

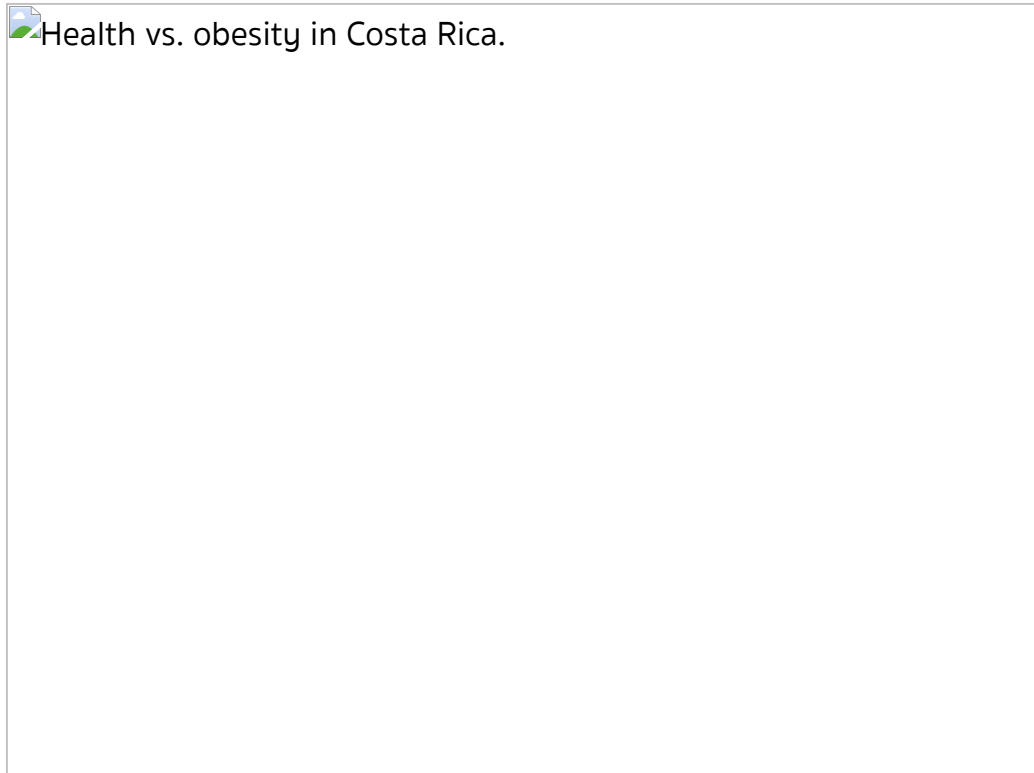


# 2011 CLAS Summer Research Report

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Joint Medical Program

"Exploring the Impact of Medical Tourism in Costa Rica"



Health vs. obesity in Costa Rica.

Changes in health and health care in Costa Rica. Left, illustrating a rise in private health care services; Right, rising rates of obesity. (Photo by Allyson Goldberg.)

As a student in the Joint Medical Program, working toward an MD and a Master's degree simultaneously, my goal for my trip to Costa Rica this summer was two-fold: in one aspect, I wanted to make significant progress on my Spanish language skills. Now, especially when more than 50 percent of the babies born in California are to Latino families, I feel it is incredibly important that doctors are able to speak Spanish well. Significant health disparities exist between whites and members

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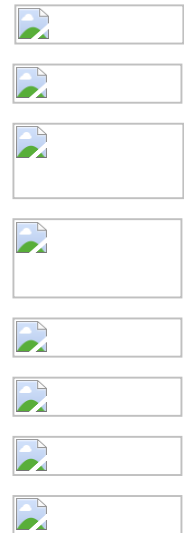
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of racial and ethnic minority groups in the U.S., and these are, in part, due to cultural and linguistic gaps between the physician workforce and the general population. The ability to converse with a patient in the language in which he or she feels most comfortable is both a good medical practice and part of being a culturally-sensitive physician. Secondly, I wanted to explore the medical tourism industry in Costa Rica. As U.S. health care costs continue to rise, and millions of Americans remain without access to or coverage for health care services, many patients are looking toward Latin American countries for care. While the option of medical services abroad may help to reduce some health disparities in the U.S., it also raises concerns about the capacity of other health care systems to absorb these patients, and the possibility that medical tourism could harm national and health care development in these countries, as resources are drawn away from the public sector to fuel the expansion of this private industry. Within all of Latin America, for U.S. patients, Costa Rica is currently the top medical tourism destination.

In pursuit of these goals, I enrolled in a month-long Spanish language program at the Institute for Central American Development Studies (ICADS) in San Jose. As a student there, I lived with a Costa Rican host family, took four-hour language classes daily, and participated in afternoon activities designed to allow students to look critically into pressing social, cultural, political, and environmental issues in Costa Rica. This month of linguistic and cultural immersion proved extremely helpful for pursuing my language goals, but also gave me great insights into my research on medical tourism as well. On my own, during this month and after it, I also visited government health clinics and pursued contacts in Costa Rica's three main private hospitals (to which medical tourists are courted), dentistry clinics, recovery homes and resorts, and travel agencies. After a few weeks of Spanish classes, I was able to conduct informational interviews with these contacts in Spanish, and I learned a lot about the nature and extent of medical tourism in Costa Rica.

This was my first time in Costa Rica (and in Latin America in general), and I am very grateful for having had the opportunity to travel there and to learn, first-hand, about cultural, political and social issues developing in the country and in its medical system. The insights I gained from this trip are even more interesting after my recent trip to India, where I also explored aspects of medical tourism. The medical tourism industries in Costa Rica and India are vastly different, as are the countries themselves, and this kind of information is very important to consider when thinking about medical tourism as a global phenomenon.

Following this summer, I will be incorporating the things I learned in Costa Rica into an original master's thesis project on medical tourism. Beyond my thesis, though, I see my future career in international health research and policy. I believe that the opportunity to be in Costa Rica this summer provided a great introduction to Latin America, a region that was previously a significant gap in my international experience. I hope to continue learning more about and visiting other places in Latin America in the coming few years.

For others undertaking similar research in the future, my strongest suggestion is to take language learning seriously, but also to set realistic learning goals. I was fortunate that my research topic lent itself to study in both English and Spanish, and in this way, I was able to reach out to contacts in English early in my trip, but to schedule meetings with them during the second half of my trip, by which time I was comfortable enough to converse on my research topic in Spanish. I believe that, ultimately, the quality of my conversations with research contacts, as well as the information I was able to learn from them and the relationships I could build with them, was greatly enhanced by my ability to speak in Spanish.

 Private hospital in Costa Rica.

One of San Jose's 'big three' private hospitals, boasting a high percentage of international patients.

(Photo by Allyson Goldberg.)