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An ethnographic study of ‘touristic escapism’ and health vulnerability among Dominican male tourism workers

José Félix Colón Burgos^a, Mark Padilla^b, Andrea Nuñez^b, Nelson Varas-Díaz^b, Armando Matiz-Reyes^c

^aCenter for Research on US Latino HIV/AIDS and Drug Abuse (CRUSADA), Robert Stempel School of Public Health and Social Work, Florida International University, Miami, FL, USA

^bGlobal and Sociocultural Studies, Florida International University, Miami, FL, USA

^cKimberly Green Latin American and Caribbean Center, Florida International University, Miami, FL, USA

Abstract

Health research on tourism has expanded over the past two decades, focusing on understanding how the social, economic, and political configuration of tourism zones might contribute to health vulnerabilities among the diverse populations that interact in these areas. While there are few studies of HIV and drug use interactions in the region, research has indicated that these two outcomes are often interwoven in tourism zones, potentially producing ‘syndemics’ of HIV infection and problematic drug use. One framework that has been used in public health research on tourism is one that we refer to as touristic escapism or situational disinhibition that may be heightened for some tourists while on vacation, potentially leading to the abandonment of normative constraints on behaviour and contributing to health risks such as unprotected sex or binge drinking. In this article, we draw upon tourism theory and ethnographic research with male tourism workers employed in two popular tourist areas of the Dominican Republic to explore whether touristic escapism offers insights in understanding health vulnerabilities within tourism spaces.

Keywords

Tourism escapism; tourist workers; tourism and health risk; Caribbean tourism; Dominican Republic

Introduction

The Caribbean is the region with the highest HIV infection prevalence rates outside of sub-Saharan Africa (Joint United Nations Programme on HIV/AIDS, 2017a). In 2016, the

CONTACT José Félix Colón Burgos, jcolonbu@fiu.edu Center for Research on US Latino HIV/AIDS and Drug Abuse (CRUSADA), Robert Stempel School of Public Health and Social Work, Florida International University, KG-LACC 11200 S.W. 8th St., Modesto A. Maidique Campus, DM 353, Miami, FL, 33199, USA.

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Caribbean region accounted for 18,000 of the new HIV cases globally (Joint United Nations Programme on HIV/AIDS, 2017b). The Dominican Republic (DR), with an adult HIV prevalence rate of 1% (UNAIDS, 2018), has the second highest number of people living with the virus (67,000 people living with HIV) in the Caribbean, following neighbouring Haiti (150,000 people living with HIV) (UNAIDS, 2018). The epidemic is concentrated in particular populations, such as sex workers and men who have sex with men (Joint United Nations Programme on HIV/AIDS, 2017b).

Tourism is the primary contributor to the gross domestic product (GDP) in the DR (Banco Central de la República Dominicana, 2018). In May 2018 alone, a total of 434,701 foreign tourists visited the DR (Banco Central de la República Dominicana, 2018), with most of them coming from North America (252,309) and Europe (93,531). In 2017, a multi-national tourism council estimated that the tourism sector represented 17.2% of the country's GDP and contributed to 678,500 direct and indirect jobs (Turner, 2018). However, these figures underestimate the actual impact of this economic sector, since thousands of individuals work temporarily or intermittently in the informal tourism sector, selling arts and crafts, providing informal tour guide services, or providing access to illicit markets such as drugs and sex for tourists (Cabezas, 2009; Gregory, 2007; Padilla, 2007). Since tourism is one of the most important economic sectors in the DR, there is an urgent need for focused research on the ways that tourism can produce scenarios of elevated health risks, in particular for HIV/AIDS and problematic drug use.

Public health and epidemiological studies have reported significantly higher levels of sexual risk behaviours among tourists while they are on vacation in comparison to their home communities (Clift & Forrest, 1999). Tourists have been shown to have higher levels of sexual activity/intercourse (Bellis, Hale, Bennett, Chaudry, & Kilfoyle, 2000; Pritchard & Morgan, 1996), and lower use of risk reduction behaviours such as condoms (Bellis et al., 2000), while on vacation – a pattern that has also been documented in prior studies in the DR (Padilla, Guilamo-Ramos, & Godbole, 2011). Research in the DR has also consistently demonstrated that while condom use may be relatively high among tourists when they hire sex workers, more intimate relationships tend to provoke reductions in the rates of condom use, and these relationships can develop rather quickly from an initial sexual-economic exchange within tourism environments (Kerrigan et al., 2003, 2006; Kerrigan, Moreno, Rosario, & Sweat, 2001; Padilla, Guilamo-Ramos, Bouris, & Reyes, 2010). Some researchers have argued that tourism can produce conditions in which tourists experience a situational disinhibition from normative frameworks that guide behaviour, such as condom use during sex with an unknown partner (Mckirnan, Ostrow, & Hope, 1996), a perspective which has been described as ‘touristic escapism’ (Padilla et al., 2011).

One of the problems with current research in this area is the lack of theorising around concepts such as ‘touristic escapism’ in relation to health. In the present study, we use *touristic escapism* as a heuristic, rather than a taken-for-granted phenomenon; our goal is to use this as a starting point for our research and to use ethnographic research to determine the extent of its explanatory power. Our approach is also broad in scope, as we explore the utility of the concept while examining the structural and psychosocial processes that may undergird it.

Our focus is unique in the sense that most health-related studies of tourism prioritise the tourists themselves, underestimating the impact of tourism on local populations working or living within tourism zones. Participants in this study were Dominican men employed in the tourism industry (formally or informally), with whom we engaged in interviews about how tourism shapes people's behaviours or moral perceptions, and how this ultimately might affect health. Our focus on tourism workers extends consideration of the impact of tourism on public health in regions such as the Caribbean, where vast populations of locals are employed in this single industry. Tourism theory offers a means to reconceptualize the touristic experience within a broader frame, and a means to ground constructs such as escapism within the realities of the tourism encounter.

Conceptually, our project was informed from the outset by macro-level structural theories of health in the field of critical medical anthropology, mainly as they have been applied to marginalised groups (Bourgois & Schonberg, 2009; Farmer, 2006; Singer, Valentín, Baer, & Jia, 1992). These theories highlight the role of differential power in social and material conditions as significant determinants of health at both macro-structural and micro-interactionist levels. However, while such structural frameworks offer key insights, public health scholarship has lagged in theorising the psychosocial processes by which health vulnerabilities may be generated (or mitigated) within touristic settings. We thus draw on sociological perspectives within tourism studies, in particular, the work of Dean MacCannell, a theorist of tourism, to consider the potential for the various kinds of exclusions and fantasies that may structure the touristic experience, and which may facilitate some negative health behaviours for both tourists and locals. A key feature of MacCannell's work is the notion of tourist fantasies of border crossing based upon certain *exclusions and differences*. Tourist imagery is constructed intentionally to exclude images that disrupt the ego-fulfilment of the promised experience of travel. Locals are typically excluded from most tourism marketing, with the occasional exception of those 'who are there to serve the tourists: chefs, guides, hotel workers, cab drivers, etc.' (MacCannell, 2011, p. 187). The typical tourist image of a beach resort, for example, often depicts the isolated tourist experiencing a vast landscape of tropical symbols – beach, sand, and sun – and is pictured relishing in this exotic, different, or extraordinary place (MacCannell, 2011). Caribbean social scientists of tourism have similarly pointed to the importance of racialized, eroticized imagery in the construction of a collective fantasy of 'sun, sand, and sex' that drives much of the Caribbean advertising and informs services marketed to tourists (Kempadoo, 1999; Mullings, 1999). These images are not necessarily regarded by all tourists as 'real', but they represent the 'perfect image of tourist fulfillment' (MacCannell, 2011, p. 186).

As MacCannell and other tourism theorists acknowledge (e.g. Urry, 2002) much of the tourist experience is constructed around the notion of normative or moral differences that may alter the behaviour and meaning-making of the tourist: 'local normative variation is the basis for a tourist's experience of difference and otherness' (MacCannell, 2011, p. 212). Tourists may even experience 'normative confusion', potentially leading some to 'cross the line' into behaviours that are out of the ordinary, violate local senses of morality, or even are destructive of self or others (whether intentional or not) (MacCannell, 2011). MacCannell argues that one of the most extreme expressions of this involves what he refers to as 'transgressive entitlement', in which local moral codes 'count for nothing, [Tourists] get

intoxicated, out of their minds, pick fights, defecate and copulate in public, and go naked' (MacCannell, 2011, p. 222). While not all tourists behave in this fashion, MacCannell (2011) argues that,

certain touristic environments are intentionally constructed as opportunities for normative abandonment and the pursuit of an alternative, if temporary, moral universe. There is no more intricate parallel moral universe than the one being constructed for tourists, where a fantasy spectacle of difference without risk of sanctions is proffered as entertainment: 'What happens in Vegas stays in Vegas' (p. 214).

MacCannell's work thus invites us to expand notions such as 'escapism' to consider the broader moral and symbolic systems that precede tourists' travel, are based on fantasies of racial or other social differences and may contribute to unique patterns of behaviour and perception while on vacation.

In MacCannell's analysis, however, local tourism service providers are somewhat tangential to the analysis. In our project, we inverted his focus to ask whether and how local tourism workers might perceive or experience something akin to escapism, simply due to their participation in touristic spaces and interactions with tourists. We find that Dominican tourism workers recognised several features of what we cautiously term *touristic escapism*, in the sense of tourists' abandonment of certain normative constraints and a tendency to cross moral and behavioural boundaries. They felt strongly that the structure of the Dominican tourism industry facilitated the unfettered consumption of drugs and sex among both tourists and locals, which they lamented and believed endangered their health. Further, our research identified a two-tiered system of policing within the tourism areas, which was lenient and permissive toward tourists' excesses and violations of norms while punishing locals for much less objectionable behaviour or for merely providing services to tourists. Law enforcement and policing in tourism areas were focused almost exclusively on removing 'undesirable' locals while turning a blind eye to the infractions or even crimes committed by tourists. In conclusion, we return to our consideration of the implications of these findings for public health and theoretical development around the notion of touristic escapism.

Methods

The project's larger purpose was to explore whether and how Caribbean tourism environments heighten vulnerabilities to problematic drug use and HIV/STI in the context of the Dominican Republic. We determined that *touristic escapism* was one contextual dimension of tourism environments that was both productive and warranted further ethnographic exploration. Data collection was conducted in two tourist sites: Boca Chica Beach, a high tourism area with small shops and hotels; and the Colonial Zone of Santo Domingo, an urban area with a considerable influx of tourists. Both located in the southern province of Santo Domingo. We conducted participant observation in tourism environments, key informant interviews with 35 governmental and non-governmental organisations that provide drug prevention and HIV/STI services in Santo Domingo; and 37 in-depth semi-structured interviews with formal and informal adult male tourism workers. These tourism

workers were interviewed twice over a period of one month. Our data collection phase consisted of 17 months (January 2014 – May 2015) of fieldwork divided between the two research sites.

Participant observation was conducted in areas where men employed in the tourism sector live, socialise, and make their livelihoods, including hotels, restaurants, bars/clubs, brothels, beaches, street areas, and residential neighbourhoods. Due to our focus on tourism, our fieldwork and interviews occurred primarily in the areas with the highest volume of tourists at each site. The team engaged in casual conversations with a wide range of tourism workers, such as taxi drivers, beach vendors, artisans, hotel employees, waiters, security guards, shoe shiners, and sex workers. Each of the four ethnographers (three of the four authors), all of whom are fluent in Spanish and deeply familiar with the DR, wrote extensive field notes following participant observation sessions and key informant interviews and conducted all interviews. These field notes were shared and discussed in our regular analytic meetings. In the semi-structured interview guide, we asked participants to tell us about how they perceived tourist behaviours in the tourism area, how it contrasted (if at all) with their own or other locals' behaviours, any specific stories they could recall related to these topics and asked them to consider how the society responded to or controlled the behaviour of both tourists and locals.

All of our participants were at least 18 years of age, the age of legal adulthood in DR. Nineteen (51.4%) of them were formally employed (independent or salaried), which we defined as receiving a regular paycheck, and 18 (48.6%) were informally employed. During analysis, field notes were shared and discussed in our regular team meetings. Qualitative interviews were recorded and transcribed, and a codebook was designed by the co-investigators through numerous collective analytic meetings. The codebook specified themes relevant to the project aims of identifying the social and structural factors that may contribute to syndemic conditions among male tourism workers, as well as emergent themes that were identified which were relevant to understanding their experiences of tourism environments, including those that might speak to touristic escapism, or otherwise complicate our understanding of this term. Data from interviews and ethnographic notes were managed and formally coded using NVIVO 11 software. Coding was conducted by the co-investigators in conjunction with a group of five trained coders, and the coding process was discussed thoroughly in regular meetings.

Results

Sex, drugs, and tourist fantasies

The majority of tourists come to have a good time ... They say Vacation ... Vacation ... I am going to have a great vacation. There are times that they want to do what they can't in their country, you understand, they seek two, three and four girls ... five or six grams of cocaine and marijuana. Every night. – Ramon, 50, Boca Chica Beach

Well, listen, the tourist leaves to have fun. And you? What do you call fun? ... If they are in the street and you offer them a prostitute, and you offer them drugs and

they like that, what do they do? They use it. Here now sex tourism is what sells, so those guys who are tour guides, what do they offer? Drugs, prostitution, and perversion. – Pedro, 74, Zona Colonial.

When we talked to men who work in tourism about what tourists desire while on vacation, they often described a particular modality of ‘having fun’ that has proliferated in certain areas of the DR, such as Boca Chica and Sosúa, another tourism town on the north coast famed for its prostitution industry (see Brennan, 2004). Questions about tourists’ desires and fantasies while visiting the DR often produced narratives of drug consumption, mainly marijuana and cocaine, and sexual interactions with local men and women. This was a persistent pattern and maybe a product of the type of informal tourism market emphasised by the Dominican ‘pleasure industry’, which tends to foster the pursuit of bodily and eroticized pleasures between tourists and Dominicans (Padilla, 2007). As suggested in the excerpt from Ramon’s interview, above, local men commonly expressed that tourists behave in an exaggerated fashion in comparison to their home countries, particularly when it comes to sex and drugs.

A number of the men with whom we spoke made their living by serving as intermediaries in informal transactions with tourists. Some of these men provided access to drugs and sex through networks of contacts made by referral, while others sold the drugs or provided the sexual services themselves. Javier, 50, is a typical case. ‘My ability to seek drugs for people is the biggest work out here out of all because they [tourists] are out here seeking drugs’, he lamented. ‘That’s the work here. There is a way of making a living out of seeking drugs for tourists’. Javier had come to specialise in copping drugs for tourists but felt that this was his only choice due to the overwhelming demand for these substances and the constant requests for them by tourists. Fernando, 57, who had worked in the industry for many years, expanded upon this assertion, noting that ‘tourism is rotten’ (*podrido*) in the DR, and he was determined to abandon the ‘illicit’ activities that he believed characterised the tourism industry:

I’ve been perfecting my work as I’ve advanced. I eliminated – I didn’t want to look for women [sex workers]. I eliminated dealing with guys [engaging in sex work with men], looking for a kid for guys. I eliminated everything that’s going to be ... I don’t want that life, you understand? I don’t want anything illicit in my life ... But this is rotten tourism. And it’s everywhere. Everywhere. They are old men who come to look for young girls, or gays who look for boys ... There’s nobody who says, ‘I came to get to know your country, to buy a painting, a work of art’. Like to buy crafts. It’s all women and drugs. – Fernando, 50, Zona Colonial

As described in prior research (Padilla, Colón-Burgos, Varas-Díaz, Matiz-Reyes, & Parker, 2018), workers may accrue greater health risks due to the fact that their work exposes them to drug abuse habits that they may be struggling to overcome. The presence of drugs in the Dominican tourist areas creates a dangerous work environment for those prone to addiction or in recovery. Javier, as a taxi driver, mentioned that driving clients to purchase drugs exposes him to situations where passengers seeking substances require him to enter certain unsafe or unfamiliar areas to cop drugs. By visiting these areas, he found himself with the

potential to be triggered into consuming, risking all the time and energy he had spent in drug recovery.

Even with taxi driving, I must be careful of who rides in my car because can you imagine me being clean and starting to mess around with drugs or get into drug problems. How can I tell that to my family?

Men who engage in solicited sex with male tourists, locally known as *bugarrones* (Padilla, 2007), report tourists' requests for unprotected sex in exchange for higher pay, a practice that workers may accept out of economic need. Our participants commonly reported workers are willing to accept more money for unprotected sex. While this may be a consensual practice, the economic incentive offered to workers is a driving factor that can endanger their health. If condomless sex is not negotiated as part of the paid services, a mixture of drugs and/or alcohol during sex can impair judgment and result in unprotected sex. Our participants described a tourist mentality, primarily in the form of sexual and drug-using behaviours that are heightened while on vacation, elevating risks that could jeopardise their or others' health.

Unprotected sex was commonly reported by participants, particularly when tourists and workers develop more intimate relationships. After entering a formal or regular relationship, tourists were said to encourage unprotected sex, not necessarily in exchange for money, but rather incentivized by a general lifestyle change a tourist can provide. When asked whether most tourism workers use condoms, Gabriel, 33 explained:

Yes, they use condoms, but when a tourist ... let me put it this way here a tourist comes and stays for three to four months. He gets a 'pareja' [couple], and he lasts like a month 'bregando' [having sex] with condoms, but after all, if they still a couple, a couple ... a stable relationship ... 'ya usted sabe' [you know ...]. 'Se encharcan' [referring to the act of having sex without the use of condoms] ... 'encharcados' And a lot of people has died because of that.

While our ethnographic approach does not permit us to quantify the extent to which condomless sex actually increased among our participants in more stable or regular sexual relationships with tourists, the existing public health research in the DR strongly suggests that condom use rates dramatically decrease as sexual-economic relationships are defined as intimate or stable (Kerrigan et al., 2001, 2003, 2006).

Perhaps most importantly for our analysis, it is important to note that local workers perceive tourists to be simultaneously a source of potential income as well as a danger to their health due to their excess and indulgence, particularly in the consumption of drugs and sex. The structures that further enable these behavioural patterns point to broader features of tourism environments to which we now turn our attention.

Perceptions of tourist lawlessness

The concept of *tourist lawlessness* came up repeatedly in our team's analytic discussions during and after fieldwork. Participants often described Dominican tourism zones of as environments that fostered excess among tourists, facilitated experimentation with drugs and sex, and permitted the open flouting of norms and laws by foreigners. Interviewees depicted

a culture of lawlessness, which they illustrated with stories of infractions ranging from minor violations of social decorum, such as a tourist wearing a swimsuit or going topless in a place where more formal dress is expected, to criminal acts involving tourists' bribery of law enforcement in matters of illicit drug possession. Our participants' narratives focused routinely on the perceived suspension of constraints on tourists' behaviour, which was, from the perspective of these tourism workers, freer of social or legal sanction because these individuals were tourists and foreigners. Importantly, these participants also pointed to corruption and impunity by the local authorities, who were seen as largely responsible for the lax policing of tourists' behaviour. Here, we summarise some of these narratives and draw connections to the social construction of a consequence-free environment, which is palpable to locals and enforced by the authorities.

It is a maxim in contemporary Dominican society that tourists, and particularly foreigners, can move more freely and behave more inappropriately in tourism zones, and ethnographers of tourism have thoroughly described the disparities between locals and foreigners in these areas (Brennan, 2004; Cabezas, 2009; Gregory, 2007). One of the often-lamented dimensions of these disparities involves dress. Gabriel, a 33-year-old informal tourism worker, was clearly bothered by the ways that tourists openly flout local norms of dress and behaviour, but locals are beaten with impunity and treated boorishly by CESTUR, the Dominican tourism police,

They make a fuss right away [about a local's behavior]. Imagine I am walking in El Conde without a shirt ... they beat me with a stick. But if you [a foreigner] take off your shirt, nobody tells you anything. That's how it is here. ... because I have seen tourists walking in boxers ... in boxers walking there. And you know, without a shirt, without pants in El Conde, up and down, they sit in the restaurants like that to eat ... and nobody says anything to the tourists. But if I wear short pants and I go out without a shirt ... they'll beat me to death.

Variations of this narrative were echoed by many participants who described the exaggerated policing of locals and contrasted this with the permissive attitude of the authorities and the larger society toward tourists. Gabriel was highly critical of this reality, but his narrative demonstrates his awareness and articulation of a two-tiered system of moral and legal justice in the tourism area, in which tourists cross the line routinely with few if any consequences, while locals are severely punished or jailed.

More serious depictions of the contrast between the treatment of locals versus tourists involve cases of reported collusion between tourists and CESTUR, often related to illicit substances. Several interviewees told us the act of possession of illegal drugs was treated quite differently when it involves locals versus tourists, leading many tourism workers into incarceration for possession of drugs that, in many cases, they are selling to tourists. Many interviewees asserted that tourists can (and do) bribe the police out of legal prosecution, while locals are much more likely to be arrested and jailed. 'Juan', a 39-year-old (independent-formal) tourism worker, explained this differential policing in cases *of drugs*:

If they [CESTUR] catch him [the tourist] with drugs, he [the tourist] pays them [CESTUR] right there, and then they give him back his drugs and let him go. Not

me. They'll send me to the capita so that the devil could take me. To Máximo Gómez ... [where the headquarters of the national police is located] If they catch me with a little gram I would have to at least depend on thirty thousand or forty thousand pesos to get out. While the tourist gets caught and right there, they [police] gives him his 'cuartos' [money] and his drugs back. It's like that. They are the ones who have the power here. The tourists.

'Esteban', a 33-year-old (formal) tourism worker, similarly described this practice as follows:

Here if a police officer sees [a tourist] with drugs, if you want, you give him money under the table, and they leave ... they will let you go, they will let you leave.

During our ethnographic observations, we heard about the mistreatment of locals by CESTUR police officers and had occasion to witness its justifications directly in an observational visit to a CESTUR office in Santo Domingo's Colonial Zone. CESTUR is a specialised branch of the police in the DR. As part of its official objective, it aims to ensure the DR is a desirable tourist destination where tourists feel safe from any harm.¹ During our ethnographic observations, we had the opportunity to conduct an informal interview with 'Coronel Monica', an officer from CESTUR located in the densest tourism zone of Santo Domingo. The coronel's narrative illustrates how disparities in moral and behavioural expectations of locals and tourists inform the way that CESTUR functions as a regulatory body, even when they recognise their departments own practices as problematic. We provide an excerpt of our ethnographic note on the encounter:

After being dropped off a bit north of the Conde, we walked down Jose Reyes toward the Conde, and saw the sign for the office, reading 'Modulo de Asistencia al Turista', with an accompanying translation in English (Tourist Assistance Module). We were greeted by two representatives of CESTUR [Dominican tourist police department] who redirected us around the corner, almost invisible within a darkened entryway adjacent to a parking garage. Inside, a pleasant woman whose name we learned as 'Marinilda' was at a desk surrounded by a couple of small, cream-colored plastic tables and chairs ... I squeezed into a seat, and Marinilda called 'La Coronela', the officer with whom we had arranged the interview, who informed her that she was on her way. Marinilda told us she is an educator (maestra de educación) and trained in psychology. She's been working in this CESTUR office for seven years. She explained that this is an office where children from the street, such as limpia botas (shoe-shiners), come to rest, to eat, and to participate in some of the office's activities. She occasionally gives classes of various kinds. The Department has the program 'Niños, niñas, y adolescentes de CESTUR' (Children and adolescents of CESTUR), which began in 2004–5. Many of the children are 'descontrolados' (uncontrolled) or 'agresivos' (aggressive), Marinilda explained, and their aggressiveness is often related to drugs. Crack is the primary drug of addiction that they see. Young people's addiction can come from their use as messengers for drug transactions involving tourists.

¹·Politur was replaced by CESTUR. Many interviewees continue to use the former name.

[...]

Coronela Monica arrived at this point. We quickly updated her on our conversation with Marinilda. She explained that from her perspective, the situation is ‘difícil’ (hard) because tourism provides some income in the context of a precarious economic situation, and children from ‘familias disfuncionales’ (dysfunctional families) see the opportunity to make some money. The problem becomes a public danger and threat for children in the society, who see everything in the Zona Colonial: physical abuse, trafficking in the children, ‘la vida promiscua, que les daña’ (the promiscuous life, which damages them), and they engage in prostitution. The Department has seen an emergence of drugs, and HIV has increased as a result, she explained. The young people such as the limpiabotas see that ‘mientras mas cosas negativas que hagan, mas dinero consiguen’ (the more negative things they do, the more money they get).

She mentioned that her program was created para ‘proteger al turista’ (protect the tourist), but unfortunately, the police are trained to get rid of ‘todo lo dañino’ (everything damaging). This generates mistreatment, she explained. There needs to be a solution that protects the tourist and also the child. She explained that while they often take the problematic children out of the tourism zone, ‘los protegemos’ (we protect them). By her own admission, an important aspect of their work is to remove problematic children or other delinquents or troublemakers from the area in order to protect the tourists. She explained that in those cases they try to calm them down and ‘hacerles entender’ (make them understand) that they can’t be causing such trouble in the tourism area. They take ‘una historia de vida’ (a life story), ask them how they are, etc. And they take them out of the zone, so they don’t stay in the area. She admitted that one of the barriers they face is that some young people do not see their office as a place of safety, but rather that they will be taken to jail.

CESTUR’s policing practices combined with discourses that convert local young people into ‘everything that is damaged’ about the tourism zone, contribute to the abuses that locals reported to us, amounting to restrictions on their ability to freely walk and visit the same tourist areas frequented by foreigners. The idea that the implementation and promulgation of a two-tiered system where tourism and tourists’ money exert a corrupting force on the authorities in the DR, leading to inequities in the exercise of justice, was a generalised notion that was taken for granted by most of our participants. While locals described feeling vulnerable when they visit tourist areas or engage in transactions with tourists, tourists themselves are able to interact and move around these same areas freely and without harassment.

Conclusion

In this ethnographic study, we found some evidence of a generalised perception among tourism workers that tourists engage in behaviours – particularly excessive drug use and commercial sexual exchanges – that regularly cross moral and legal boundaries, violating not only social decorum but also, in some cases, wantonly engaging in criminal activity. The local men who cater to these desires, in contrast, face severe social and legal sanctions and

felt that their health was also compromised, particularly among those who engaged in drug-related transactions while in recovery or felt pressured to engage in high-risk sexual activity. The stark disparities in the consequences of such violations between tourists and locals were attributed to asymmetrical policing, particularly by the tourism authorities, which favoured and protected tourists while abusing, jailing, or removing 'problematic' locals. Our ethnographic interviews with the local tourism police force, CESTUR, independently corroborated the tendency of the police to view local workers as a danger to tourists, and demonstrates the Dominican state's commitment, at least in practice if not in explicit philosophy, to create an environment that was permissive toward tourists' lawlessness and excess. These findings echo those of some prior work in the DR and elsewhere in the region that points to the complicity of Caribbean states in fostering neocolonial economic and social relations vis-à-vis the tourism industry, which further entrenches centuries' long dynamics of extraction and labour exploitation (Connolly, Padilla, Matiz-Reyes, & Natsui, 2012; Kempadoo, 1999).

Frameworks such as touristic escapism may be useful for explaining some of the patterns in our ethnographic findings, particularly the tendency of tourists to behave in a more disinhibited or excessive fashion than they do in their home countries. However, one limitation of our study is that in most cases our data do not permit an independent assessment of the degree to which locals' perceptions of tourist behaviour are consistent with tourists' actual behaviour, or to quantify the extent of behavioural or normative change among tourists. Further, most of our participants tended to cite drug use and sexual risk as the primary expressions of such 'escapist' behaviours, which may be a function of the kinds of fantasies and desires that motivate tourists who visit these specific sites, or alternately may have been overemphasised by our participants due to the types of informal work in which many of them were engaged, namely, transactions involving illicit substances or services.

These limitations notwithstanding, and drawing on Dean MacCannell's theoretical framework summarised in the Introduction, we argue that many of the tourists to these destinations reflect the pattern he describes as 'transgressive entitlement', or the flouting of local norms and laws as a result of touristic desires that are forged from a combination of marketing imagery emphasising sun, sand and sex, racialized and cultural fantasies of difference, and the availability of an exploitable labour force. The Dominican state may also be viewed within MacCannell's framework as a key structural force that enables escapist fantasies to be realised, or even strategically creates spaces of excess and normative abandon. Indeed, the disparities in policing that our participants described are consistent with this interpretation.

While theories of tourism rarely directly address health per se, MacCannell's work is useful in that it advocates for an 'ethics of sightseeing' that is attentive to the ways that differential power relations between tourists and locals shape the kinds of encounters in which tourists engage, and the impact these have on local communities. Our research, while exploratory, suggests at least three ways in which the Dominican tourism industry might promote a more ethical form of tourism that supports the health and wellbeing of locals employed in this industry. First, tourism marketing and imagery should emphasise a broad range of

Dominican resources, both human and natural, and greatly diversify its representations of local workers, in an effort to rupture escapist depictions of excess and abandon that inform tourists' fantasies prior to travel. Not only would this potentially curb some of the more damaging expressions of touristic escapism upon arrival in the Caribbean but may also have the effect of diversifying the kinds of tourists who would be attracted to the country. Second, the perceptions and experiences of local tourism workers should be used to inform public health campaigns aimed at reducing the exploitative dimensions of this industry, and to educate the public on the rights of local workers. Consistent with this approach, our team is currently engaged in intervention development in collaboration with a Dominican union of tourism workers, using representations and messaging from actual tourism employees to generate solidarity among workers and encourage dialogue around health promotion in tourism areas. Finally, the Dominican state, particularly within the Ministry of Tourism and CESTUR, should restructure its training programmes to protect locals from arbitrary abuses of power and removal, and raise awareness regarding how such practices endanger the health of both Dominicans and tourists. We do not advocate for simply expanding the criminal justice response to include tourists, but rather to level disparities in policing, reduce corruption, and sanction those officers who engage in abusive practices.

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