Pharmaceuticals and Tourist Spaces: Encountering the Medicinal in Cozumel’s Linguistic Landscape

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Abstract
Cozumel Island is one of Mexico’s most popular tourist destinations, boasting beautiful beaches and world class diving, amongst myriad activities and experiences. It is also home to a host of pharmaceutical merchants who have positioned themselves alongside the island’s established tourism shops. Investigating the island as a linguistic landscape, this article constructs a landscape-focused narrative that analyses the linguistic and material signs of pharmaceutical shops as they may be experienced from a tourist’s perspective. To undertake this, several recurrent features of the pharmaceutical landscape encountered by the tourist are investigated in order to ascertain the discourses and systems in which these medical signs operate, as well as how they may be interpreted by a visitor to the island. It is revealed that pharmaceutical signs operate within a wider touristic ideology that positions medicines as souvenirs striving for legitimacy while also acting as a reminder of a tourist’s own historical and contemporary health and healthcare needs.

Keywords
Linguistic landscapes; tourism; pharmacies; medicine
Introduction

Undertaking a close reading of the landscape is not a new approach in health geography. Since Kearns’ (1993) formative criticism of medical geography, and subsequent appeal for enhanced use of narrative and metaphor in the analysis of health and healthcare spaces (1997), countless scholars have chosen to wield the creative mind in their explorations of myriad formal and informal spaces of health (e.g.: Andrews and Kearns, 2005; Watkins and Jacoby, 2007; Foley, 2011; Skinner and Masuda, 2014). In undertaking these projects, the spaces considered and lenses applied have been diverse, but none-the-less valuable in complicating ideas concerning health, healthcare, and how they play out within and amongst individuals, space and place. This paper joins explorations seeking to generate new place knowledge(s) and treads new ground through the application of a novel lens in health-place analysis. Here, the space of inquiry is Mexico’s eastern-most island of Cozumel – a location known for respite and adventure to an abundance of travelers and tourists but not commonly considered for the health or healthcare amenities available to these foreign populations. To construct an understanding of Cozumel’s healthcare environment as it is experienced and interpreted by the excursionist, I investigate the island’s pharmaceutical landscape, expanding previous inquiry into the phenomenon of foreign (typically US-Mexico) pharmaceutical purchasing. While motivations for these types of purchases include access to cheaper medication prices, relaxed prescription regulations, perceptions of increased efficacy, and a familiarity with the healthcare system (Casner and Guerra, 1992; Calvillo and Lal, 2003; Horton and Cole, 2011; Su et al, 2014), those participating in the practice of purchasing pharmaceuticals are generally considered to live close to the US-Mexico border, and to be low-income, uninsured, and of Hispanic descent with limited access to medical care (Mainous et al, 2008; Homeedes and Ugalde, 2012). And while there is little doubt that Cozumel’s tourist population represents a heterogeneous group of multiple and contested racial, able, sexual and gender diversities, the aforementioned cross-border pharmaceutical shopper does not represent the typical visitor to the island (Cruise Lines International Association, 2015). Meanwhile, awareness of the purchase of medicines abroad is gaining traction within traditional news media (e.g. D’Angelo, 2015; Wasu, 2012; Duran, 2012; Ramirez, 2015), as well upon as travel websites and message boards (e.g. Eidell, 1999; Melville, n.d.; Cruise Critic, 2005; Cruise Mates, 2009; Carnival, 2010; Trip Advisor, 2014a), including posts directly relating to Cozumel Island (e.g. Cruise Critic, 2012; Cruise Reviews, 2010; Trip Advisor, 2009).

While consumers may believe that pharmaceuticals in Mexico are stronger, lower cost or do not require a prescription (Parietti, et al, 1998; Calvillo & Lal, 2003; Homeedes & Ugalde, 2013), characterising Mexico as a place to easily access controlled substances and other pharmaceuticals, patrons still approach Mexican medications with caution (Sloan et al, 2013) and Mexican pharmacies do not escape broader conjecture aligning the country with corruption, violence and an
inability to properly provide for its citizens (Dalstrom, 2012). Dalstrom (2012) suggests that to alleviate these perceptions, Mexican pharmacies operate as a shadow of their counterparts in the Global North, mimicking the aesthetics, language and other aspects they believe best represent pharmaceutical quality while simultaneously promoting Mexican distinctions such as lower costs and higher accessibility.

Much of the literature concerned with premeditated pharmaceutical purchasing at the US-Mexico border pays little attention to this form of consumerism elsewhere in Mexico, including places typically known as tourism destinations. In consideration of this, I investigate the pharmaceutical landscape of Cozumel Island as a linguistic landscape, a concept attributed to sociolinguistics that enables a reader to grasp and index various signs and symbols within a landscape, considering the semiotic and discursive systems in which they might be active. I focus specifically on the signage and street advertising of pharmacies, constructing a narrative of potential touristic encounter to consider how and why vacationers might be led to purchase pharmaceutical products while vacationing abroad. Through this analysis, a detailed and perceptive consideration of Cozumel’s pharmaceutical landscape is presented – one seeking to expand specific knowledge pertaining to healthcare, place, movement and interaction on this small yet mosaic island. Before expanding on the linguistic landscapes conceptual framework, I first provide a brief introduction to Cozumel Island.

**Cozumel Island**

Cozumel Island (Mayan Island of the Swallows) lies 16km off the eastern coast of Mexico’s Yucatan Peninsula and is the largest of the country’s eastern islands at approximately 478 square kilometers (Encyclopedia Britannica, 2014). Urban Cozumel is home to a Westernized tourist landscape; low-lying and colourful stone and concrete buildings dominate the small town of San Miguel on the island’s western coast. Within this town, the 2010 Mexican census found 77,236 of the island’s total 79,535 residents in habitus (INEGI, 2010). Numerating an international population, anecdotal evidence (e.g. Haskins, n.d.) points towards a large expatriate or migrant population on Cozumel, however their numbers remain unsubstantiated in any formal literature.

As a tourism destination, Cozumel is the most popular cruise port in the Western Caribbean (Cruise Port Insider, 2017). Between November and April, approximately 20-30 cruise ships dock in Cozumel each week, bringing with them between 70,000 and 80,000 visitors (Davis, 2014a). It is estimated that the island will host 3,566,700 passengers and 1,160 ships in 2017 alone (Cruise Port Insider, 2017); in 2013, Cozumel was the second most visited cruise destination worldwide, Nassau’s aide-de-campe in securing the Caribbean as the dominant docking-ground in the cruising market (Cruise Market Watch, 2013). Outside of cruise tourism, Cozumel was visited by 575,055 tourists during 2015, decreasing 1.7% from the 2014 year (Secretaría de Turismo del Estado de Quintana Roo, 2015). While no
data is available to ascertain the national origin of cruise tourists, the majority arriving at Cozumel’s airport are found to be of US origin (Secretaría de Turismo, 2017).

Popular travel media reveals that the main attraction of Cozumel Island lies at the ever-shifting liminal space of the coast and beyond as divers glide through the island’s watery frontier with “reefs … creating towering walls that offer … a fairytale seascape to explore” (FrommerMedia, 2014). Travel guides provide insight into a dichotomous variation in shoreline amenity: the west is sheltered by the Yucatan Peninsula and offers ideal conditions for revelry and commerce; the east is found in an untamed ferocity and visitors are forewarned to play at their own risk (Davis, 2014b). While tourists and other non-residents have no problems accessing information concerning adventure and enjoyment, the availability of data pertaining to health and healthcare for English and other non-Spanish speaking foreigners is difficult to obtain, with a near-complete lack of documentation outside of emergency care information. Even then, many guides fail to provide an instructional safety net for those vacationers who do find themselves in health-related predicaments. This said, there are two public and four private hospitals available to treat visitors, as well as numerous pharmacies, dentists and wellness centres, and a number of smaller private clinics including hyperbaric chambers for the treatment of diving related health complications such as decompression sickness (TripAdvisor, 2014b; Enjoy Mexico, 2014). A cursory exploration into health, beauty and dental facilities on Cozumel undertaken using Google Maps - sites identified using the search string ‘dental/beauty/doctor/hospital near Cozumel’ – reveals a similarly ill-defined scenario with a considerable underrepresentation of the island’s health and wellness operations available to tourists relative to my own first-hand observations.

Linguistic landscapes

The linguistic landscape as a conceptual analysis was initially suggested by Landry and Bourhis (1997) “as a way of measuring ethnolinguistic vitality in Canada and is today a thriving field of inquiry documenting various socio-cultural aspects regarding languages in multilingual societies” (Lanza and Woldemariam, 2014, 491-2). Initially, the linguistic landscape was defined as the result of a combination of all language found upon public signs, private signs and advertising, as well as instances of street and other geographic place names which, through quantification, reveal both an informational and symbolic function (Landry and Bourhis, 1997). Subsequent cultivation of the concept has involved rigorous theoretical injections and an enhanced exploration into the ideological and discursive properties of language and landscape (e.g. Shohamy and Gorter, 2008; Jaworski and Thurlow, 2010a).

As an informational function, the visual structure of language instances is said to offer awareness of the linguistic and diglossic nature of a specific bi- or multi-lingual place, as well as uncover complex social frameworks between in- and
out-group members, and their territorial language boundaries (Landry and Bourhis, 1997). The arrangement of several languages, or the dominance of a particular language or dialect may demarcate a social, cultural or ethnic space, while in a more complex fashion it reveals a necessary performance of language that is essential for effective communication and interaction within a given place. Further, linguistic pre-eminence, as well as the distinction between languages of top-down (official) and bottom-up (private) signage within public space is said to expose the power and status of specific linguistic communities, revealing the authoritative hierarchies of language groups involved in these spaces (Landry and Bourhis, 1997; Ben-Rafael et al, 2006). Symbolically, linguistic characteristics of landscape may function as a marker of social or ethnographic power structures, revealing in- or exclusion of particular language groups and providing clues about institutional control, acceptance of specific language modes, and the value of languages and their users (Landry and Bourhis, 1997). For speakers of the dominant language, visible inscription may offer reinforcement of esteem, worth and social identity, while a lack of visibility may serve to debase and devalue the language and its users (Landry and Bourhis, 1997). Leeman and Modan (2009) build on this, and, following a geographical approach that views landscape as a dynamic social construction, note that instances of language in the landscape not only symbolically represent group hierarchy and status, but are borne of self-interest, identity and inter-group power relations that privilege particular world views and materialities.

While earlier studies of the linguistic landscape have been concerned with quantifying language instances in order to discern informational and symbolic functionality, contemporary reflection on the concept has ignited a qualitative spark that has engaged semiotic analysis (e.g. Jaworski and Thurlow, 2010a) and broader investigation into the discursive (e.g. Kallen, 2009) and ideological (e.g. Coupland, 2010) nature of space. Here, the linguistic landscape becomes inherently semiotic with linguistic signs and their materialities unable to be abstracted from one another or the wider discourses in which they exist and are interpreted. This reflects both an interest in the indexical nature of language in public space (the ability to point towards, or stand in for, another object or abstraction) and an importance in the multimodality of language (Jaworski and Thurlow, 2010b), as well as the significance of authorship and interpretation as performances of ideological and discursive negotiation (Dagenais et al, 2009).

In addressing the linguistic-material character of Cozumel’s pharmaceutical landscape, analysing both the informational and symbolic functionalities, as well as the semiotic and discursive nature of tourist facing advertisements and insignia, I believe the linguistic landscape concept promises a novel interpretation of healthcare (within) tourism spaces. However, while the narrative below is borne of my research positionality as a white, English-speaking foreign body in Cozumel, a geopolitical identity I share with many of the island’s vacationers (Cruise Lines International Association, 2015), it is important to acknowledge that the Cozumel tourist is not a homogeneous subject and may embody diverse, multiple and
overlapping racial, abled, sexual and gender identities which will influence experiences and interpretations of linguistic and broader landscapes. With this in mind, and with acknowledgement of my interpretative position, I believe that the linguistic landscape framework allows for a nuanced understanding of touristic interpretation and experience within this public space, as well as an analysis of the (overlapping) discourses of sign production, adding to current knowledge concerning tourist encounters with the medical in wider spaces of tourist consumption.

While I must be aware of towards whom the signs under interpretation have their directive, their place within the wider landscape, and the assemblage of semiotic systems and discourses in which they may be active, the construction of a tourist narrative provides an active reminder that semiosis takes place within a sphere of active perception and interpretation from an implanted vantage (Chmeilewska, 2010) and within multiple embodiments. This enables one to avoid classical semiotic abstraction of the sign, failing to account for (the tourist’s) dynamic engagement with places as well as individual identities, corporeal contextualities and spatio-temporal histories that facilitate the interpretation of signs (see Hult, 2009). Incorporation of this awareness into the present analysis of Cozumel’s pharmaceutical landscape pushes me to focus upon the heterogeneous corporeality of the tourist as an active participant in the landscape, interpreting encountered signs through a perceived geopolitical identity and associated historicity. This approach provides a novel departure from existing linguistic and semiotic landscape scholarship which is often dominated (perhaps without greater thought) by the researcher’s objective position.

**Linguistic landscapes of Mexico and healthcare**

As a maturing catalogue of research reveals, the linguistic landscape concept has been well utilised in the exploration and interpretation of numerous diglossic places. However, while the concept has been well deployed in the investigation of tourist areas (e.g. Kallen, 2009; Moriarty, 2012), it not been well applied to either the Mexican or healthcare contexts, with a few notable exceptions. Investigating the linguistic landscape of the Mexican border town of Reynosa, Martínez (2003) explored the changes in language structures found on commercial signage. He argues that processes of global consumerism in the town are “rapidly changing the linguistic landscape by introducing English structures into spaces not traditionally identified with English speaking consumers” (Martínez, 2003, 59) as well as fuelling the creation of “innovative morphologies” (Martínez, 2003, 64) in areas of higher capital. Jumping the border, but continuing his work within English-Spanish diglossic space, Martínez (2014) examined the linguistic landscapes of healthcare in Hidalgo County, Texas. Using photovoice as a participatory action research method, Martínez (2014) found that “it is evident that the [linguistic landscape] in [these] healthcare facilities is more than a mere backdrop to the experience of linguistic inequality that occurs within that space.
The [linguistic landscape] is a spatial practice that constitutes unequal power relations in clinical spaces and that creates a subordinated position for Spanish speakers in these spaces” (2014, 22).

Also focusing on healthcare, Schuster (2012) investigated multilingual signs and language accessibility within the linguistic landscape of Hadassah Hospital in Jerusalem, a facility which caters to Hebrew, Arabic and English speakers. This analysis revealed the hospital to be inconsistent in its representation of languages, with directive and prohibitive signs being found in tri-lingual format, but others (especially older signs) lacking English or Arabic representation. While Martínez (2014) argued for what might be considered an ideological subordination of particular language speakers within the healthcare landscape, Schuster suggests that perhaps “non-accessibility is not a matter of deliberate power ideology against language minorities, but rather a concept that visitors could manage with Hebrew-only signs” (2012, 322).

While Martínez (2014) and Schuster (2012) have each offered an understanding of the internal linguistic landscapes of medical institutions, healthcare and health practices continue to exist outside of institutionalised space. This current analysis contributes to a broadening of knowledge concerning healthcare linguistic landscapes by expanding the area of analysis outside of the institution and into the public sphere. By analysing external pharmaceutical signage, this investigation vacates the aforementioned spaces, offering an insight into how medical and associated signage plays out within the public streetscape to draw those viewing it inside. With this in mind, the following illustrates my methodological process for exploring the linguistic landscape of pharmacies in San Miguel’s central tourist enclave.

Methods

To undertake this analysis of Cozumel’s pharmacies, which were selected for their ease of access, visibility and commercial nature, I visited the island for a period of one month during March 2015 as part of a wider data collection trip. During this time, and consistent with the dominant ethnographic approach in linguistic landscape studies, I observed and visited many of the healthcare establishments in San Miguel, including numerous pharmacies. To supplement my observation, I took extensive photographs of the interiors and exteriors of as many of these sites as possible, as well as any street signage such as sandwich boards. It is important to note that, because this interpretation of Cozumel’s pharmaceutical landscape is positioned from the eye of the international visitor, pharmacies contributing to this analysis were limited to the area of San Miguel most frequented by visitors to the island (approximately one block south and ten blocks north of the Punta Langosta cruise ship terminal, and three blocks eastward from the water). While it feels somewhat remissive to ascribe such analytical-geographical limits to an openly porous space, this areal delineation places the landscape of analysis
firmly within San Miguel’s public sphere (Habermas, 1989) and “central area” (Ben-Rafael, 2009, 41) of socio-touristic activity.

Map 1: Map showing Cozumel Island’s main tourist area and pharmacy locations.

Upon returning from the field, my photographs were sorted and 35 images representing 17 individual pharmaceutical establishments were selected for analysis. These photos revealed only the exterior signage and storefronts of these establishments, which was intentionally established as the focus of analysis. To start the analytic process, I engaged in a consultative dialogue with six colleagues (two of whom had accompanied me to Cozumel) to co-identify themes and indexical references emerging from the images, as well as confirm interpretations. However, remembering Chmeilewska’s (2010) reflection on the importance of the individual, corporeal body, its implacement within the landscape of analysis, and subsequent dialectical realities of interpretation, I later decided to dismiss any
original commentary from colleagues who had not spent time upon the island, relying on their insight only for reification of ideas. If I was to construct a reliable replica of the Cozumel touristic experience, stressing the importance of phenomenological engagement with the linguistic landscape, I wanted to be sure that my account was credible. Following this dialogue, I compiled its interpretive insight, alongside my observational fieldnotes and multiple readings and re-readings of the 35 images of Cozumel’s pharmaceutical signage to construct an appropriate landscape analysis. The following section details an interpretation of Cozumel’s pharmaceutical linguistic landscape through the analysis of a number of features found within San Miguel’s touristic centre, as they can be observed, affect, and provide experience to, the foreign visitor.

San Miguel’s pharmaceutical linguistic landscape

![San Miguel’s main tourist boulevard. Many stores are closed as no cruise ships were docked this day.](image)

The town of San Miguel sits upon the western coast of Mexico’s Cozumel Island, the main boulevard (Figure 1) looking out across the watery expanse towards the Yucatan Peninsula and the growing tourist Mecca of Playa Del Carmen. Visitors to San Miguel are voluminous (Secretaría de Turismo del Estado de Quintana Roo, 2015): they arrive daily by ferry from Playa Del Carmen to take in the peaceful small town vibe, by aircraft to snorkel, dive and relax, and by cruise ship (Davis, 2014a) as one of many stops on a Caribbean vacation departing from
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Texas or Florida. The town’s aesthetic provides a concrete middle-zone, somewhere between Mexico’s bustling and built up metropolises and its dusty, halcyon towns. The main tourist quarter, home to the central ferry and cruise terminals, stretches roughly ten blocks along the western coastline from north to south, and three or four blocks east to west. It is not difficult to see that despatialising processes have been active here, market forces and global capital driving to separate the built environment from historically rooted space (Wood, 2000): Starbucks is not challenging to spot, nor Hooters restaurant or a plethora of enterprises owned by international investors and cruise lines such as Disney or Princess. Chmeilewska notes that establishments such as these within tourist landscapes “act as orientating markers, signposts that allow to create and negotiate … space of familiarity within … foreign territory” (2010, 279). Like Martínez’s (2003) Reynosa, English language is prominent within San Miguel’s linguistic landscape, a participant in the hegemonic project which serves to elevate English as the dominant language of global capital. Hence, the perception of tourists as powerful economic agents drives linguistic landscape construction in places such as Cozumel, and local strategies of linguistic inclusion reveal the work of international tourism discourses that push to imbue such spaces with “values such as international orientation, modernity, success, sophistication [and] fun” (Cenoz and Gorter, 2009, 57). Further, this privileging of English within the landscape reveals the power of tourist ideologies to actively subordinate and silence local linguistic identities in the pursuit of capital (Jaworski and Thurlow, 2010b).

Each day, as shiploads of new vacationers saunter around San Miguel’s tourist area, their auditory and visual senses will encounter a bombardment of touristic signage and resonant merchants; glances and gazes flutter between shops and hawkers instilling awareness of the multitude of souvenirs and experiences which can be bought as a lasting memoir of their moment of respite. And within this landscape of aural, linguistic and visual artefacts, proffering sombreros, tequila and snorkelling excursions as material and experiential expressions of Cozumel, one may find the medical standing strong amongst the mementos.

One of the more visible signs of the medical within San Miguel’s tourist landscape are the plenitude of boutiques espousing themselves as a ‘drugstore’ or ‘pharmacy’ (Figure 2). The somewhat epithetic ‘farmacia’ (sometimes ‘multifarmacia’), one of the more striking instances of Spanish in the pharmaceutical (and wider tourist) landscape, often sits floridly above its English counterpart. Typically, this duplex-title does not denote an official store name but offers a statement of the establishment’s retail ‘genre’ (Bex, 1993, 719). However, this linguistic parallel can be understood as more than a categorical position. Prior to its association with medicine, this bilingual sign offers the tourist “an immediate sense of transcendence from the mundane, and a token of authenticity in the new surroundings … [while] simultaneously providing the tourist with a comprehensible linguistic experience” (Kallen, 2009, 271). Further, the positioning of Spanish text above English may act to elevate the former to an idealised status –
a reification of the exotic for visitors as well as a nod towards local culture and identity (Coupland, 2010; Van Leeuwen, 2005). Very few pharmacies within San Miguel’s tourist area fail to conform to this dual naming convention. It is obvious, however, that the English denomination is prioritised as it is found bold in contrast to the signs of surrounding merchants. This ubiquitous presence of English among the island’s pharmacies signals these stores are deeply engrained in an history and culture of globalised tourism – one in which the tourist has become the primary consumer and the ability to ensnare their business can lead to make or break. For

![Figure 2: A pharmacy in downtown San Miguel.](image)

visitors, there are no complexities involved in deciphering the nature of these establishments. This distinct and direct use of English signage indexes both a known entity and a familiar service, as well as offering an indication of the ability to conduct business in English (Landry and Bourhis, 1997), although this should not always be assumed (Sebba, 2010). While this may be enough to coerce the traveller into medical purchasing, in concert, it is the accompanying Spanish that may help to pique a curiosity about purchasing pharmaceuticals in Mexico. Here, the tourist encounters a complex interpretative moment in which the fundamental meaning behind the sign (this is a pharmacy) becomes intertwined within a weave of discursive meaning, media and myth of Mexico, fuelling an inquisitiveness about the availability and legitimacy of that which might be purchased inside.

As the visitor navigates the short blocks of San Miguel, they may observe the typographic nature of drugstore signage appears to be in mimicry: red or blue
capital letters, bold in font, transcribed overhead or upon storefront glass panels. While the signs’ typographic design underscores a middle ground of modern professionalism, their low-technology inscription indexes the classical Mexican rótulos, hand painted signs that emanate the jaunty and festive nature of the island while simultaneously offering themselves as an authentic cultural artefact. Viewed side-by-side in retrospective photographic form, it is easy to see the small discrepancies between singular instances of these typographic instances. But for the tourist, as their movements throughout the landscape offer inquisitive yet fleeting glances in all directions, these discrepancies in the text may not be become apparent. This perceived repetition of drugstore signage may not only serve to elevate awareness of pharmaceutical establishments within the tourist’s spatial consciousness, but also create the appearance that establishments branded in such a way belong to a larger, and perhaps more legitimate and quality franchise. Following Goffman’s (1963; 1981; in Ben-Rafael, 2009) principle of ‘presentation of self’, this repetition qua legitimacy of storefront signage indicates the proprietors’ participation in a ‘collective identity’, both with each other and with potential customers. Here, sign repetition enables commercial actors to present advantageous images of the self in order to attract clients. By closely mimicking the composition of fellow pharmaceutical establishments, this motif aids in espousing the (collective) legitimacy of practice in opposition to their more informally presented competition, as well as attempting to identify with the tourist’s expectation of acceptable healthcare through the use of modern design and typefaces.

Alongside these eye-catching signs (sandwich boards, windows and walls, and tethered canvas sheets) there exists another common feature of Cozumel’s pharmaceutical landscape: lists of medications which may be procured from the vendors inside the displaying establishments (Figure 3). These lists are often arranged alongside promotion for casual souvenirs, confusing previously known realities of the pharmaceutical with cultural and economic expectations of the Mexican tourist landscape. Specific types of medication appear to have been highlighted in consideration of Cozumel’s expected touristic reality – of obvious demography and wanton pornography. Pharmacy walls and windows are prolifically marked with the names of medications that are both difficult to obtain as well as those that are recognisable and sought-after as the result of direct-to-consumer-advertising in the United States (Frosh et al, 2010). This medley of medical availability suggests that Cozumel’s pharmaceutical vendors are active participants in the characterisation of Mexico as a place to access controlled substances, and simultaneously cognizant of specific consumer demands for pharmaceuticals amongst foreign populations. This is further acknowledged by
consistent referral to medications by their popular brand name, despite the fact that the proprietor may only sell the generic form, revealing an understanding that generic pharmaceuticals often suffer from negative perceptions concerning safety and efficacy (Hassali et al, 2009). Almost all pharmaceutical establishments within San Miguel’s tourist landscape displaying drug lists do so in the form of hand-painted rótulos or the output of low technology printing, techniques which allows for easy alteration as market trends ebb and flow. Further, this production technique enables vendors to consort with the wider tourist community and affiliate with its values (Backhaus, 2006), revealing a casual- and/or playful-ness which portrays medical purchases as a normalised part of the whimsical tourist experience, offering the tourist a chance to become a conscious consumer in control of their own healthcare priorities, just as they are in their recreation.

**Figure 3:** A list of medications available at a pharmacy.
Like the primary signage above, recognition of these familiar medications may engender curiosity within the visitor. Can these low technology or more simplistic representations of pharmaceuticals, which often play an important part in peoples’ lives, really be promoting the authentic product? Myth and media often remind the consumer to be wary of Mexican medication (Weber, 1999; Melville, n.d.; Food and Drug Administration, 2016). The discursive expectations of holidays abroad enable vacationers to believe that touristic souvenirs often come in the form of kitsch accessories: “cheap, mass-produced, and crudely made” (Lasusa, 2007, 274); a position which may produce an initial doubt regarding the legitimacy of these seemingly easily available medications. However, this representation of internationally regarded pharmaceutical brands may also construct a moment which encourages the tourist to discover whether these medications might be offered, not as underwhelming replicas, but as products with authenticity and legitimacy. Branding, here, affords a moment of colliding discursive knowledge, an offer of more than that which it signals (Kallen, 2010); not only does the promotion of branded medication help to associate the vendor with a professionalism and authority located within the realm of international medicine, but it may provide for the tourist a recognition of routine familiarity, home life and the realities of medicated living. It is this perception of the familiar that may lead the tourist towards an exploration of legitimacy and to discover an ability to fulfil their needs.

Figure 4: Imagery representing the medications and other items which may be purchased in store.

Elsewhere, increased production value finds pharmaceutical lists transfigured into window decals imitative of the medical products available for
purchase inside (Figure 4). While only found on two of the pharmacies in San Miguel’s tourist area, it is an interesting micro-phenomenon reinforcing the belief that visitors to Cozumel have a desire to purchase pharmaceuticals. At face value, these images (and the text contained in them) reveal a presentation of self in line with San Miguel’s broader pharmaceutical identity, yet their higher production standards serve to set these vendors apart from their competition. While the inscription of a brand name on competing pharmacies might provide a familiar sign for the glancing tourist, an image of the product is not only a more familiar icon that indexes visitors’ medical histories, but they may also work towards a more promising legitimacy – what you see is what you get. Here, assurance of the product’s legitimacy is offered through its association with a familiar object from home. By revealing to prospective clientele imagery of pharmaceuticals as they may be intimately known to them, these innovative vendors compress the space between holiday and habitat, reminding potential customers of the healthcare complications of everyday life while simultaneously providing a potential for a small part of their Cozumel respite to become part of daily routine. Representative and reminding of the complexity of medicated lives, these imitative decals become indexical of more than the medication depicted: accessibility, scheduling and effect. Here, the familiar blister-pack, bottle or box nudges at complex spatio-temporal histories, playing upon individuals’ specific interactions with, and narratives of medication. For some, this moment may provide a legitimate alternative to the potentially difficult, embarrassing or expensive experience of obtaining pharmaceuticals in the visitor’s own health system: an offer of increased agency and control over one’s own prescriptive course of action.

For those establishments that do not offer linguistic or pictorial representations of well-known pharmaceuticals, an attempt to draw in the casual tourist may be found in the repetition of specific terms or phrases not typically associated with the pharmaceutical industry. While the surrounding souvenir emporiums rely almost wholly upon cultural and consumptive exclusivity to move holiday mementos, some pharmaceutical signage provides a novel departure from this, offering to the potential customer promises of value or discount medications (Figure 5). This labelling, at the surface, offers that pharmaceutical purchasers will encounter lower product costs; a juxtaposition with typical Western healthcare establishments, which, from the position of many of Cozumel’s visitors, may provide pharmaceutical goods and services that are far from discounted or value orientated (Briesacher et al, 2007; Klein et al, 2004). However, these exclamations of value or discount are an apt reality of the multiplicity of discourses in which these signs are constructed and interpreted. While such statements may have been devised in order to proffer cost saving that can provide real day-to-day economic relief, the function of this push towards frugality is multi-connotative. Here, words such as value and discount appear to communicate parsimonious sentiment, but can concurrently serve to devalue the products sold in store as certain discursive knowledges may find customers associating the claim of cheaper products with lower quality (Dodds and Monroe, 1985), thus revealing an issue of compatibility
in attempting to market healthcare as simultaneously low cost and high quality (Crooks et al, 2011).

Another familiar statement within the pharmaceutical landscape of San Miguel, tourists may find themselves questioning the phrase “prescription and not prescription” as it stands out upon many signs (Figure 6). A unique maxim, this phrasing is repeated myriad times upon the signs and windows of pharmacies, offering to potential customers a confusion in interpretation. Ascribing vendor intent, this phrase may simply extend the qualification that inside the establishment, patrons may purchase pharmaceuticals that both do, and do not, require a prescription – a simple statement of medication availability. And this may certainly be the case for some vacationers as they absorb the environment around them. But, following Chmeilewska (2010), we known the implaced tourist perceives the signs around them through the lens and embodiment of time, history and context. Here, existing discursive imaginaries which may produce Mexico as a space associated with corruption (Transparency International, 2013), in which regulations are shirked and rules may be broken sans consequence, suggest the possibility that “prescription and not prescription” signals to the visitor an ability to purchase any pharmaceutical one requires or desires, possessing prescription or not. Similar to interpretations above, the signage may advance notions of opportunity and choice, begetting the tourist a new healthcare autonomy, an opportunity to make personal choices about the pharmaceuticals they wish to

**Figure 5:** A pharmacy positioning itself as *value.*
medicate themselves with, in a mind-set which enables escape from the prejudice or judgemental eye of the familiar physician or pharmacist. This conjures to mind images of a similar scenario found within medical tourism research – the long-suffering patient who makes the individual choice to travel abroad to seek surgical respite despite advice or lack-lustre support from doctors at home (Crooks et al, 2010).

Figure 6: A sandwich board stating “prescription and not prescription”.

A further attempt to foster interest in pharmacies as spaces of consumption finds the mainstream alongside the pharmaceutical. This comes in the form of internationally recognizable logos or symbols which “depend on the construction of myths and fantasies for the consumption of fleeting masses of tourists” (Jaworski and Thurlow, 2010b, 18). Recognisable brands such as Coca-Cola and Heartbrand ice cream are oft-represented alongside hand painted and printed indications that purchases may be completed using Visa or Mastercard (Figure 7), each helping to organise tourists’ “gaze around well defined and well-recognizable markers of space” (Jaworski and Thurlow, 2010b, 18). Like the aforementioned banners denoting the farmacia/drugstore, this branding offers to the tourist a familiar entity while the production techniques accommodate a desire for the exotic (Spolsky, 2009; Jaworski and Thurlow, 2010b). However, unlike primary signage suggestive of participation in a collective-identity, these global symbols appear to be employed as an advocate in enhancing the authenticity (Leeman and Modan,

2009), status and legitimacy of those establishments brandishing them (Ben-Rafael, 2009); they are symbolically constructing themselves as entangled and participatory in the globalised world (Jaworski and Thurlow, 2010b). This display of recognisable international brands promotes for the pharmacy a conjoined legitimacy in which the medical product gains validity through association with a trusted international brand such as Cola-Cola. These signs offer to the viewer and chance to see these boutiques, and the products they sell, as more-than-Mexico, to relate to them as a global entity within which international standards will be met and held onto.

Figure 8: An example of the information displayed on the front of some of San Miguel’s pharmacies.

A similar yet more esoteric index of accountability is the public display of information that may include the establishment’s pharmacist, the university at which they undertook their study and their professional certification number (Figure 8), although these features are not ubiquitous among Cozumel’s pharmaceutical establishments. Standard practice dictates that healthcare professionals in Mexico must display these credentials, and in Cozumel’s pharmaceutical landscape this feature enables one to determine those pharmacies that employ trained pharmacists capable of recommending and administering medications, a practice which is not essential to operating a pharmacy in Mexico (Homedes & Ugalde, 2013). However, without prior knowledge, the tourist may find these features to be an undecipherable marking upon the storefront. But while
the translation (both alphabetic and numeric) may be unclear, their face value appearance suggests a marking of ‘top-down’ origin revealing a degree of public regulation (Landry and Bourhis, 1997), and in turn offering qualification of legitimacy, authenticity, safety and quality. The mere appearance of these mysterious qualifiers may connote an assurance of professionalism, an affordance of accountability and a recognition that the displaying vendor acknowledges and meets a specific set of authoritative standards. For viewers, the sight of these regulatory signs may serve to contradict previously constructed ideas about the liberal nature of pharmaceutical regulations in Mexico, and in turn the perceived dangers of Mexican pharmaceuticals. Further, the inclusion of this official script may serve to construct a binary between those establishments who do and do not display this information, however, it is unlikely that the casual tourist will notice this discrepancy until they attempt to purchase controlled substances (Homedes & Ugalde, 2012).

Figure 9: Drugs & Deli pharmacy in Punta Langosta.

As the end of the day approaches, tourists scattered amongst the various spaces of San Miguel, as well as the wider landscape of Cozumel, find themselves at the conclusion of their ambulatory excursion. While some retreat to their hotels, apartments or the cross-channel ferry, many will return to their cruise ship through the shopping mall-like linearity of Cozumel’s Punta Langosta cruise terminal. A return to Punta Langosta signals a transitional return to the ship; the landscape morphing from the colonial, chaotic and colourful towards a stark and systematic
minimalism. As the cruiser heads from the lower floor of the complex towards the upper level from which they can board the ship, they may perceive the pharmaceutical landscape morph from the nostalgic charm of small town Americana into a white space aligned with the austere chastity of sterilized healthcare and the playfulness of seafaring modernity. Here, San Miguel reveals its penultimate push towards pharmaceutical consumption. As the cruise tourist takes a final glance around Punta Langosta’s lower level, pharmacy signage plays upon an imagined past, a sign indexing a nostalgia for simpler times in the United States. Suggesting this nostalgic charm is the Drugs & Deli pharmacy (Figure 9), the only medical retailer in San Miguel’s tourist zone to circumvent the aesthetic and simplistic naming conventions of its commercial peers mentioned above. Ornamented above the door hangs a large sign displaying the name Drugs & Deli which has been fabricated to replicate the design aesthetic of a mid-20th century American drugstore, albeit the product of high technology materials and machinery. Again, the familiar is the agent. For tourists encountering this establishment, the aesthetic of the sign explicates an alignment with values often associated with bygone times while its material and production standards connote quality. Thus, within a discursive fabrication of nostalgia, this sign “exiles [the viewer] from the present as it brings the imagined past” (Hutcheon and Valdés, 1998, 20), pushing to align this pharmacy with a trustworthiness and quality that are believed to have disappeared from contemporary life while simultaneously suggesting that these vanished qualities may exist inside.

Figure 10: Pharmacy in Punta Langosta at San Miguel’s cruise port.
Continuing upwards into the terminal, visitors will note that Punta Langosta’s upper level embraces modern American materialism: an aesthetic revealing a white, sea-sculpted bizzaro reflection of the ship from which they disembarked earlier, as well as a final chance for the purchase of physical memories of time on shore. Unlike the colourful and fancifully decorated stores that line the streets of San Miguel’s tourist area, the boutiques in the upper level of Punta Langosta are of a more professional and stark aesthetic. Here, there is an attempt to reference the tourist’s recent spatio-historic encounter of the cruise ship in which frivolity and unfettered play encourage consumption without risk—a discursive re-establishment of the laissez faire experience of the cruise holiday prior to actual immersion in the space of the ship. The hope here is that the tourist, for whom the cruising experience has equipped with a spirited enthusiasm for shameless and undiscerning consumptive practices, may be reintroduced into this mind-set as they take their final steps on Cozumel through Punta Langosta. Taking advantage of this carnivalesque inversion of the boat, the cruiser’s final encounter with commerce on the island is (unsurprisingly) the chance to make a crowning pharmaceutical purchase from a drugstore which appears in opposition to all others (Figure 10). In keeping with the aforementioned minimalism of Punta Langosta’s upper deck, this store offers an aesthetic indexical of the high-quality production values of the international cruise industry and the sterile environs of high-tech, high-cost and high-quality healthcare. Labelled simply as “pharmacy”, the lack of a primary Spanish equivalent reveals the store’s commitment to English speaking tourists and an attempt to align with the international standards and professionalism of the contemporary cruise industry. This signage, in modern, blue, professionally constructed letters lacks the more bombastic storefront regalia of its competition, such as pronounced medication advertising or alignment with global brands. It chooses only to rely on a catchphrase (unseen on any other establishments) that simply states: “the one you can trust”. This statement, like other signs in San Miguel’s pharmaceutical landscape, is indexical of mythologies concerning legitimacy and safety in Mexico. However, while other stores within the landscape are attempting to define themselves as legitimate in the face of cultural perceptions, the catchphrase and aesthetic of this pharmacy work differently. Dually, they serve to construct a legitimacy and trust binary that pushes to divorce from and delegitimise the local competition, while offering an identity built upon intertwining discourses of contemporary American medicine and modern cruising. The desire of this signage and aesthetic is to be indicative of higher and better standards and practice, seeking to show that they provide a safe and superior product (duplicate to what one might expect at home). However, whether or not this binary of values and ideals, and final reminder of the redress of real-life, is attractive enough to persuade the cruiser to purchase medications is an avenue for further research.
Conclusion

This article, via a narrative of the holiday excursionist, has analysed the pharmaceutical landscape of San Miguel on Mexico’s Cozumel Island through an examination of 35 photos representing 17 pharmacies. At face value, the pharmaceutical features of San Miguel’s tourism precinct appear to be enmeshed within discourses that facilitate broader touristic landscape construction as well as expected consumptive practices within the town. Here, approaches to linguistic and material presentation of storefront signage index conventional touristic desires for respite and relaxation, enjoyment and excitement. Simultaneously, this signage also plays upon cultural beliefs that position Mexico as a destination offering consumers a frivolity in their spending though enhanced product accessibility and reduced costs. Further, insignia that gives identity to pharmacies, and helps advertise the products available inside, appears to blend and engage with the surrounding tourism activity, promoting medicinal goods as a kind of souvenir alongside myriad gifts and trinkets symbolic and self-affirming of the tourist experience (Lin and Wang, 2012). In this light, the medical becomes part of the tourist landscape, a consumer experience which presses to offer tourists that which might not be available at home and/or a memento of their trip abroad.

Experience of landscape is complex, however, and following the tourist has provided a novel lens in understanding how the pharmaceutical features of San Miguel might be encountered and comprehended as more than a memento of respite. Cognizant that individuals’ spatio-temporal histories act as modifiers of their contemporary experience, the tourist narrative suggests that while the pharmaceutical is presented as a souvenir, the symbolic interpretations of these medical expressions are not static. While the souvenir acts as an exciting reference for static memories of spatial experience, the tourist may find that signs of the medicinal symbolise more than a holiday abroad or a product to purchase. They can offer visions of a particular future: visions that are reliant upon individual identities, embodiments and histories, as well as notions of familiarity, home and health, and the construction of an autonomous, curious actor. However, although it has been revealed that San Miguel’s pharmaceutical landscape may offer burgeoning control over one’s medicative practices, how this may play out is entangled between individuals and their beliefs about legitimacy and trust in Mexico and of the products that are on offer. If legitimising practices are accepted, visitors to San Miguel may find themselves able to produce new forms of agency and power over personal health and healthcare access, while extending new trajectories for individual health outcomes.

Pharmaceutical and other healthcare establishments that operate within established tourism destinations fill an interesting space within the tourist landscape. This article, through an analysis of the linguistic landscape of pharmacies in San Miguel, has provided an introduction for understanding how healthcare consumerism operates within places more commonly known for their tourism appeal. However, while offering transferability through contextuality, this
exploration sits firmly within my own interpretative imagination and does not serve to speak for the multiplicity of distinctive identities and bodies welcomed onto Cozumel Island each day. Thus, space is left for future research to expand upon my observations through empirical engagement with a less hypothetical visitor (of myriad embodied, contested and overlapping racialized, abled, gendered and sexualised realities) as well as with those who own and work within these myriad pharmaceutical establishments.

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