

The “difference” that seems to make a difference. Comparative perspectives in medical pluralism

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Prologue: a drug travelling from Cuba

On a day of November 2010, as I was preparing my documents to travel to Cuba, I received a phone-call from a friend of mine who asked me to bring a particular kind of medicine back to him from Cuba: the Cuban scorpion poison. That was my sixth time in Cuba, but the first I had received this kind of request. Cuba is the site where I have been conducting fieldwork research for the past five years. I lived in city of Habana for a total of fourteen months (between 2008-2011). Here I studied the every day practice of seven *Consultorios*¹, and of one Mental Health Community centre².

The scorpion poison (*escoazul*, in Cuban Spanish because of the characteristic blue colour of this kind of scorpion³) has been used in Cuba for years to treat patients with cancer, in order to reduce their pain and the side effects of radiotherapy or chemotherapy. Even if I knew about this medicine, I had never heard anyone talking about it in Italy before. A few days later, I received another phone-call bearing the same request. It left me very surprised, and I tried to find out why my Italian friends seemed so interested in that particular poison. So I discovered that a popular Italian TV show (“*Le iene*”, broadcasted on 16th August 2010) made a reportage about the Cuban scorpion poison and its goals. On the show the reporter interviewed three cancer patients who used the poison with three different attitudes. The first one was persuaded that the poison had healed her, the second believed the poison was a good treatment, but not a “miracle”; and the third declared she was so desperate that she was prepared to try anything that could give her a chance to live. The

reporter also interviewed three Italian oncologists, and then he showed his personal experience in Cuba where he had received the poison for a friend of his for free.

At the beginning of December, on the plane to Habana, I met some people who were travelling to Cuba with the sole purpose of bringing that poison back to a friend of theirs, and even one of the hostesses told me she had brought “that medicine” back to Italy several times.

In 2010, the scorpion poison was available for free. It was distributed to anyone who presented a valid medical record, although with some specific restrictions. The distribution took place in a Cuban pharmaceutical centre of research, called “Labiofam”, where an oncologist examined the medical records and gave each person two little bottles of the poison (10 drops per day for 4 months). When I first visited this centre, the oncologist spoke to everybody in the waiting room to explain what kind of medicine the poison was (the speech was in two languages, Spanish and Italian, because they were used to receiving many Italian people). The oncologist told us that the poison doesn’t cure cancer, and it is just a natural anti-inflammatory substance that helps the people with cancer “to live better”. Indeed, the oncologist underlined that the poison can’t substitute the appropriate cancer treatments.

When my turn came, I asked the oncologist for more information about the poison, and she told me: *«Many people expect a miracle from Escoazul, I’ve just tried to tell them the truth. The poison has been used in Cuba since we discovered it hasn’t got side effects. If you use it appropriately you can live better, but it doesn’t cure cancer»*. I spoke with the doctor in Spanish, and she told me that she could explain the information about *escoazul* in Italian as well, then I asked why, and she said: *«We receive Italian people all the time! It’s incredible! If you go to the waiting room and ask where the people are from, they are Cuban, someone from Mexico or Colombia, but they are mostly Italians! Indeed, you have to explain it to me!»*. So I asked when the Italian people started to come, she told me the percentage had risen since September, and then I spoke with her about the Italian TV show.

The oncologist gave me the drugs and one document that I would have to show to go through the customs. The document allowed me to leave the country with the doses for three (and no more) cancer patients. As the doctor explained to me, the restriction aimed at preventing of the illegal trade of *escoazul* outside the Cuban frontiers.

Figure 1

The note declares: “With this document we declare that this product is ‘natural’, and it is object of current investigations. We have proved it has an analgesic and anti-inflammatory action, immune-regulatory and anti-cancer action. It is used to treat cancer patients with the aim to give them a better quality of life. This product is for free” (I obliterated the patients’ names to respect their privacy)

LABIOFAM S.A.
Grupo Empresarial

Orden de Salida
N° 10052
Fecha
D M A
6 1 11

NOMBRE: <u>[Redacted]</u>	PAIS: <u>Italia</u>	6	1	11
CONCEPTO		CANTIDAD		
TRJ-C30		6		
a) <u>5</u> Gotas sublinguales cada <u>12</u> horas				
b) <u>—</u> Gotas diluidas en <u>—</u> ml de agua estéril cada <u>—</u> horas				
Mantener a temperatura ambiente		TOTAL 6		
<p>NOTA: Mediante la presente hacemos constar que el producto SOLUCIÓN DE ORIGEN NATURAL, se encuentra en fase de investigación, se ha demostrado que tiene acción analgésica, antiinflamatoria, inmunoregulatoria y antitumoral, se está aplicando en pacientes con patología cancerígena, mejorando su calidad de vida. Este producto se oferta gratuitamente.</p>				
Confeccionado por:	Firma:	Recibido Paciente	Firma:	
<u>[Signature]</u>	<u>[Signature]</u>	Conceita Russo	<u>[Signature]</u>	

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When I came back home, I gave the drug to the people who had asked for it, and I kept my attention on this issue, reading blogs on the Internet about Italian people treating cancer with *escoazul*, and following the media reports about this topic.

Introduction

In the ethnographic sketch, I’ve referred to “*escoazul*” with many different terms. As a “poison”, which alludes to its origin by scorpion, as a “medicine”, alluding to its healing powers, as a “drug”, alluding to its possible commercialization⁴, and with its local name: *escoazul*. Underlining these different ways to refer to *escoazul*, I would like to point out there are different meanings linked with *escoazul*, meanings that involve its materiality, its economic significance, its efficacy, and its being a symbol of hope for cancer patients. All of these meanings bring this substance to be a part of “*materia medica*”, which means “the material things of medicine” (White, Van der Gest & Hardon, 2002).

Moreover, as the ethnographic sketch shows, *escoazul* has become part of “*materia medica*” in two different local societies (the Cuban and the Italian one), where it has two different meanings. In Cuba, *escoazul* refers to a scorpion’s poison that has been used for years to treat patients with cancer in order to reduce the side-effects of radio and chemotherapy: doctors describe it as a natural anti-inflammatory substance that might help the people with cancer to “live better” but that is in no way substitutive of biomedical cancer treatments. Many Cubans have not embraced *escoazul* with enthusiasm: to them, *escoazul* is merely one of the options available in a context of State-regulated hegemonic medical pluralism, where natural substances are categorized alongside biomedical protocols. Among most Cubans, the idea of choice when it comes to medical treatment is best exemplified by the act of “importing” medicines from foreign countries, via migrant remittances and networks.

While *escoazul* has long been distributed for free, its homeopathic derivative, *vitadox*, has been commercialized and sold to foreign tourists by a local research institute that is affiliated with the Minister of Agriculture for one-hundred and forty dollars a bottle. Among those who seek to purchase Vitadox, Italians seem to be particularly eager to travel from Italy to Cuba, present their medical records and obtain what some of them believe to be a medicine that “cures cancer”. *Escoazul* is, in this case, a good example of how social actors chose how to treat their pathologies and symptoms by purchasing products that are not sold on the Italian market. Here also, from another point of view, the notion of medical pluralism seems to be connected to the acquisition of medical products from abroad.

In this essay I will try to analyze what the use of *escoazul* reveals about the society that produces it and the one that, despite difficulties in getting it, makes a remarkable use of it for therapeutic reason. As a matter of fact, if it is true that the act of taking medicine involves more than the in-body-ment of substance, and it reproduces health ideology (Nichter & Vuckovic 1994), it will be interesting to understand what kind of health ideologies about medical pluralism are reproduced through taking *escoazul* as a medicine in the Cuban health system, and doing it in Italy, as an alternative strategy of self-medication.

More specifically, in the first paragraph I will show how Cuba could be considered to have a form of “hegemonic pluralism”⁵ which founded its basis on a hierarchy of resorts. In the following paragraphs I will show how *escoazul* came to be part of the “dollarization” of the Cuban Health system and how *vitadox* (a homeopathic product developed from *escoazul*) was brought to be marketed in other countries.

The fourth paragraph lines out how some Italian users evaluate *escoazul* in blogs on Internet and thus produce a certain legitimization of using it. I maintain that the increasing of virtual communities on Internet is changing the nature of therapy management group and, consequentially, the health consumption behaviour of the public.

The case of *escoazul* seems to suggest there are two different ways to intend pluralism: one based of the ability (or lack of ability) of the State to handle the coexistence of different medical traditions, the other referred to the dynamic, discontinuous and fragmentary process which involves complex negotiation of social identity and morality, that the anthropology calls “health seeking behaviour” (Kleinman 1980). Finally, my aim is to shed light on the idea that medical pluralism has to do with the possibility to make a choice about one’s health inside and outside State-regulated categories.

Medical pluralism in Cuba: hierarchies and arenas

In order to analyse the social life of *escoazul* in Cuba, it’s necessary to say a few words about the shape of Cuban Public Health System.

The socialist government has made health a defining characteristic of its revolutionary reform. At the onset of revolution in 1960, influential figures such as the Argentine-born doctor turned revolutionary, Ernesto “Che” Guevara, assisted Fidel Castro in outlining a system of social medicine. Seeking to “cure” the social ills of society, Guevara believed disease prevention consisted not only in a detailed compilation and analysis of diseases but also in a history of «what their [the Cubans people’s] sufferings are [...] including their chronic miseries for years, and what has been the inheritance of centuries of repression and total submission» (Guevara 1968: 115). Under Guevara’s plan for the creation of a robust body with the work of the entire community, the revolutionary government invested a considerable attention in expanding and democratizing the access to the public health system. «A new concept of medical care was emerging», wrote Lourdes García Averasturi, who was Minister of Health over one decade (1980-90).

In 1983, Parliament voted the “Ley de Salud Pública” [Public health act]. The act proclaimed health as a citizenship’s right and declared the health service as totally public and free of charge. Moreover, the private medical practice was declared not allowed any longer, and the State got the monopoly of health care services and drugs yielded.

In the same years, the *Ministerio de salud pública* (MINSAP) initiated a proposal to train family physicians to participate in an innovative family medicine program. Local services, called “consultorio”, were created and

settled in each “barrio” [district]. In the “consultorio” a family physician works with two nurses, taking care of the district population. With the same purpose, a post-graduate course called “Medicina General Integral” [General and Integrated Medicine] was created, with the aim of training up the family physicians in the care of their patients in many different ways. For example, the family physicians should be able to help their patient to handle conflicts in family and to deal with their every-day problems⁶. As a matter of fact, «Cuba’s primary health-care system, by definition, extends beyond treating health and illness as mere physiological states» (Castro’s speech of 17th November 2005⁷).

Moreover, the family physician has to include in his/her training a course of “Medicina Tradicional y Natural” (MTN) [traditional and natural medicine], that means they have to know how the natural properties of local plants could be used to treat some problems. The development of research about the practice of MTN started in 1999, when the MINSAP declared:

The *professional* practice of MTN is not an alternative based on simple economic necessity [...] it’s a true scientific discipline. We must study to perfect MTN and develop a lasting tradition by demonstrating its ethical and scientific advantages. This medical tradition can help correct the inequalities between poor countries and highly industrialized countries that have produced a worldwide pharmaceutical monopoly (*Programa Nacional de Medicina Tradicional y Natural*, 1999, MINSAP, my italic).

The document is about “the professional practice of MTN” and it’s interesting to point out the kind of “tradition” the public health program legitimated. The training program of the physician includes conferences on the medicinal components of plants, seminars on the use of floral therapy. The Faculty of Medicine uses and teaches other kinds of treatments that come from the Asian tradition such as acupuncture, but, not surprisingly, the legitimation of knowledge about traditional and natural practices is still partial. As a matter of fact, the knowledge of medicinal plants among *curanderos* (who practice healing techniques inherited from oral and informal medical knowledge) is considered a form of quackery. The following picture shows that idea. It’s a sketch from a *historietta* [comic-strip-story] called *Barrio Adentro* and it is used in primary schools to teach children about the National health program. *Barrio Adentro* [Mission Inside the Neighbourhood] is a program to provide a primary health care to poor and marginalized communities in Venezuela. Many Cuban doctors have been accustomed to this program since 2003⁸.

Figure 2

Few minutes later. NURSE (N): are you any better? OLD LADY (OL): Yes, Ma’am, I’m. DOCTOR (Dr): Ma’am if you don’t take your heart pills you will have another crisis. OL: It happened that a *curandera* from my neighbour told me was better to take a natural remedy instead of your drug. Dr: Anyway, after your recent breath-crisis I think you will listen to me and won’t listen to her



In the sketch, an old Venezuelan lady with heart-disease goes to the Cuban family physician because she has a breath-crisis; the doctor and the nurse help her to recover from the crisis and then she explains she has interrupted her treatment because a *curandera* has suggested to take a traditional *cocimiento* [decoction, infusion of medical plants], but now she has understood the importance of biomedicine. The strip, as well as the use of the term “professional” referred to the practice of MTN in the MINSAP’s declaration, underlines the limit of the legitimation of natural and traditional medicine. Indeed, the legitimation includes the professionalized healing traditions, like acupuncture or green medicine managed by the

family's physician, but doesn't include the "folk arena" of medicine. With the term "folk arena" I refer, according with Kleinman's definition, to non-professional healing specialists (Kleinman 1978), like *curanderos*.

In spite of that limit, the *curanderos* are allowed to practice and sell their *remedios* [remedies], but only as a form of "informal economy", as doctor Aurora pointed out in our interview:

Of course, you can find curanderos selling their remedies on the road, or at the entrance of their own house. I can tell you they are not allowed, but they are not punished either. If you walk around in Habana you can find many people selling "pastelitos" [sweets] or "frituritas" [pancakes], they are in the same situation. The Government has learnt to be "flexible", many people need to stay afloat... you know... But, it doesn't mean that the curanderos could be considered healers, not at all (Doctor Aurora, Consultorio calle Aguila, 15th November 2007).

The interview frame suggests that the Government "closes an eye" on the *curanderos* practice, but doesn't consider it as a practicable form of healing.

An interesting booklet, published by "Istituto Cubano del Libro" [one of the most important Cuban Publishing-houses], called *Pediatría vs. Creencias Populares*⁹, points out the same limit of legitimation, but in this case, speaking about the "popular arena" of medicine, which refers to "the family context of sickness and care, but which also includes social network and community activities" (Kleinman 1978: 88). The author of the booklet is a Cuban paediatrician, dr. Fabian Pardo Cruz, and the aim of the booklet is to alert the family about the adverse effects of using "homemade" green remedies to treat the babies. The "ideal readers" of this brief dissertation are, as the author declares, *abuelitas* [literally grandmothers, but in Cuba the term is used as a synonym of "old ladies"] and *madres* [mothers], who usually are the closer context of babies' sickness. Dr. Pardo stresses the fact that Cuban culture is "rich in syncretism", and its *creencias medicas* [folk medical beliefs] could be dangerous for babies, and more in general for the patients.

All these frames suggest there is, in the field of "traditional and natural medicine", a deep hiatus between the "professionalized arena" and folk and popular ones. The medical knowledge about plants is showed by the Government as a powerful resource, if it is managed by the "professionals" (needless to say, all these professionals work for the MINSAP); but it is showed as a "dangerous practice", if it is managed by folk practitioners (like *curanderos*) or by popular ones.

The interest in the MTN in the 1990s

As a matter of fact, in the *consultorios* that I could observe during my research (seven surgeries, set in different districts of the city), it was

possible to find a limited selection of pharmaceutical medicines and a wider selection of herbal remedies. Despite it, many doctors complain their patients were explicitly resistant to MTN.

During an interview with a patient I met in a *consultorio* of a suburb, I asked about the use of MTN:

I prefer using pharmaceutical medicines; it's an emotional problem I guess. The green medicine is supposed to be useful, but the pharmaceutical medicine is designed to be useful. It's not the same, for me. If I have a sore throat, my doctor tells me "use the infusion of romerillo [biden alba]", but if I can adquirir [get] an aspirin, I will take it, because it is scientifically tested (young man interviewed on 4th April 2009, Consultorio del Cerro).

In the interview, the use of the term *adquirir* [to get, to obtain] seems to point out the difficulty to get a pharmaceutical medicine, and the consequent idea of “green remedies” as a “surrogate” of “scientific proven medicine”. As a family-physician underlined in another interview:

Many people think that if you give them “green remedies” it's only because you have to, because the Government te ruega [begs you] to do it. For this reason, they usually don't trust it and they ask for a pharmaceutical drug. Or, if they use natural medicine, they will always mix it with pharmaceutical drugs (dr. Daygmilis, interviewed on 18th March 2009, Reparto José Martí).

The interest in MTN was born after the island entered the *periodo especial* (1991-94), that was a period of extreme poverty caused by the fall of the communist Soviet Bloc in 1989, when the Cuban State began pursuing some strategic programs. The development of a program of investigation on natural and traditional medicine could be explained in this historical situation, and maybe for this reason, as doctor Daygmilis suggested, many citizens have found difficulties trusting MTN.

Indeed, a pharmaceutical researcher of “Labiofam” declared in our interview:

The research about MTN was marginada [marginalized] by the modern and occidental biomedicine, until the crisis of 1990s. Then the MTN has been reconsidered and it has become an important resource (Teresa Ortiz, interviewed on line, 15th April 2012).

The researcher underlined a “shift” in the Cuban health politics about the interest in the MTN, and she linked that shift with the economic “crisis” that the island lived during the 1990s. The Canadian anthropologist Pierre Sean Brotherton maintained that this State’s “ideological shift” about the

use of MTN should be considered as a form of economic pragmatism, despite MINSAP's declarations (Brotherton 2012).

After a brief sketchy the structure of the Cuban health care system, analyzing the legitimation of traditional and natural medicine and the limit of this legitimation, I would like to say a few words about the concept of pluralism and its possible use as a hermeneutic category apt to analyse the Cuban context. During an informal dialogue about medical anthropology with doctor Mario (a paediatrician who works in the William Soler Hospital) I asked him if, in his opinion, it was possible to describe the Cuban Health System as a “pluralist” system. He looked very surprised about the use of the term “pluralist”, and his first reaction was to tell me: «*Cuba has got a one-party system, and one medical system*». Then we spoke about what “pluralism” means, and he told me:

I think “pluralism” could mean to ‘have a choice’, and I’m not so sure we have any choices... yes, you can use biomedicine, or MTN but many times it isn’t up to you, many times you use what you can get... (Hospital William Soler, 22nd October 2009).

The doctor pointed out that the re-emergence of MTN, after a period of eclipse, doesn't make the Cuban health system an example of ideal “pluralism”, where, as the sociologists Sarah Cant and Ursula Sharma defined, “multiple players compete on a level playing field” (Cant & Sharma 1999, p. 4). Rather, the Cuban Health System could be represented like a dialectical monism (“one-party system and one medical system” as doctor Mario said) that implies some form of pluralism and vice versa, like the politics of legitimation I analyzed seems to suggest. In the Cuban “hegemonic pluralism” the revaluation of traditional medicine is still guided by the larger goal of creating “a new society with a new medicine”, as Castro claimed, and the introduction of MTN in the General Medicine Degree underlined that the unification of two medicines (MTN and biomedical medicine) remained the ultimate goal.

As a matter of fact, the limit of legitimation of the knowledge about MTN, and the hiatus between “professional arena” and “folk arena” bring me to speak about a more complex form of pluralism, where the circulation of drugs seems to have an important role. Moreover, in order to analyze what “making a choice” in the medical field means, it will be necessary to discuss the “grey” market of drugs.

“Grey” drugs market

One of the key words of the previous paragraph was the use of the verb *adquirir* [to get, to obtain] linked with the concept of “taking medicine”.

I discussed this concept during an interview with dr. Aramis, who let me observe his practice in the “Consultorio” of the district called “10 octubre” during a month. Doctor Aramis stressed the fact that the Cuban patients used to ask for more medicine than they really needed.

The Cuban people are used to storing for hard times, to store food, or sheets... I think they do the same with medicines. They feel better having medicines at home, storing them. They cannot buy the drugs, like in your country, and maybe that's the point. If you know that you can buy stuff whenever you desire... but if you are afraid you can't... (Doctor Aramis, interviewed on 23rd March 2009, Consultorio 10 Octubre).

In order to analyze this frame, it's important to point out that in Cuba all the drugs are produced and commercialized by the State. Because of the trade-embargo, Cuban citizenship can't legally get medicine from the “global” market, or produce some medicines without their patents. Moreover, all the medicines are managed by the MINSAP¹⁰, which means nobody could buy a drug without a regular prescription. The prescription of the family's physician is strictly necessary to get a medicine, even for an analgesic¹¹.

Dr. Aramis marked the awareness that precariousness is not only an economic category and it is commonly felt among the Cuban people. The idea of *adquirir y guardar* [getting and storing], seems deeply present in everyday's life, linked with the *embargo* issue. It's not difficult to suppose, as the doctor underlined, that the same awareness involves medicine as well.

Cuba receives some “global” drugs as a donation made by European or Canadian ONG, or as an informal donation: a private citizen that receives a medicine from his/her friend or family who lives *al exterior* [abroad]. It's possible as well to suppose a black market of drugs, I've never seen or heard about it, indeed I've seen black trade of items of clothing or technology. It's interesting to underline that a simple tourist to “enter the country” (to go through the Cuban customs) is allowed to carry items of technology under the value of 2.000 euro. Indeed he/she is allowed to carry 10 kilograms of drugs, without any limit value. This gap suggests that the Cuban Government allows and encourages the import of drugs in an informal way. For this reason I maintain the idea that we have to speak about “grey drugs market” and not “black market”. By “grey market” I follow the definition made by Medea Benjamin, Joseph Collins and Michael Scott. They have theorized a model called “Cuban informal economy”, a form of economy which develops itself parallel to the official one and which is shaped by the “black-market” and the “grey market”. In this model of analysis “grey” means to elude the State strategy without

evading it. A farmer who doesn't declare completely his/her produce of the land in order to sell a little part of it privately may represent one example (Benjamin, Collins & Scott 1992).

During the fieldwork, I heard doctors, who were prescribing a medicine, ask their patients if they had some family members or friends living out of the country that could help them get a particular kind of medicine. It happens, for example, in mental health care, because in the Cuban market there are only first - generation neuroleptics, with many side effects, and in the "cosmopolitan" market there are newer and better neuroleptics². On a day of March 2009, for example, during an interview with a patient, a psychiatrist asked: «have you got *familia al exterior* [any family members living out the country]?» When the patient answered affirmatively, the psychiatrist asked where they lived precisely, in order to give the patient a commercial name of the drug. The patient answered: «I have a sister in USA and a cousin in Spain», then the psychiatrist: «Tell me which one is closer to you, the drug is very expensive and you need a person who cares very much about you, and who has a good economic situation». The patient seemed to reflect a little bit about it, and then answered that she would ask her cousin.

The possibility of receiving a second-generation neuroleptic (as well as many kinds of medicines) is linked with the support of Cuban migrants, as well as other economic helps. In that way, if the medicine typically represents the "material thing" in the bond between doctor and patient and it objectifies this bond, in the Cuban society the drug represents as well the bond between the private citizen and his/her migrant members of family and friends. So, paradoxically in a society where the care market is completely free of charge, getting a medicine outside the local market could represent a way to show a status, as well as a mobile phone or a DVD player. The medicine assumes in that way a significant role in keeping a relationship between the Cuban in and outside the country.

Health tourism

Another strategic program designed by the Government to face the economic difficulties of *periodo especial*, was "*Salud y turismo*" [Health and Tourism]. The aim of this program was to convert health from symbolic capital into an economic one.

As Julie Feinsilver argued, health in Cuba became a symbolic capital during 1980s when, in numerous speeches, Fidel Castro predicted that Cuba would become a "world medical power". «The phrase "world medical power" connotes socioeconomic development, scientific achievement, a model health system, and influence in the international

arena» (Feinsilver 1989). Indeed, Castro had the aim to improve health in the island with sustainable costs, and, more important, the aim to show through it how successful the Cuban socialist model could be.

Moreover, it is interesting to underline that Cuba’s health profile and its health-care delivery system were fairly good when compared to the health statistics of some of the other developing countries in the region. Cuba’s under-5 mortality rate, 11‰ for males and 8‰ for females is comparable to what being achieved in developed countries such as the US [9,7‰] and Canada [6,5‰] – levels well in excess of Latin American countries with similar levels of economic performance, such as Bolivia [84,76‰], Honduras [44,41‰] and Ecuador [36,31‰] (Data from *World Development Report*, 2003). For this reason the sociologist Jerry Spiegel wrote about “the Cuban health paradox”. He maintained that the experience of Cuba presents a fundamental paradox or challenge to the assumption that generating wealth is the fundamental precondition for improving health. In his study, Spiegel argued that Cuba’s goal depends on the choice to concentrate its capital accumulation onto human capital. As he argued it appears that the active implementation of public policy affecting a wide variety of health determinants explains the Cuban paradox (Spiegel 2004).

The first program, under the name of “Health and tourism”, directed by the State-run-group “Cubanacan”, started in 1996. For the first time Cuba clashed with the capitalist world economy, disposing health programs to foreigners paying in dollars³. Brotherton defined this program “dollarization” of the health sector. With the term “dollarization” he stressed the fact that the Cuban socialist government has been forced to resort to certain capitalist strategies to stay afloat (Brotherton 2008).

The *escoazul*, and its by-product *vitadox* have started to participate in the dollarization of the health sector since these products have become “international and commercialized”. I will analyze it in the next paragraphs.

How “*escoazul*” became “*Vitadox*”: from poison to homeopathic treatment

The social life of *escoazul* started in 1993, when a professor of “medical science” from the University of Guantanamo registered this product. At the beginning, the poison was received with scepticism by the MINSAP, who has never claimed its efficacy.

Teresa is a pharmaceutical researcher who works in the “Departamento de Registro de Calidad” [Quality Registering Department], when I spoke with her about the history of Labiofam, she told me:

The Labiofam's aim is to work with natural products, its development has been difficult because of scepticism, but then our products have gained prestige for their proved efficacy... for example ferrical, to cure the anaemia using the horse blood, "Biman", an antioxidant extracted from mango, and vitadox from the toxin of alacran [the name of the blue scorpion] (Teresa Ortiz, interviewed on line, 15th April 2012).

Vitadox is a homeopathic product, legally patented in Cuba in 2011 by the MINSAP, when I asked Teresa about the difference between vitadox and escoazul, she explained to me:

Vitadox is registered as a homeopathic product, the natural one called escoazul is more concentrado [concentrated] and it isn't commercialized yet. Nevertheless, escoazul is being tested, in clinical tests, by a national equip with very good results, because it showed in etapa pre-clínica [pre-clinical, lab tests] its efficacy (ivi).

When I went to Labiofam to ask for *escoazul* for my friends, *vitadox* didn't exist yet, but the rise of the number of requests, which was mostly from Italian cancer patients, persuaded Labiofam to try to patent a "more achievable" product. As a matter of fact, the poison used to make *escoazul* was extracted from the scorpion with an electric shock, which brings the scorpion to release just img of poison. The natural timing of this kind of process makes it impossible to produce large quantities of *escoazul*. For this reason homeopathy, which prescribes highly diluted doses of a remedy, seemed a good way to escape from the quantity problem. Moreover the homeopathic treatments have gained in international politics of health a bigger prestige than green or natural medicine has done. Indeed, homeopathy is part of "materia medica" in many countries and recognized by law, for example, in Britain¹⁴, and it could be considered as a player in the health global arena (Sharma 1996). When I asked Teresa about the international commercialization of *Vitadox*, she told me:

It is registered as a homeopathic product in Cuba, by the "Centro de Estudios de Control de Medicamentos" [Centre of pharmaceutical studies] and then it's possible to sell it to citizens and to foreigners. Guatemala was the first country, out of Cuba, where the product was sold. In Europe there are many requests but the health politics is too complex. It is sold in Albania too (ivi).

Vitadox is currently commercialized in Cuba, Guatemala and Albania. The price of the product is consistent with Cuban health politics, and it makes vitadox a part of the "dollarization of health", like the health tourism program. As a matter of fact, Cuban citizens can get it showing their medical records and paying seven pesos [28 cents of dollar], and

foreigners can buy it in the international pharmacies in Cuba for euro one hundred and forty.

The Italian Francesco Matteucci carried *Vitadox* in Albania, he founded a society called “Pharma-matrix” and signed an agreement with *Labiofam* to sell the product. On the web site of his company he claimed that European health politics has closed the door to new homeopathic products and for this reason he set his society in Albania «in order to help people who need *Vitadox* but who can’t go to Cuba to take it»⁵.

Despite of the international success of *escoazul* and its homeopathic derivative *vitadox*, Cuban citizens seem to refuse to consider that product as a medicine. During an informal conversation with the *Labiofam*’s oncologist who gave to me *escoazul*, she told me:

The most Cuban people haven’t accepted to use this product yet. They don’t think it could be different from the “natural” or “green” medicines that they receive from their physicians when the pharmaceutical equivalent is over. They don’t trust, and I can understand. When I see a Cuban here I know almost for sure he/she wants to get escoazul for a stranger (Labiofam, 6th January 2011).

In the *Labiofam* oncologist’s words is possible to find that form of scepticism I mentioned before, when I examined the hierarchy of resort in the Cuban *materia medica*. In the matter of fact, *escoazul*, as well as *vitadox*, seems to be considered by Cuban people an “export-product” much more than a local medicine.

In the social lives of *escoazul* and of its by-product *vitadox*, it’s possible to detect many players. One is the Cuban Government, *Labiofam* is a State enterprise (financed by MINAGRI, the Ministry of Agriculture), and its politics is consistent with the wide Cuban health politics.

Other important players are the Italian cancer patients who have decided to take *escoazul*, and the mass media who got involved in the rise of the number of patients. I will dedicate the next paragraph to the analysis of their “health care seeking behaviour”, defined as personal actions to promote optimal wellness, recovery, and rehabilitation (Richards *et al.* 1991).

Taking “escoazul” in the self-medication era

Typing “*escoazul*” on the Internet it’s possible to find many articles, blogs and videos, where Italian people tell their experiences about the poison. I think it’s important to analyse these “on-line-testimonies”, for two reasons. First because the self-awareness about health and illness have been raised in contemporary times. The English sociologist Nikolas Rose argued that in this era European and North American people are all

involved in a new health-ethic, which he defined as a “moral economy of hope”. This new ethic brings us to have a very high level of attention on life-style, wellness, and risk factors (Rose 2007). On the second hand, the proliferation of information on the Internet about health and illness has raised our possibility to have a wider landscape of therapies, to access to knowledge and claim to expertise (Heath, Rapp & Taussig 2002). This “democratic” access to the medical knowledge propitiated by the Internet has increased self-medication, that has become easier and more economic than visiting a doctor.

The anthropologists Nichter and Vucrovic pointed out the impact of the media on consumers’ demand (for practitioners as well as for patients) (Nichter & Vucrovic 1994). It is creating new spaces of public dispute about therapies and, consequently, it is changing the social actors who participate in the “health arena”. In the case of *escoazul/vitadox* one of the most important players, in the Italian side of the social life of the medicine, was the TV program which brought in the Italian homes the name of the poison, the information about how do get it and, more important, the smiling and hoping face of three cancer patients taking it.

The second reason is deeply linked with the first one, and belongs to the idea that the efficacy of pharmaceutical is manifold. Manifold because players and ideology, beyond the transformative power of the product itself, build it (van der Gest, White & Hardon, 1996). It means that its efficacy involves a wide arena where the transformative powers of the medicines became thinkable and believable.

In a forum on line (on the site www.intopic.it), “Vito from Bari”¹⁶ testifies the efficacy of taking *escoazul* on his father and he accuses the “Big Pharma” (which produce “chemo” and “radio” therapy) of fraud, underlining that “cancer is a big business”. “Tanya from Bergamo” compares *escoazul* with “Di Bella’s treatment”¹⁷ and exposes the Italian doctors’ inability to treat their patients with “alternative medicines”. “Marco from Ferrara” tells he has taken *escoazul* for more than a year, and during this period he has never got a fever or a cold, and his prostate cancer is “bloccato” [stopped]. Moreover, many people write that they are looking for *escoazul* and ask any information about how they can get it.

Another blog (www.atuttonews.it) has published a long article about *escoazul* and its “Italian fortune”. The article is followed by many comments; some of these accuse the writer of the article of being “insensitive” about the “hopes” of the people dealing with cancer. One of the comments, signed by “Ambra”, asks for more information on the new drug, detailing her husband situation and showing the chemo doses he has taken. In another comment, “Luis” complains that the mass media don’t accept the “scientific value of Cuban medicine”. He also complains

about the predominance of an approach too often influenced by the “global care market”.

The Internet comments about *escoazul* are not only “telling” its efficacy, but they are also “building” its efficacy. Reading the comments (the comments are mainly positives) encourages the people to take *escoazul* and gives hope to the cancer patients who are taking it. Indeed, the Internet has worked like as a “therapy management group”, an ideal kin group who can determine collectively which therapeutic action is allowed and believable to treat the members’ illnesses (Janzen 1978). The “blogger-patients” seem to find in the blog a place where they can share their feelings about the disease, become “experts” suggesting a kind of treatment, or ask for a solution in an informal arena that could give them some hope.

Moreover, reading the comments I was struck with the redundancy of two topics. One is the idea that the pharmaceutical industry keeps economic advantage of cancer patients, hiding the positive results of alternative cancer treatments. The other is related with the first one: many comments point out the “unreliability” of the scientific method (for the wide range of economic interests that surrounds it) and people’s willingness (at least supposedly) to try a different treatment coming from another culture. I will conclude this essay trying to analyse these two topics.

Conclusion

The concept of medical pluralism was minted by the American medical anthropologist Charles Leslie to define something “in contrast to the normative view that characterizes health professionals” (Leslie 1980: 191), indeed, in order to use this category, it’s necessary to clarify where “the normative view” is set in the case of *escoazul*.

As Nikolas Rose argued, in the past decade we were alphabetized to the medical language. We learnt to speak about ourselves using medical words like “trauma”, “depression” or “anxiety” (Rose 1995, 2007). We feel so comfortable using the drug names, or disease names, that we found in it a little form of “expertise”: being capable to name our problems seems to be the first step to deal with them, as many advertisements claim. This form of expertise is also shown through making decisions about where and how to treat our diseases, skipping the doctors’ authority (Nichter & Vucrovic 1994).

The Italian cancer patients, who have chosen to take *escoazul*, have shown through the act of taking a “natural and coming from other culture” medication their desire for self-regulation and their will of questioning not

only the doctors' authority, but also "system" authority. Indeed, when the "blogger-patients" complain about the complicity of the health politics with corporate and "pharmacological" aims and interests, they are looking for a chance to treat their diseases escaping the system, or advocating against it. And more, they are looking for the possibility to collocate themselves as players in the health arena. Moreover, if medication vehicles of empowerment or act as instruments of domination, taking a medicine not available in the care market of one's own country could represent a way to elude that domination, to escape the "normative view".

In Cuba the "natural medicine" is sponsored by the Government and, quite the unlike of the Italian situation, it is part of the "normative view", as well as the biomedicine, because the Cuban medical pluralism is hegemonic, planned by the State. For this reason, the people seem to be more interested in exploring their options, asking their emigrated friends or relatives for medications which come from the global market, juxtaposing a biomedical treatment with a natural one, or storing medicines in order to do a self-medication. In this context *escoazul*, or its homeopathic complement vitadox, could be considered part of "materia medica", but it is more well known as a product that can be sold to the "foreign market", than as a local cancer treatment.

Comparing these two different reactions to *escoazul*, I would like to stress the fact that, speaking about pluralism, the "difference" that seems to make a difference is the possibility, for the patients, to find a niche where the "normative view" isn't, or doesn't seem to be, dominant. In that kind of niche, the patients can perceive themselves as "players" and not just as "patients".

Notes

1. Medical clinic with one physician and one or two nurses.

2. I have referred to my PhD research. In particular, I was interested in understanding the perceptions and experiences of different citizens, citizens of the Socialist state, in relation to state public-health programs in order to provide in-depth ethnography of how people adopt, resist, and reflexively engage with health policies to enact changes in their life and/or in social environments. The use of *escoazul* wasn't a topic of it; I will show in this essay the first results of a work in progress, I'm grateful to professor Dulce Milagros Niebla, from the University of Havana, for mentoring me in this work.

3. The *Rhopalurus junceuss* poison, blue coloured, contains a toxin whose composition and structure is still unknown.

4. Now the poison is sold for euro 140, I will explore this topic along the essay.

5. I took this definition from Volker Scheid (2002), he has used "hegemonic pluralism" to describe the reorganizing of Chinese medicine under the leadership of Mao Zedong. The Cuban medicine was drawn on Chinese medicine, and I think the concept works for both Nations.

6. I analyzed this aspect in my PhD thesis, and in the article: A double doubt: Neurotic self and agency in an era of shifting ideology in Cuba, forthcoming in *Mediterranean Journal of Social Sciences*.

7. I found it in the “carpeta metodologica” [methodological file] on the official web site of MINSAP, <www.infomed.cu>.

8. For more information about the program “Barrio Adentro” consult the official web site of Bolivarian Government <www.minci.gob.ve/misiones/1/204341/salud_barrio_adentro.html>.

9. Published in a series of medical books called “Auto ayuda” [self-medication], in 2005.

10. Managed by MINSAP and produced by QUIMEFA (Chemical medical farm) that is a part of the Ministry of Industry (MIMBA).

11. Unlike the health services, the drugs are not for free. State pharmacies sell drugs in “pesos” (local currency) to the citizens (always with prescription), and there are some State pharmacies settled in the main hotels that sell global drugs in “dollars” to the tourists (without any prescription). The double economy in Cuba is a very central topic, unfortunately I can’t discuss it in this short essay, I remand to Claes Brundenius (2002).

12. Neuroleptic, or antipsychotic agents are a group of drugs used to treat schizophrenia and other types of psychoses. Haloperidol an older ‘typical’, or ‘first-generation’ neuroleptic is non-selective and binds to a broad range of receptors. The adverse effects of typical neuroleptics include tachycardia, impotence and dizziness, and these unwanted effects are caused by non-selective interaction at the α adrenoreceptor. Other adverse effects include sedation and weight gain (*Antipsychotic agents and lithium. In: Basic and clinical pharmacology, 8th edition. Katzung BG. USA: The McGraw Hill Companies, Inc, 2001:478-497*).

13. It’s possible to find more information about *Tourism and Health* program, in the local book “Apuntes sobre salud y ciencia en Cuba, Senderos en el corazón de América”, written by Dr. Julian Alvarez José de la Osa.

14. In Britain the Society of Homeopaths has got 1.300 licensed members. Item from the official web site of the Society (<www.homeopathy-soh.org>).

15. www.pharmamatrix.net/it/su-di-noi/perche-in-albania-.html.

16. I will use the same nicknames I’ve found on the blogs.

17. The “Di Bella cancer therapy” was an alternative medicine cancer treatment program developed by Dr. Luigi Di Bella. The therapy was based on a drug cocktail containing a low dose of cyclophosphamide (a chemotherapy drug) plus other drugs and vitamins. The Di Bella therapy came to national attention in Italy, and the Italian courts, when some of Di Bella’s patients organized and demanded that Italian hospitals provide the therapy free of charge. So the Italian Government funded a study of the Di Bella therapy at 26 cancer clinics throughout the country. The results were considered not good enough.

References

- Averasturi, L. G. 1980. Psychology and health care in Cuba. *American Psychologist*, 35, 12: 1090-1095.
- Benjamin, M., Collins, J. & M. Scott 1992. *No free lunch: Food and revolution in Cuba today*. San Francisco: Food First.
- Brotherton, S. P. 2008. “We have to think like capitalists but continue being socialists”: Medicalized subjectivities, emergent capital, and socialist entrepreneurs in post-Soviet Cuba. *American Ethnologist*, 39, 2: 259-274.

- Brotherton, S. P. 2012. *Revolutionary medicine: Health and the body in post-soviet Cuba*. Durham (NC): Duke University Press.
- Brundenius, C. 2002. Whither the Cuban economy after recovery? The reform process, upgrading strategies and the question of transition. *Journal of Latin American Studies*, 34: 365-395.
- Butler, J. 2005 (1997). *La vita psichica del potere*, Roma: Meltemi.
- Cant, S. & U. Sharma 1999. *A new medical pluralism. Alternative medicine, doctors, patients and the state*. London: Garland.
- Chomsky, A. 2000. "The threat of a good example: Health and revolution in Cuba", in Kim, J. Y., Millen, J. V., Irvin, A. & J. Gershan (eds.), *Dying for growth: Global inequality and the health of the poor*. Monroe (US): Common Courage Press.
- Clifford, J. 1988. *The predicament of culture. Twentieth-century ethnography, literature and art*. Cambridge (MA) and London: Harvard University Press.
- De Martino, E. 1982 (1959). *Sud e magia*. Milano: Feltrinelli.
- De Martino, E. 1996 (1961). *La terra del rimorso*. Milano: il Saggiatore.
- Dilla-Alfonso, H. & P. Oxhorn 1999. Cuba: virtudes e infortunios de la sociedad civil. *Revista Mexicana de Sociología*, 61, 4: 129-148.
- Fainzang, S. 2009 (2005). *Farmaci e società. Il paziente, il medico e la ricetta*. Milano: Franco Angeli.
- Farmer, P. & A. Castro 2004. "Pearls of the Antilles? Public health in Haiti and Cuba", in *Unhealth policy, A critical anthropological examination*, edited by Castro, A. & M. Singer. Walnut Creek: Altamira Press.
- Feinsilver, J. 1993. Cuba as a "World medical power": The politics of symbolism. *Latin American Research Review*, 24, 2: 1-34.
- Foucault, M. 1979 (1963). *La nascita della clinica*. Torino: Einaudi.
- Foucault, M. 2005 (1976). *La volontà di sapere*. Milano: Feltrinelli.
- Foucault, M. 2006 (1971-1977). *Poteri, saperi, strategie*. Milano: Feltrinelli.
- Foucault, M. 2011 (1981-1982). *L'ermeneutica del soggetto*. Milano: Feltrinelli.
- Gadamer, H. G. 2005 (1993). *Dove si nasconde la salute*. Milano: Raffaello Cortina.
- Guevara, C. 1968. *Venceremos!: The speeches and writings of Che Guevara*. New York: Simon & Schuster.
- Heath, D., Rapp, R. & K. Taussig 2002. "Genetic Citizenship", in *A companion to the anthropology of politics*, edited by Nugent, D. & J. Vincent, pp. 152-167. Oxford: Blackwell.
- Healy, D. 2002. *The creation of psychopharmacology*. Cambridge: Harvard University Press.
- Healy, D. 2004. Shaping the intimate: influences on the experience of every-days nerves. *Social Study of Science*, 39: 219.
- Illich, I. 2005 (1976). *Nemesi medica. L'espropriazione della salute*. Milano: Boroli Editore.
- Janzen, J. 1978. *The quest for therapy: Medical pluralism in Lower Zaire*. Berkeley: University of California Press.
- Kleinman, A. 1978. Concepts and a model for the comparison of medical systems as cultural systems. *Social Science & Medicine*, 12: 85-93.
- Kleinman, A. 1980. *Patients and healers in the context of culture*. Berkeley: University of California Press.

- Lakoff, A. 2005. *Pharmaceutical reason: Knowledge and value in global psychiatry*. Cambridge: Cambridge University Press.
- Lankaster, R. 1994. *Life is hard. Machismo, danger, and intimacy of power in Nigragua*. Berkeley: University of California Press.
- Leiva, A. 2007. *International commercial arbitration in transition-era Cuba*. Miami: ASCE.
- Leslie, C. 1980. Medical pluralism in world perspective. *Social Science and Medicine*, 14, 4: 191-195.
- Lock, M. & M. Nichter 2002. *New horizons in medical anthropology. Essays in honour of Charles Leslie*. London: Routledge.
- Nichter, M. & N. Vuckrovic 1994. Agenda for anthropology of pharmaceutical practice. *Social and Medical Sciences*, 39, 11: 1509-1525.
- Richards, F., Klein, R. E., Gonzales-Peralta, C., Flores, R. Z., Flores, C. Z., & J. C. Ramirez 1991. Knowledge, attitudes and perceptions (KAP) of onchocerciasis: A survey among residents oin an endemic area in Guatemala targeted for mass chemotherapy with ivermectin. *Social Science and Medicine*, 32, 11: 1275-1281.
- Ricoeur, P. 2005. *Il giudizio medico*. Roma: Morcelliana.
- Rose, N. 2001. The politics of life itself. *Theory, Culture, Society*, 18, 6: 1-30.
- Rose, N. 2007. Molecular biopolitics, somatic ethics and the spirit of biocapital. *Social Theory & Health*, 5, 1: 3-29.
- Rose, N. 2008. *La politica della vita. Biomedicina, potere e soggettività nel XXI secolo*. Torino: Einaudi.
- Rose, N. & P. Miller 1995. Production, identity, and democracy. *Theory and society*, 24, 3: 427-467.
- Scheid, V. 2002. *Chinese medicine in contemporary China. Pluralism and synthesis*. Durham: Duke University Press.
- Schirripa, P. 2005. *Le politiche della cura. Terapie, potere e tradizione nel Ghana contemporaneo*. Lecce: Argo.
- Spiegel, J. M. 2006. Commentary: Daring to learn from a good example and break the 'Cuba taboo'. *International Journal of Epidemiology*, 35, 4: 825-826.
- Spiegel, J. M. & A. Yassi 2004. Lessons from the margins of globalization: Appreciating the Cuban health paradox. *Journal of Public Health Policy*, 25, 1: 96-121.
- Skultans, V. 2007. The appropriation of suffering, psychiatric practice in the post-soviet clinic. *Theory, Culture, Society*, 24, 3: 27-48.
- van der Geest, S., Whyte, S. R. & A. Hardon 1996. The anthropology of pharmaceuticals: A biographical approach. *Annual Review of Anthropology*, 25: 153-178.
- Whyte, S. R., Van der Geest, S. & A. Hardon 2002. *Social lives of medicines*. Cambridge: Cambridge University Press.

Abstract

The scorpion poison has been used in Cuba for years to treat patients with cancer, in order to reduce their pain and the side effects of radiotherapy or chemotherapy. After a popular Italian TV show made a reportage about the Cuban scorpion poison and its goals, escoazul has become part of "materia medica" in two different local societies (the Cuban and the Italian one), where it has developed two different meanings.

In this essay, I analyze what the use of escoazul reveals about the society that produces it and the one that, despite difficulties in getting it, makes a remarkable use of it for therapeutic reason. Indeed, if it is true that the act of taking medicine involves more than the embodiment of a substance, and it reproduces health ideology (Nichter & Vuckovic 1994), it is interesting to understand what kind of health ideologies about medical pluralism are reproduced through taking escoazul as a medicine in the Cuban health system, and doing it in Italy, as an alternative strategy of self-medication.

The case of escoazul seems to suggest there are two different ways to intend pluralism: one based on the ability (or lack of ability) of the State to handle the coexistence of different medical traditions, the other referred to the dynamic, discontinuous and fragmentary process which involves complex negotiation of social identity and morality, that the anthropology calls "health seeking behaviour" (Kleinman 1980). Finally, I shed light on the idea that medical pluralism has to do with the possibility to make a choice about one's health inside and outside state-regulated categories.

Key words: escoazul, traditional medicine, Cuba, Italy, health-seeking behaviour.

Riassunto

Il veleno di scorpione viene da molti anni usato a Cuba nella cura di pazienti affetti da cancro, per ridurre il dolore e gli effetti collaterali della radioterapia e della chemioterapia. Dopo che un popolare show televisivo ha fatto un reportage sul veleno di scorpione e sui suoi usi, questo è divenuto parte della farmacopea di due differenti società (quella cubana e quella italiana), dove ha assunto due significati differenti.

L'autore analizza che cosa l'escoazul rivela della società dove è prodotto e di quella in cui, nonostante le difficoltà di approvvigionamento, ha un uso considerevole. Infatti, se è vero che l'atto di assumere una medicina implica molto più che incorporare una sostanza, riproducendo una ideologia della salute (Nichter & Vuckovic 1994), è interessante comprendere quale tipo di ideologie della salute sul pluralismo medico vengano riprodotte attraverso l'uso dell'escoazul come medicina nel sistema sanitario cubano, e in Italia come strategia alternativa di automedicazione.

Il caso dell'escoazul sembra suggerire che vi siano due diversi modi di intendere il pluralismo: uno basato sulla capacità (o la sua mancanza) dello Stato di gestire la coesistenza di differenti tradizioni mediche, l'altro che si riferisce a quella dinamica, il

processo discontinuo e frammentario che implica complesse negoziazione dell'identità sociale e della moralità, che gli antropologi chiamano “health seeking behaviour” (Kleinman 1980). Infine, l'autore riflette sull'idea che il pluralismo medico abbia a che fare con la possibilità di compiere una scelta sulla propria salute all'interno e al di fuori delle categorie regolamentate dallo Stato.

Parole chiave: escoazul, medicine tradizionali, Cuba, Italia, health-seeking behaviour.