.

## Conclusion: The Lasting Impact and Potential Future

Returning to the original hypothetical posed; how did a moral panic in the early 20<sup>th</sup> century America effect modern day Mexico and Colombia over a hundred years later? It had ground shaking implications that altered the course of the two country's histories, led to the death of hundreds of thousands, hindered healthcare development and outcomes, and created a modern state of chaos in Mexico and one that is only just resolving in Colombia (resolving in regards to violence – coca production itself has not slowed, rather it has accelerated).<sup>121</sup> Looking back to the original question, the actions, policies, and recommendations of the United States government in Colombia led to such great levels of violence and disorder that their healthcare systems were shocked and their overall capacity and efficacy decreased during the most intense period. Both countries, however, continue to improve on an aggregate level over time. In sum, the U.S. had a profound role in the shortcomings of the two countries healthcare systems during these acute systems of distress. Furthermore, the policies recommended contributed to the outright death of hundreds of thousands. However, now we must look at where the two countries stand, how they got there, and, most importantly, what sets them apart.

Looking at the contributing factors to the chaos that occurred in the past few decades, the three key traits that led to poor outcomes were the implementation of the extradition policies, the Kingpin Strategy, and the Plan Colombia/Mexico. However, before these policies were even a thought in a politicians or military strategists' mind, the groundwork for prohibition had to be placed in the U.S. The birth of the progressive era where the idea that the government could regulate the morality of its citizens through policies led to the rapid and widespread uptake of prohibitionist policies in the U.S. One of these policies was the prohibition of alcohol itself. As

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<sup>121</sup> (Buschschlüter, 2023)

drugs began to be more regulated, illicit markets cropped up to support the demand for these now difficult to procure substances. The U.S. responded by attempting to use their new global power following WWII to begin global prohibitionist movements. They succeeded and countries clamped down on drug use and production. The demand, however, never went away. Thus, as drug use began to be increasingly aligned with criminal behavior and settings, Nixon declared the War on Drugs and it set off over fifty years of U.S. involvement in, mainly, Latin America. Specifically, it led the U.S. to create ineffective and dangerous policies that had lasting ramifications.

As discussed previously, the extradition policy in Colombia led to the formation of “Los extraditables” and sharply increased political violence by cartels in Colombia. Furthermore, the extradition of major cartel leaders in Mexico, like the leader of the Gulf clan, led to extreme destabilization, fragmentation, and, eventually, inter/intra group conflict creating violence. The Kingpin Strategy also had the same effect. By targeting the leaders of cartels, it led to destabilization of the illicit enterprises and, due to the nature of illicit enterprise theory, upon the vacancy of a lead position, the vacuum is rapidly and violently filled. The Plan Colombia/Mexico provided the funding to back the militarization of the War on Drugs in these countries and allowed for the kingpin and extradition policies to be effectively carried out. Furthermore, this militarization and their constant presence in the two countries led to increased incidence of state generated violence. These three pieces led to the cascade effects in the two countries. The chart below describes the relationship.

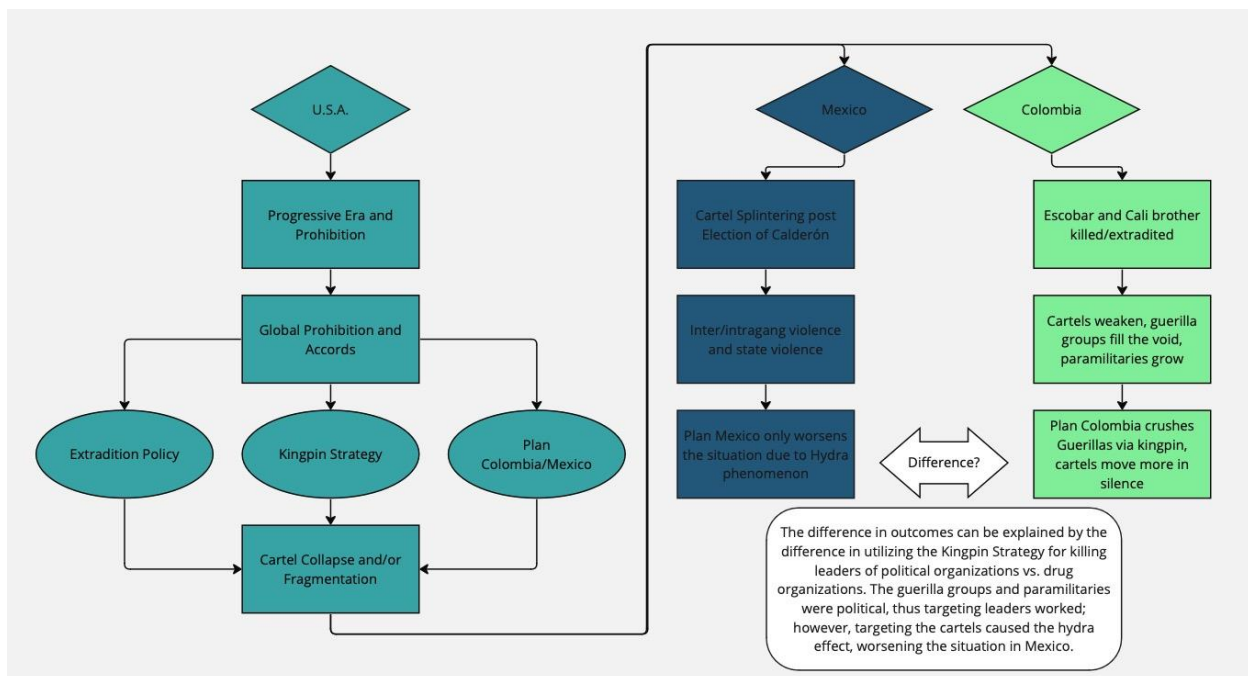


Fig 11: The overall effects of the War on Drugs in Mexico and Colombia

Colombia now has seen their mortality due to intentional injury fall precipitously from its highs in the early 2000s. They are now considered a safer country to visit and are no longer considered a level 4 do not travel by the U.S. Mexico, on the other hand, continues to see their violent death rate climb up. While both have seen improvements in their healthcare systems on aggregate levels, the number of deaths due to violence and the burden on communities these problems pose is not the same between the two. This begs the question, why did the two diverge when the underlying policies were very similar? It is, in part, due to a fundamental error in the Kingpin Strategy.

When considering the applications of the Kingpin Strategy, it is most often modeled after terrorist or political organizations. It has shown to be effective against these types of targets; however, the error made was that the effectiveness of this strategy against criminal organizations had not been tested. What was then seen is the use of the Kingpin Strategy is not only ineffective

against cartels, but also harmful in the long run.<sup>122</sup> When considering the Colombian case, the emphasis of government intervention was of course to limit the spread and influence of the cartels; however, following the death of Pablo Escobar in 1993 and the ensuing demise of the Medellín cartel, the major threats in Colombia ceased to be mainly the cartels. The guerilla groups, which were militant left wing radical groups, were the target of the strategy. Furthermore, since they were already relatively powerful in the early 1990s, almost at the level of the cartels themselves, they were able to effectively fill the power vacuum instead of having the splintered cartel be the main source of fighting and violence.

This domination of the guerilla also gave rise to the paramilitaries, as discussed. These three players fought and generated huge amounts of violence, explaining the massive spikes following the mid 1990s. However, post implementation of the Plan Colombia, the government was able to successfully take out major leaders of the guerilla groups. This use of the Kingpin Strategy is valid due to this being a politically based organization, not an illicit enterprise. The following peace accords between FARC and the Colombian government serve as greater proof of this idea. These groups being political also gives them a sense of legitimacy as an ideological or political body. As will be discussed, the cartels will not be able to coexist in a meaningful way with the government through a pact in their given form; therefore, when trying to destroy cartels, taking out leaders and seeking peace accords when they are weak is a meaningless end. Furthermore, following what happened to Escobar and the Cali Cartel brothers, cartels began to move more in silence rather than in the loud, abrasive manner that the Medellín cartel did in the 80s with their political violence.

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<sup>122</sup> (Phillips, 2015)

Mexico, however, has not seen a successful implementation of any of these policies. The fundamental idea behind the Kingpin Strategy were never going to lead to successful ends. The assassination or extradition of major cartel leaders would only ever lead to severe fragmentation of the cartels, and since they operate under the illegal enterprise theory, there will be immediate violent forces at play to fill the power vacuum. Furthermore, Mexico has a large number of powerful cartels, and many of them co-exist in the same area, leading to even greater power struggles when a large cartel may try to gain more control over a territory if a rival just lost a key leader. As discussed, there are many cartels in Mexico, and many of the prominent ones were formed following the commencement of Calderón's War on Drugs, the Mérida initiative, and the initialization of "conjunto" operations throughout the country.

Now Mexico finds itself in a particularly precarious situation. Colombia was lucky that the antagonists responsible for a huge part of the violence in the early 2000s were political in nature; therefore, Plan Colombia did not lead to a huge spike in violence like it did in Mexico. However, what is Mexico to do now? Furthermore, what novel threats does the situation there pose to the healthcare system of the nation and the health of its citizens? To start, the Kingpin Strategy has been proven to be highly ineffective and it absolutely should not continue in its current fashion. Extradition is also a difficult problem because the cartel leaders can continue controlling the groups from within Mexico, but extraditing them leads to immediate violence in response, as well as organizational decay and fragmentation. Furthermore, peace accords are not a realistic option to hold with a group whose entire existence is in opposition to the current legal system. While cooperation between the Mexican government and cartels has occurred in the past, in order for the two entities to function together the militant prohibition needs to change.<sup>123</sup>

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<sup>123</sup> (Smith, 2021)

Therefore, the solution is one that may not make immediate sense but is a more realistic option than the current violence: integrate the illegal enterprise into the licit market. Legitimizing the funds that are gained through the drug trade may be one of the few options left. Prohibition has been seen to be highly ineffective, and when drug use is treated as a public health issue rather than a criminal one, outcomes improve. However, piecemeal legalization and integration does not work. Cities in the U.S. that have decriminalized all drugs, like Portland, have seen enormous spikes in overdose deaths and their healthcare systems cannot handle the pressures.<sup>124</sup> This reality is likely due to the influx of abusers from around the country to the drug haven. If legalization and public health approaches were used on not just a country wide, but on an international scale, it would remove the necessity for the reliance on violence as a form of legitimacy for business. Benjamin Smith argues a similar point that the violence seen in Mexico is “not so much in the DNA of trading in narcotics as in the DNA of prohibiting the trade.”<sup>125</sup> Furthermore, Arias and Grisaffi’s discussion of the cocaine trade in the Chapare region of Bolivia explicitly assigns social stability to the region due to a lack of police prohibition.<sup>126</sup>

Instead of using violence to uphold the drug trade, the legal and penal system for businesses would be used to uphold the legitimacy of business interactions. This solution, of course, will likely never be implemented and it is mired with complications like what to do about parts of the cartels like human trafficking; however, the basic idea is if the illicit market is transferred one way or another into the licit market, the legal forms of legitimization for businesses can support the cartel instead of illegal forms of legitimization like violence. Furthermore, bringing them into the licit market allows legal business strategies to reduce their

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<sup>124</sup> (Gebel, 2024)

<sup>125</sup> (Smith, 2021)

<sup>126</sup> (Arias and Grisaffi, 2021)



influence. They could be effectively fragmented without fear of violence being produced by the rapid filling of the vacuum via techniques to reduce corporate power like anti-trust legislation.

Beyond possible solutions, there is also the pressing matter of what Mexico is currently facing. While the cases of other Central and South American countries are out of the scope of this work, the deterioration of order and growth of cartel related violence all throughout Latin America is a major concern both for U.S. security and for Mexico's security and healthcare. The migrant crisis has led to a substantial issue at the border. The border crisis is especially intense in places like Ciudad Juárez, and migrants are arriving with significant pathologies from their journey.<sup>127</sup> However, the future is never certain. Colombia proved that drug related violence can be controlled; however, as has been discussed, the current path forward for Mexico will have to diverge from that of Colombia due to the fundamental differences between the two situations. A solution has been discussed here, but it is likely one that represents the most radical approach. The truth likely lies somewhere between that and where Mexico is now.

As has been discussed in the work, the actions taken on the part of the U.S. led to this explosion of violence on multiple fronts both in Colombia and Mexico. While the violence is resolving in Colombia, it only continues in Mexico. The implications for healthcare were seen in Colombia as it was overwhelmed by the violence and key indicators of their healthcare's efficiency showed reduced effectiveness. Mexico has yet to witness their healthcare system buckle under the pressure of violence – likely due to them already being an UMIC; however, their deaths due to intentional injuries per 100,000 have yet to reach Colombia's during the high of the conflict. The point of this work has been to show how U.S. policy can have direct effects on violence and destabilize healthcare development and worsen outcomes; therefore, seeing how

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<sup>127</sup> ("La salud, un problema central para migrantes en la mexicana Ciudad Juárez," 2022)

Mexico is mirroring the trajectory of Colombia during the height of their conflict in the 2000s, it is important to recognize and prepare for the possibility of healthcare destabilization. In Ciudad Juárez especially, it is facing the dual threat of acute violence combined with public health pressures from the increasing migrant crisis fueled by political crises in Venezuela and Central America. Therefore, this work should be seen as an explanation of the consequences of U.S. actions and how they could have been prevented, as well as how the repetition of these same actions in Mexico is setting it on a trajectory for failures that may extend well beyond the current violence and have ramifications for healthcare and continue to worsen the situation.

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