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THE CULTURAL POLITICS OF BIOMEDICINE IN THE
CARIBBEAN

Healing the Masses: Cuban Health Politics at Home and Abroad. JULIE M. FEINSILVER. Berkeley: University of California Press, 1993. xx + 307 pp. (Cloth US\$ 45.00, Paper US\$ 17.00)

The Blessings of Motherhood: Health, Pregnancy and Child Care in Dominica. ANJA KRUMEICH. Amsterdam: Het Spinhuis, 1994. iii + 278 pp. (Paper NLG 47.50)

Disability and Rehabilitation in Rural Jamaica: An Ethnographic Study. RONNIE LINDA LEAVITT. Rutherford NJ: Fairleigh Dickinson University Press; London: Associated University Presses, 1992. 249 pp. (Cloth US\$ 39.50)

Based on research in three Caribbean societies, these books explore the contours of biomedicine ("Western" or scientific medicine) as a cultural system and an instrument of state power. On a theoretical level, the authors take up the blurred boundaries between Western biomedicine and other forms of healing as well as the political meanings and contradictions hidden behind everyday clinical routines. Their particular research projects, however, ask what has happened to the dream of universally accessible medical care in the past twenty years in the Caribbean region. The books focus on a community-based pediatric disability program in Jamaica (Leavitt), maternal and child health care in Dominica (Krumeich), and Cuba's national project of medical modernization (Feinsilver). Specific diseases or clinical outcomes are less at issue than the cultural and political dimensions of planned health development and the social transformations it sets into motion on both local and national levels.

Health development in the Caribbean involves massive flows of expert knowledge and material resources across regional and national boundaries. The authors must decide where to enter the webs of influence which connect elite health bureaucrats to ordinary patients receiving services in peripheral communities. Krumeich and Leavitt examine these connections on the intimate symbolic register where people negotiate between biomedicine and local healing practices and accounts of affliction. Feinsilver analyzes the political interest animating the provision of biomedical services at the national level. Moreover, the three authors adopt different disciplinary and personal voices. To write as a practicing clinician (Leavitt) rather than a non-clinician, as a woman faced with pressing child care duties (Krumeich) rather than a sympathetic outsider, or as a progressive political scientist (Feinsilver) rather than an ethnographer – such choices profoundly affect how these authors gauge the cultural politics of biomedicine.

Leavitt and Krumeich analyze projects inspired by the Primary Health Care (PHC) movement, the international health trend that advocates universally accessible essential medical services at low cost, is oriented toward prevention, and favors “culturally appropriate” treatment – that is, treatment calibrated to local health beliefs and grass-roots participation. The PHC movement began twenty years ago with an emancipatory and Utopian phase which envisioned local self-reliance and community participation as strategies to overcome colonial dependency. The 1980s saw a shift to disease-specific technologies and away from idealistic calls for empowerment (see Coreil & Mull 1990). How one judges particular projects thus depends on which version of PHC one favors – emancipatory or technocratic. In *Disability and Rehabilitation in Rural Jamaica* which favors a minimal technocratic version, Leavitt describes a single community-based rehabilitation project and inquires how First World principles of care can best be transferred to this context.

Of the three books, Ronnie Leavitt’s reads most like a PHC project document written by an anthropologically-aware consultant. Her research topic remains entirely within the agenda of this development project – in particular, its PHC-inspired goal of building upon local resources (p. 26). The project trains parents in rehabilitation activities with their children and recruits local women to become “community rehabilitation workers” (CRW’s). Leavitt therefore inquires into the cultural accounts of childhood disability and routinized responses to it in this Jamaican community: the pre-existing conceptual and social resources which the PHC project aims to complement. She asks how these enable or impede the biomedical rehabilitation services provided by this internationally-funded program.

The question goes right to the heart of PHC rhetoric about fostering self-reliance and integrating local and biomedical knowledge, and the answer requires first of all a rich ethnographic picture of Jamaican health beliefs about disability. Unfortunately, Leavitt does not adequately frame her ethnographic findings. The analysis of stigma exemplifies this problem. Leavitt found relatively little stigma attached to childhood disability, but she examines this entirely in terms of the formal rehabilitation services. We never learn what accounts for the relative absence of stigma in the first place. Do Jamaicans regard other categories of physical affliction as shameful? Why is childhood disability exempt? Leavitt offers several case studies of mothers of disabled children, but she does not interpret their ambivalent expressions of guilt (Chapter 7). She tabulates people's beliefs about the cause of disability (involving duppies and sexual transgressions, for example), but offers no comment on them. We thus never gain a full understanding of the cultural context for stigma and the moral responsibilities of parenthood. Similar problems mar her analysis of the community health worker program.

Leavitt's book will be quite helpful to health planners and evaluation specialists, but social scientists concerned with the Caribbean and/or international development may find it frustrating. Leavitt never truly brings into dialogue her clinical and anthropological expertise, and thus does not delve into the contradictions raised by PHC in this setting. On the one hand, she judges the program a success according to general PHC criteria of accessibility and community participation. On the other, she found that the treatment children received was fragmented and not particularly timely, and that it ignored the psychological and cognitive dimensions of rehabilitation. Leavitt's ambivalence raises pressing questions on clinical, anthropological, and even ethical levels about PHC services in Jamaica. Unfortunately, because of her relative disinterest in theoretical issues, readers must pursue these questions on their own.

Anja Krumeich began as a champion of emancipatory PHC in Dominica, but her research, and her book, end on a very different note. Social emancipation through PHC projects, she discovered, is in many ways an illusion. Although Dominica enjoys an extensive system of maternal and child health care, women actually disdain culturally appropriate and preventive services. Primary health care nurses regard popular health beliefs as ignorant superstition, and local gender politics render collective action among women virtually impossible. *The Blessings of Motherhood* is thus a bracing corrective to both the vague generalities offered by PHC advocates and the narrow emphasis of applied research such as Leavitt's.

Krumeich bases her argument about PHC on a rich ethnographic study of Dominican women's experiences with sexuality and child-rearing as well as collective notions of the body, affliction, and gender roles. Her detailed accounts of blood disorders, jealousy-caused illnesses, and people's joint use of biomedical, herbal, and religious healing practices make an important addition to the anthropology of the Anglophone Caribbean. Moreover, Krumeich brings the study of health and illness into the mainstream of anthropological theory. She deftly criticizes the myth of objectivity in fieldwork and shows how her status as a first-time mother (albeit white and non-Dominican) gave her a deeper appreciation of the dilemmas faced by the women she knew. Her book gauges the emotional and economic significance of local health care beliefs, and hence the reasons why women do not relinquish them in the face of biomedicine.

Krumeich pinpoints several relevant features of Dominican women's identity and social role. Having numerous strong and healthy babies validates women's status as successful wives and mothers. They therefore take great pride in being the guardians of their children's well-being, and a broad knowledge of nutrition and effective therapies testifies to their mothering skills. Anything that threatens their children's health undercuts their moral prestige and sense of self-worth. Unfortunately, the dominant gender code and the structural subordination of women make both real and symbolic threats to children's health all too common (pp. 185ff). Negative emotions such as fear and anger purportedly damage their unborn children, so women adopt a calm and stoic acceptance of frustrating or abusive domestic situations. Moreover, because the code of masculinity emphasizes fathering children but not necessarily supporting them, there is keen competition among women for husbands and providers. Women regard each other with suspicion and jealousy, and such emotions fuel accusations of pathogenic attacks on their children. This gender system thus militates against women taking collective action to address the structural causes of poor maternal and child health.

Out of this rich ethnographic portrait emerges Krumeich's critique of PHC services in Dominica. Women eagerly accept curative biomedical services for their children, especially diagnostic tests. This apparent PHC success story, however, owes far more to women's own motivations than to the skills of health planners or nurses. Dominican women feel solely responsible for their children's health, and they therefore attempt to master a broad range of therapeutic skills. They flexibly incorporate particular aspects of biomedical care into their everyday curative practice (which also includes herbal and religious healing) (p. 167). They thus effortlessly fulfill the original PHC policy of integrating local and biomedical expertise.

In other respects, however, they disregard advice that would undermine their status as responsible mothers and skilled guardians of their family's health. For example, having a child immunized testifies to one's maternal concern, but what confident mother would accept nutrition lessons – especially from a young and inexperienced nurse – if they contradicted what she already knew and by implication portrayed her as ignorant?

In an ironic twist, therefore, Dominican women largely reject preventive services, the centerpiece of PHC programs, and instead seek out the most sophisticated technological interventions available. Because of the importance placed on confident and resourceful mothering, women look to biomedical services to provide precisely what they do not have – that is, high-tech curative interventions. Hence, the idealistic goal of providing appropriate technologies and preventive services actually undercuts the desired authority of biomedicine. Women neither want nor need a PHC system that integrates biomedical and local expertise. Moreover, dispensary nurses' denigration of women's traditional healing expertise (bush teas, resource to *obeah*, etc.) and their ignorance of the economic constraints of women's lives further subvert the goal of integrating popular and biomedical treatments. Finally, the pervasive mistrust between women prevents them from mobilizing around health issues in pursuit of community empowerment.

Krumeich provocatively suggests abandoning the agenda of integration, low-cost preventive services, and community participation in favor of the more modest goal of one-to-one clinical dialogues between equals. Simply giving women more therapeutic alternatives and not recommending practices which denigrate their skills as mothers or are economically unfeasible constitute the appropriate goals of PHC in Dominica. Krumeich's book is thus an honest appraisal of the gap between PHC rhetoric and the health culture in a rural Caribbean community. By locating herself squarely on the receiving end of biomedical services, she shows the power of ethnographic research to address major questions in international health policy.

Julie Feinsilver's *Healing the Masses* moves the debate about biomedicine in Caribbean societies to the level of geopolitics and national ideology. It argues that the impressive gains in public health made since the Cuban revolution are inseparable from the government's efforts to gain legitimacy in the eyes of its own people and the international community. Fidel Castro has tried to re-make Cuba into a "world medical power" via massive state investment in sophisticated curative care, and this effort provides a fascinating counterpoint to the PHC paradigm. In Cuba, the health care system is a lever for radical social transformation,

one of the original goals of emancipatory PHC. However, the particular strategies used by the Cuban regime are either not available or unpalatable to most international health planners, and this illuminates the dependence of biomedicine throughout the Caribbean on state-level struggles for power and authority.

Feinsilver's landmark book explores how the Cuban state uses biomedicine (including the biotechnology industry and medical aid to Third World countries) for its own symbolic and political advantage. To ensure its own credibility, the Cuban state continually revitalizes its revolutionary origins and emphasizes the relevance of socialist ideals to everyday life. The medical system helps legitimate the government because Castro has made health the central metaphor for Cuba's anti-imperialist struggle. The state-controlled schools, mass media, and medical establishment all interpret disease as a legacy of imperialist underdevelopment and health indicators as a measure of the success of the revolution. Medical advances symbolically repudiate the American criticism of Castro's leadership (p. 49), illustrate the humanitarian nature of the socialist state, and thereby legitimate the Castro government.

Cuba's medical diplomacy and investment in biotechnology generate symbolic capital: intangible qualities (like honor, prestige, and reputation) which appear opposed to strictly economic interests, but which are in fact convertible back into material capital. The export of skilled health workers throughout the Third World generates solidarity and lessens the country's international isolation, but also facilitates new trade relationships. Similarly, the biotechnology industry testifies to Cuba's accomplishments in a complex scientific arena (p.122), and the government uses this prestige as a lure for investments from other countries and international agencies.

These health politics show the contrast between the Cuban health care system and most PHC programs. Echoing PHC rhetoric, Cuba considers universally accessible health care as a fundamental right, but here this reflects specifically socialist goals. "Equal access" in Cuba intends to further the general homogenization of social classes. "Popular participation" means mass mobilization and membership in state-sanctioned organizations with an explicitly revolutionary agenda. Moreover, Cuba's commitment to provide sophisticated physician-based services is frankly opposed to PHC ideals. The Cuban policy explicitly asserts that under socialism, Third World nations can achieve a fully modernized health care system and need not settle for small-scale technologies or low-paid para-professionals like China's barefoot doctors. For these reasons, Cuba's health care system is simply unsuitable to many underdeveloped nations

which do not share its revolutionary ideology or ability to mobilize vast economic and human resources.

Feinsilver criticizes the Cuban biomedical system because the symbolic gains from dramatic high-tech biomedicine occasionally overshadow the population's genuine health needs. However, she rarely addresses issues which might more seriously indict the Cuban state, such as the system's dependence on Soviet aid, the networks of surveillance implicit in Cuban biomedicine, and the human rights problems posed by the AIDS quarantine policy. These are serious omissions, and they probably arise from Feinsilver's own evident admiration for Cuba's medical achievements as well as the government's resistance to granting her access to people or data (p. xviii).

Nonetheless, Feinsilver's book nicely complements the studies of PHC in Jamaica and Dominica. Do biomedical services in this region act as a modernizing vanguard which undercuts local therapies and conceptions of illness and suffering? Probably not, if the program follows the standard PHC format, but the answer might differ when health services have the massive ideological weight they do in Cuba, and the issue awaits detailed ethnographic research. What is the national and geopolitical significance of the PHC programs described by Leavitt and Krumeich? Regardless of their clinical goals or village level effects, why did the governments of Jamaica and Dominica support these projects in the first place? The reasons will surely affect the programs' local realization and ultimate success, as illustrated in the Dominican Republic (Whiteford 1990) and elsewhere in Latin America (see Morgan 1993). Anthropologists of health development in the Caribbean must follow Feinsilver and seek out the broad political interests which underlie specific programs even (or especially) when these lie hidden beneath technical jargon or humanitarian rhetoric.

These questions suggest that we analyze biomedicine in the Caribbean explicitly as a cosmopolitan institution. When introduced into a rural or poor community, medical services inaugurate people into certain perspectives, states of mind, or ways of managing meaning with geographically distant origins (Hannerz 1996:102). In this setting, to become fluent in the language of microbes or hemiplegia is to achieve some competence in a foreign culture. People thus partially detach themselves from local contexts of meaning when they accept biomedical treatments. For a short time, they enter the life-world of biomedicine, but this is a complicated and overdetermined zone in itself. First of all, biomedicine often remains insulated from local practices, and its cultural scaffolding is largely an extension of Western Europe and North America (Hannerz:107). Bio-

medical services in the Caribbean thus resemble other formal institutions and ideologies, such as schools or churches, in which people must negotiate the discourse and social norms of imperialist powers. Biomedicine is cosmopolitan in a second sense because it draws its legitimacy from the natural science paradigm. Because of its standardized jargon and procedures, biomedicine is a deterritorialized global institution, not just a reminder of one particular dominant culture. People thus interweave strictly biological explanations for affliction into local cosmologies and systems of therapy. In this way, biomedicine enters the dialectic between cosmopolitan scepticism and localized domains of meaning which pervades Caribbean cultural expressions.

However, the cosmopolitanism of biomedicine has its limits. There exist local worlds of medicine overlaid by global standards and technologies (Good 1995). Moreover, professionals from poor countries are more removed from the homogenizing circuit of international conferences, workshops, and journals, and they may even explicitly seek to tailor First World norms to local realities (e.g., Bordes 1979). Thus a patient seeking biomedical services in Haiti, for example, participates in four "health cultures" at once: globalized scientific biomedicine, its historical form in the colonial power (recognizably French medicine), the specifically Haitian variant, and of course the syncretic set of popular health practices which grow out of much older European, African, and Amerindian traditions. The relative importance of each health culture will differ according to the particular society, but the overall research agenda is the same. The study of biomedicine in the Caribbean must examine how biomedicine is appropriated regionally and locally, how it co-exists with non-biomedical healing forms, and how in this process the boundaries between local and global forms are redrawn.

Biomedicine in the Caribbean thus straddles national and regional boundaries and creates a new landscape of persons who participate in cosmopolitan systems of signs and practices without necessarily leaving home. This recalls the general articulation of Caribbean societies with global networks of power and ideology (Trouillot 1992), although biomedicine is unique in two respects. The rhetoric of scientific objectivity is seductive, and it demands critical and ethnographic attention in its own right. (The alternative is narrow technical studies which miss how people actually engage with biomedical services.) Moreover, because of its relevance to notions of morality, the body, and suffering, biomedicine exerts a more direct effect on subjectivity and consciousness than the political and economic factors more often at the center of global/local analyses. Biomedicine introduces new possibilities for crafting a self-image in the

present or imagining alternative futures, as both Feinsilver and Krumeich acknowledge. Framing biomedicine as a cosmopolitan institution pushes their approach even further. What idioms of illness and the body are introduced by popular media or returning immigrants? How do people negotiate between the several available versions of local and global knowledge, given the imagined life-possibilities that circulate at large? How are these meanings elaborated by people differently positioned by class, color, gender, or age, and with what effects on the immediate cultural setting? Such are the questions that emerge by setting these provocative books in dialogue with each other.

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