

“Luggage” Migration of Medicines Across Borders

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This paper examines transnational migration of medicines and therapeutic itineraries of recent Indian migrants in the U.S. Transnational travel, affordable communication technologies, and reliable global shipping options have made people’s medical strategies ever more diverse and geographically dispersed. Away from home, people do not or cannot always make use of medical services in the host country. Instead they often call or Skype with their family doctors, travel home for treatment procedures, bring medicines in their luggage, or ask relatives to ship the drugs. In other words, migrants utilize what Krause (2008) calls “transnational therapy networks.” Building on that, I focus on migrants from India (professionals, low-skilled workers, students) and examine the corresponding flow of medicines across borders: Do Indian migrants bring medicines from India when they come to the U.S.? How often? For themselves, or somebody else? What kind of medicines do they bring? Are these biomedical or alternative pharmaceuticals such as homeopathic and ayurvedic? Are these branded pills or herbal remedies? Moreover, I question what these medicines mean to migrants. Do migrants talk about “Indian,” “national,” “homegrown” (swadeshi) pharmaceuticals as related to cultural identity, nationalism, trust, efficacy (Craig 2012; Spitzer 2009)? Undoubtedly, there are structural reasons why migrants engage in transnational therapy networks (such as the lack of health insurance, high cost of prescription drugs, or unavailability of alternative remedies in the host country). However, it is also important to pay attention to the meanings embodied in medicines, pertaining to a sense of belonging, identity, and trust. Finally, this study has both theoretical and practical significance, because migrants’ avoidance of state medical institutions and reliance on “luggage” medicines they bring across borders can have important public health implications.