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"Almost Invisible Scars": Medical Tourism to Brazil

Alexander Edmonds

It is now a truism to say that illness and medicine function as metaphors for political and social relationships. Nations can be "sick," statesmen "doctors." Boundaries between the ill and the stigmatized or deviant are permeable. But if new illnesses and treatments can indicate larger distress in the body politic, it's not clear what exactly cosmetic surgery tourism—which involves long-distance travel for elective procedures—symbolizes about health, whether understood as the patient-consumer's well-being, the viability of health care systems, or the global relationships underpinning the movement of patients and scientific technologies. Drawing on ethnographic fieldwork in Brazilian plastic surgery wards, I examine the local and transnational relationships shaping Brazil's rise as a destination of medical tourism.

Western technological superiority is often seen as a symbol—and vehicle—of geopolitical domination. Hence, it is perhaps understandable that the ability of hospitals in developing countries to attract medical tourists has been trumpeted as a national achievement. Countries like Thailand and India market not only their low prices and the tropical locales

of their hospitals but also their state-of-the-art medical facilities (Connell 2006). And in fact, the private health sector in Bangkok has more technological capacity in some important areas like gamma knife and CT scans than England does (Ramírez de Arellano 2007, 196). From this perspective we can perhaps understand why the national media has heralded Brazil's rise to the status of plastic surgery "champion," as a *Veja* cover story (Pinheiro 2001) put it. This national news magazine described the country as an "empire of the scalpel," claiming that Brazil had higher per capita rates of cosmetic procedures than the United States or Europe (Pinheiro 2001). One important ingredient in this success story, as widely reported in Brazilian media, was the unlikely and increasing presence of "gringos" in plastic surgery clinics (*Jornal da tarde* 2009).

Imported medicine has played a central, though often problematic, role in Brazil's modernizing project. It became a means for governing and healing an unruly and often sick national population, but it has also demonstrated to elites Brazil's backward or dependent position in relation to the North (Stepan 1991; Schwarcz 1999). Thus, the image of the wealthy tourist traveling to Brazil for a high-tech medical service had perhaps an irresistible appeal to the media. News stories concede that low prices are a prime draw, but they also emphasize other factors, such as the "human warmth" of surgeons, a "disposition to adopt new treatments" (Costas 2006), and especially, the prestige of the "national scalpel" (*Jornal da tarde* 2009, 98). CosmeticVacations, a company that offers surgery packaged with luxury accommodation, boasts that Brazilian surgeons have "a very sensitive feeling for aesthetics" and "leave almost invisible scars."¹ This kind of marketing exuberance is unremarkable within the world of Internet advertising. But while media coverage often minimizes health risks, patients are usually aware of at least some of the dangers of surgery, not to mention of travel to cities such as Rio de Janeiro (Edmonds 2009a). Brazilian surgeons do successfully win clients in a global market of cosmetic surgery (prime competitors include Thailand, India, and Costa Rica). The rise in cosmetic surgery tourism to Brazil, which tripled from 2003 to 2006, thus likely reflects an actual reputation for medical quality, whether deserved or not (Costas 2006).

Surgery—once a guild shared with barbers—is in many ways still an artisanal practice, based on apprenticeship with a master. In Brazil many surgeons point to the role of a single surgeon in training generations of residents, establishing the specialty's technical reputation, and even promoting novel "philosophies" of plastic surgery (Pitanguy 1976). Ivo Pi-

¹ See <http://www.cosmeticvacations.com/>.

tanguy founded a plastic surgery ward in Santa Casa Hospital in Rio de Janeiro in 1962, run with charity funds and some state subsidies (Edmonds 2007). The clinic provides discounted cosmetic surgeries to low-income patients, who must pay for medical materials and anesthesia. Santa Casa is a somewhat unusual clinic, but many of its graduates have gone on to work in both the private and public sectors of Brazil's two-tiered health system. Postdictatorship Brazil (that is, after 1985) ambitiously guaranteed a universal right to health care. In practice, federal funding of the public health system has shrunk, and most middle-class Brazilians seek care in the private sector (Biehl 2005). Within fully public hospitals, many of them plagued by long waiting times, crumbling infrastructure, and inadequate budgets, patients can receive both reconstructive and cosmetic procedures at no cost (Edmonds 2007), within the "limitations of the queues," as a plastic surgeon put it.²

The official justification for the presence of cosmetic surgery in public hospitals is scientific training for residents. Surgeons stress that reconstructive and cosmetic procedures are both integral branches of the specialty, and the boundaries between them are murky. As one surgeon said, "Public hospitals are important for our specialty because that's where we train new surgeons—they have, let's say, a place to have experience, to learn . . . and that's where the poor clients go—at least they help to improve those surgeons, nê? It's a hospital school." Such experience is invaluable for the surgeon, enhancing his or her ability to enter a crowded market. In public hospitals, surgeons are paid very low salaries. Most graduates of plastic surgery residencies—who often receive government stipends to fund their training—expect to work in the private sector, where they can obtain higher salaries. The high number of plastic surgeons also means stiff competition for the novice. Surgeons have spread out to smaller towns and cities in the interior, while others target overseas Brazilians and tourists through Internet advertising of plastic surgery, often referred to simply as "*plástica*" (Edmonds 2009c).

Brazilian public hospitals also provide experience for international residents in surgery. Doctors from over forty countries, particularly ones in Latin American and Europe, have trained in Brazil's plastic surgery residency programs. The technical reputation of the specialty undoubtedly lures residents but so does the opportunity for hands-on practice. One

² All quotations in this article related to ethnographic fieldwork are taken from interviews held in Rio de Janeiro in 2000–2001, 2003, and 2006. Interviews were conducted and translated by the author, and interview transcripts are on file with him. Funding for the research was provided by the Social Science Research Council and Princeton University.

European resident, who had performed nearly ninety cosmetic surgeries in his third year of residency, told me that Brazil provided unique opportunities for experience. The busyness of public hospitals has also contributed to Brazilian doctors' "disposition to try new treatments" (Costas 2006). As a senior surgeon put it: "Sometimes we don't have the proper equipment, and we have so many people to operate on. So we have to develop other, more flexible techniques. In the end it's good for innovation."

Some Brazilian surgeons believe that cosmetic surgery in public hospitals is justified not only as a means to provide scientific training to residents but also because borders between reconstructive and cosmetic procedures are not sharply defined. Both types of surgery, after all, aim to heal mental suffering. The rather expansive definition of "aesthetic health" (Edmonds 2009c, 484) that is the goal of surgery also has a gendered dimension. Brazilian surgeons' technical reputation is based particularly on body contouring: breast, abdominal, and buttocks corrections, as well as liposculpture (Phillips 2006). Pitanguy, for example, claims to have invented a particular breast reduction technique, the inverted-T lift, so named for the shape of the scar it leaves. In Brazil, many breast reductions have purely aesthetic rather than functional rationales, reflecting a traditional national erotic ideal that emphasizes the contrast between smaller breasts and ample hips and buttocks. And a Brazilian version of the mini-abdominoplasty (tummy tuck) was designed to leave a minimal and invisible scar located below the bikini line.

Such procedures perhaps reflect the skill or innovation of the surgeon, but they also point to particular notions of female health. Cosmetic procedures for managing reproduction and sexuality are often integrated within medical regimes. Plastic surgeons work closely with other specialties, and cosmetic and healing rationales coexist within a larger field of aesthetic medicine aimed at an expansive notion of well-being that includes sexual realization, mental health, and aesthetic enhancement. Ob-gyns and psychologists can refer women to plastic surgeons. Some expectant mothers choose cesarean deliveries for sexual-aesthetic motives to "preserve vaginal anatomy" (Carranza 1994, 113). Plastic surgeons perform body-contouring and genital surgery to correct "deformities" resulting from childbirth and breast-feeding and to remove scars due to other "female surgeries" (Edmonds 2009b, 2010).

Cosmetic surgery is, of course, always elective surgery. And patients often say they are happy with results. Yet many patients in public hospitals are having touch-ups, corrections of earlier procedures, or sequential operations. When I ask what type of surgery a patient wants, one response I get is simply, "*Todas as plásticas*" (All the *plásticas*). The medical specialty

presents the “scalpel slave”—the patient addicted to surgery—as an anomaly. Yet clinical interactions initiate patients into a techno-medical culture that often alters their body image, anxieties, and desires. In some cases, this means an “elaborate and sad road” of complications, as one patient put it. In others, patients are merely dissatisfied aesthetically and come back for “touch-ups, little things, little pulls” (*retoques, coisinhas, puxadinhas*), as they often put it. Or even more commonly, patients do experience the sought-after boost to “*auto-estima*” (self-esteem), as they say, or feel “super-happy” or “more of a woman.” But even here, when it would appear the patient’s desire has been realized, the very success of the cure can lead to repeat treatments in a quest for even more “health.”

Residents, of course, must practice in order to gain proficiency in any medical specialty. But the provision of cosmetic surgery in public hospitals raises particular ethical questions. The working-class women who assert a right to beauty—and receive the charity of doctors—also provide the human material necessary for scientific training that enables elite surgeons to attract patients from wealthier nations (Edmonds 2007). The effective state subsidy of cosmetic surgery within an ailing public health system allows doctors to obtain skills that are a valuable asset in a competitive national and global market of medical enhancement. Such subsidies are one example of the gap between market forces and the universalist aspirations of rights within democratic Brazil (Holston 2008).

It is true that medical tourism in some ways disrupts received wisdom about the directionality of transnational flows of science and people. Third-world doctors (some of them female) operate on middle-class, albeit cost-conscious, patients from the North (most of whom are women, and some of whom are overseas Brazilians). The Brazilian specialty is not only importing technology and ideas from the developed world but also pioneering an expansive notion of well-being—an often inchoate mix of beauty, mental health, and sexual optimization—that may become compelling in other parts of the world. This healing practice reflects not just the technical achievements of a developing nation but also historical, market, and gender dynamics that are often not visible in media coverage and medical publications.

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