Migration, Social Change, Health, and the Realm of the Possible: Women's Stories between Nepal and New York

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SUMMARY *This article uses narrative ethnography centered on two individuals from Mustang, Nepal—their embodied experiences and subjectivities, including their understandings of birth and disability—to explore the ways that migration can alter senses of self and home, body and family, and what I call the realm of the possible. Although these stories emerge primarily through the voices of women, their narratives point toward a broader analysis about the relationship between place and well being, medicine and social change.* [Nepal, Tibet, migration, medical pluralism, women's health, disability, subjectivity]

> From the mind
> of a single, long vine,
> one hundred opening lives.
>
> —*Chiyo-ni,* J. Hirshfield and M. Aratani, trans.

Orientations

This article discusses ways in which medicine and health care experiences serve as codes for cultural and social change, refracted by place. It also explores how concepts such as efficacy, potency, and "appropriate" medical care are extensions of larger worldviews in transition. I am concerned with people's movements across social and geographic spaces in search of wage labor or related socioeconomic opportunities, and with the impacts such movements have on subjectivities and sense of well-being—not only of those who migrate but also of those who remain at home. In what follows, I recount dialogues I had in 2008–09 with several women from the culturally Tibetan area of Mustang, Nepal. I have conducted research in Mustang intermittently since 1993.[1] In tracking the lives and movements of friends and interlocutors from Mustang, I have become attuned to how new and increased migrations between Nepal and New York have shaped Mustangi ways of being, both in and across translocal spaces.[2] The individuals in this article elucidate Mustang, Kathmandu, and New York as specific places on the map and idealized spaces in which people imagine and enact certain possibilities for living, and experiences of suffering. These stories exemplify the particular demands labor migration places on physical bodies (T. *lu*) and heart-minds (T. *sem*)[3] of migrants and their

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kin who reside in Nepal. In addition, they show how Mustangi iterations of Tibetan concepts tie experiences of health and illness to specific locations as well as to particular moral cosmologies and social acts. example, illness experiences and subjectivities can be altered through migration such that karma (T. *lé*) as a source of illness causality or divination (T. *mo*) as a way of determining illness causality and an appropriate treatment regime, are no longer viable explanations or practices.

The dialogues at the center of this article help to theorize the values ascribed to medicine and medical care during a time of pervasive socioeconomic shifts. Each narrative speaks to particular Mustangi experiences, inflected yet not determined by gender. As such, these stories exist at an analytical crossroads between anthropological studies of labor migration, transnationalism, and social change (Anderson 2000; Levitt 2001; Osella and Gardner 2004); studies on perceptions of medicine and quality of care in so-called "developing" countries (Das and Das 2006; Whyte et al. 2002); and ethnography trained explicitly on women's lives as they move across diverse geographic and socioeconomic terrain (Abu-Lughod 1992; Behar 2003). These Mustang stories illustrate the "uneven effects of globalization" (Inhorn 2003). They point to the importance and limitations of both Tibetan and biomedical forms of healing between Nepal and New York, and to patterns of medical pluralism among culturally Tibetan societies (Craig et al. 2011). These stories also speak to the medicalization of pregnancy and childbirth between the global North and South (Davis-Floyd and Sargent 1997; Ginsburg and Rapp 1995; Rapp 2000; van Hollen 2003; Wendland 2007), and to cross-cultural studies on the social construction of disability (Ingstad and Whyte 2007; Rapp and Ginsberg 2001). Finally, this article adds to an area studies literature on gender and social relations in culturally Tibetan communities (Gutschow 2004; Watkins 1996), as well as the themes of medicine, morality, and social change (Adams et al. 2010; Cameron 2010; McHugh 2004).

Beyond health and illness, these narratives prompt me to analyze how migration can transform subjectivities, and what I call the realm of the possible. By this, I mean the combined cultural and ethical, political and socioeconomic circumstances that allow people to imagine futures, and that in some respects define their subjectivity in the present tense. Here, I follow Biehl and colleagues (2007) who argue that contemporary social formations in an era of unprecedented globalization and multiple pathways to citizenship and belonging have destabilized previous understandings of personhood and the modern subject. They write, "Once the door to the study of subjectivity is open, anthropology and its practitioners must find new ways to engage particularities of affect, cognition, moral responsibility, and action" (Biehl et al. 2007:3). This combination of attributes—affect and cognition, senses of responsibility and modes of action—characterizes the realm of the possible. I argue that narrative ethnography and a focus on biographies can effectively capture nuances of subjectivity while speaking to issues of broad theoretical significance.

Realms of possibility are also locally grounded. As I think about the words my interlocutors use to describe their experiences, realms of possibility take on distinct Tibetan and Nepali inflections. *Lé,* the Tibetan term for karma, can explain differential health outcomes, but can also make sense of lost jobs, the birth of a son, and windfalls. In discussions about the changes occurring in

Mustang as a result of movements to and from New York, I note admonishments about greed and idioms of *digpa* (T. sin); even as I hear praise for the ways Mustang is becoming *bikasi* (N. developed) as a result of foreign-earned remittances. The constraints inflicted by *gek* (T. moral and astrological obstacles) that limit the possible at certain times, for certain people, in certain years, serve as explanations for misfortune in both Mustang and New York. Mustangis say, in English, that New York is the "land of opportunity" and that Nepal is *katham,* a Nepali word that glosses as "washed up," "destroyed," or morally compromised. Daily life varies significantly from these idealized typologies, but they contribute to senses of what experiences are possible in New York and Nepal, respectively. Likewise, my interlocutors consider the constraints and benefits of being a *nangpa* (T). Literally a *nangpa* is an "insider," someone who identifies as Buddhist. Yet *nangpa* also evokes being associated by birth or marriage with a particular village (T. *yul* or *lungba*). Even when transposed to New York, these associations denote cultural and cosmological, political and geographic spaces from which one may draw material and social support across localities.

Realms of possibility can be understood as embodied senses of place, often tied to experiences of suffering and well being. The realm of the possible, both physical and ideological, can circumscribe the contours of an illness, the power of a drug, the value of a health intervention. People from Mustang sometimes connect specific diseases to patterns of migration, both enduring and novel: from the *rong gyi tsawa* (T. lowland fevers) of seasonal moves from high-altitude homelands to lower elevations in Nepal or India, to "tension" or "depression" as idioms of distress that takes on particular meanings in New York or Kathmandu. In contrast, people describe a sort of biopsychosocial peace with longing and nostalgia when they speak of Mustang's air (T. *lung,* N. *hawa*) and water (T. *chu,* N. *paani*) and how it agrees with them—the possibilities for living it engenders, and their compromised well being when in other places.

Yet these concepts, too, are mutable. A Mustangi ex-monk who works at a health food store in Brooklyn, selling Himalayan goji berries (L. *lycium barbarum*) to hip New Yorkers comments, "Here in New York, if you are healthy, you don't think about karma. If you become unhealthy, then you start to think about karma. If you eat many medicines and still do not recover, then you know you are sick because of karma. Unlike the old days, people no longer believe that karma causes most sicknesses." He then tells a story about a Mustangi man who suffered from joint problems and who got no relief from either biomedicine or the Tibetan medicines his relatives sent from Kathmandu. A Korean herbalist from his polyglot immigrant neighborhood nursed him back to health. These intersections of constraint and possibility abound in my conversations with friends from Mustang, whether they transpire in the half-light of Mustang homes or the crowded apartments of Jackson Heights, in Queens, New York.

Between Mustang and New York

The district of Mustang, Nepal, is a high-altitude region that straddles the rain-shadow of the Himalaya. Its population of roughly 14,000 includes many

communities whose physical environments, social institutions, and adaptive strategies share much with their neighbors across the northern Himalaya and Tibetan Plateau (Ramble 2008). These citizens of Nepal speak Tibetan dialects, practice forms of Tibetan Buddhism and Bön, and often identify with the contours of Tibetan political history as well as more locally grounded conceptions of politics and identity (Ramble 1997). Located in Nepal's Dhaulagiri Zone, Mustang is flanked by the world's sixth tallest mountain to the west, the Annapurna Massif to the east, and the Tibet Autonomous Region, China, to the north. The Kali Gandaki River Valley, which has been a conduit of social and economic exchange between high Asia and the Gangetic plains for centuries, also defines the geography of the district. Until 1991, the northern half of the district was closed to foreign access; it is open now on a restricted basis. Southern Mustang has been a key locus of tourism since the late 1970s, forming half of the Annapurna trekking circuit.

As in the rest of Nepal, biomedical health care only became available as a government service in Mustang during the mid–20th century (Justice 1986); access to biomedicine remains limited in scope and quality today. There are no critical care facilities in the district. A 15-bed hospital in Jomsom, Mustang's district headquarters, provides the most comprehensive biomedical facilities, while government Health Posts and Sub-Health Posts at the village level are staffed by health workers with limited training. Some NGOs and foreign charities maintain health facilities and offer specialized health care services at medical camps. Most people from Mustang with means seek biomedical care in Pokhara or Kathmandu, often coinciding with trips to urban centers for trade or pilgrimage. In a very pragmatic sense, the realm of the possible when it comes to medical care is linked to travel. In addition, many turn to Tibetan medical practitioners (T. *amchi*), ritual healers such as diviners (T. *mopa*), and tantric specialists (T. *ngakpa*) to address illness. Despite professionalizing efforts on the part of Nepal's *amchi*, no formal interaction exist between them and government health care services exist (Craig 2008b). Some people in Mustang express skepticism that biomedicine can successfully address illnesses that emerge from specific cultural understandings, which are, in turn, informed by a moral cosmology connected to Buddhism and Bön and that may also be linked to particular place-based spirits (Samuel 2007). Yet people make pragmatic choices about when and how to access biomedicine, Tibetan medicine, and ritual healing, based on their economic constraints and their own understanding of the nature of their illness (Craig et al. 2010).

Mustang has been a part of the nation-state of Nepal since the latter's formation in the mid–18th century (Dhungel 2002). Historically, people from Mustang made their living through a combination of agriculture, animal husbandry, and trade. Seasonal, wage labor migration is not a new phenomenon in Mustang. Since the 1980s, "trade" has come to include Mustangi involvement in Nepal's tourism industry, commodity trade in Nepali and north Indian cities, and labor migration abroad to destinations including Japan the United States. Notably, these are regarded as more "elite" sites of migration than many of today's primary sites of the Nepali wage labor diaspora, specifically India, the Gulf States, and East–Southeast Asia (Gartaula 2009; Sneddon et al. 2002; Yamanaka

2000). These patterns of migration emerge from a range of circumstances: Nepal's decadelong (1996–2006) civil war, and related socioeconomic uncertainty; educational opportunities; the imagined appeal of "America"; real pressures to meet rising costs of living in Nepal; and the possibilities for Mustangis to "pass" as Tibetans.

At present more than 1,000 people from Tibetan-speaking areas of Mustang now live in New York, out of a total population of approximately 9,700 in relevant Village Development Committees in Mustang (2001 Nepal census). Some of my interlocutors estimate that as many as 25 percent of able-bodied 20–40-year-olds from their villages are currently in New York. Mustangis living in New York represent a small fraction of the total Nepali wage labor diaspora in the United States, yet the numbers are significant. As one friend put it, "If each household from our village has one person in New York, then the family is taken care of. There will be enough for school fees, for hiring lowland Nepalese (T. *rongba*) as wage laborers to help with the harvest, for medicine, for all the things we need to live in the village." Migration to New York is at once facilitating life and realms of the possible in Mustangi villages and altering their demographic composition.

People from Mustang living in New York come to the United States through a variety of channels: as "tourists" who overstay their visas; as "fake" monks or nuns who claim to be part of a *dharma* tour and then settle in, regrow their hair, and find a job; as students who also work; as part-time guest workers or legitimate business people who cycle between Nepal and New York on multiyear, multiple entry business visas (Craig 2002). Some migrants pay only the costs for processing visas and airfare. Others procure visas through cash transactions. As of 2008, the going price for a visa was about $30,000–$35,000. Ten years prior, the cost of a visa was $7,000–$10,000. Individuals often go into significant debt to procure a visa and work for years to pay off this passage. Some become legal citizens; others remain undocumented.

Once people from Mustang make it to New York, they live with relatives or extended kin networks. These migrants engage in service industry jobs (restaurants, health food stores, salons), construction (usually for Indian or Chinese bosses), childcare (Tibetan nannies are "in" these days), and domestic service. The population of Mustangis living and working in New York spans several generations. People gather to celebrate the Tibetan New Year and local Mustang festivals, sometimes adjusting ritual calendars to accommodate time off during U.S. holidays such as the Fourth of July. Remittances from New York flow back into individual households, social institutions, and community development projects (Craig 2004). The New York Mustang Association functions along the lines of a traditional social service organization (T. *kyi dug tsokpa*), in that it provides social and material support to members at times of joy and hardship (weddings, emergency medical care, etc.). As Anderson (1998) argues, geographic distance serves to consolidate alliances and recast identity politics and senses of national and local belonging. Even so, social divisions based on class, gender, generation, religion, and politics rooted Mustang shape how people from this region interact with each other in New York. The narratives to which I now turn emerge from this context.

C-sections, Vaccinations, and Mustangi Americans

Yangkyi[4] and I sit in the kitchen of her mother-in-law's tourist lodge. We toss popcorn into our mouths in the dim, late afternoon light and catch up on local gossip. Outside, I hear the lilting call of horse bells. Churned up by dozens of sheep and goat being herded back to family stables at the end of a day of grazing, dust filters in through small wooden windows. It is apple-picking season. The buckwheat harvest is in. I hear the industrial rumble of jeeps as they pull up to the end of a roughly hewn gravel road at the village entrance and unload Indian pilgrims, returned from Muktinath (T. *chumig gyatsa*) the Hindu and Buddhist shrine up a valley to the east. The local name for this village is Kag, which means "stop" or "check post" in Tibetan. For centuries it has marked a confluence of commerce and influences, from north and south. I am reminded of this meaning, this history. I sit at a crossroads. A place to take stock.

The lack of other foreign visitors at the lodge allows Yangkyi and me to settle into conversation. She is 30, hails from a "good" family and has married the only son of a village noblewoman. Yangkyi's youngest child, a girl of seven months, wriggles in her lap. She has two other children, both girls. The middle child, nearly three, is being tickled by her grandmother in the corner, alongside my three-year-old daughter, whom I have taken with me on this trip to Mustang. Yangkyi's eldest, a girl of six, is away at boarding school in Pokhara, a city in the hills of central Nepal, at the base of the Annapurna range.

"The little one has been sick," Yangkyi begins, speaking to me in Nepali. "Some fever and a cough." As if to demonstrate, she smoothes inky wisps from the infant's forehead. "Last night she cried for hours. Maybe it is just teeth coming. Sometimes this brings fever."

"Has the baby been sick before?" I ask.

"No. But I'm worried that the shots they gave her in Hoboken are wearing off, because I haven't been able to get other shots since we've been back in Mustang.

"Hoboken?" I query. "You mean New Jersey?" I make a mental note to come back to the question of vaccinations.

"Yes. My other two girls will make Nepali citizenship, but this one has a passport like you."[5] Yangkyi had procured a tourist visa to the United States in the early months of her pregnancy, before her belly rounded, with assistance from her brother-in-law who is a businessman. She then traveled to the United States with her mother-in-law at the start of her third trimester. The plan, from the beginning, was to give birth in the United States. Yangkyi's youngest daughter is one of a growing number of Mustangi Americans. Yangkyi's sister did the same thing for the birth of her second child. In the course of this research trip to Mustang, I note three other women of a similar social class who have given birth in the United States and then returned to Nepal when their infants were several months old.

This is one permutation on kinship and citizenship between Mustang and New York. Of equal note are Mustangi mothers living in New York who send their children back to Nepal to live with grandparents once they are weaned.

Yangkyi hopes to return to the United States to work for three to six months once her youngest daughter is a year old; her husband is also trying for a visa. Although the pattern of grandparents caring for grandchildren is not unusual in Mustang, exclusive guardianship by grandparents at such a young age *is* novel here, as are related shifts in patterns of weaning. In interviews with current mothers of infants and young children in or from Mustang, I have learned the duration of breastfeeding is declining, down to a year or less in some cases compared to upward of two or three years noted for previous pregnancies and among elder women. Interviews with women of Yangkyi's age in New York and Mustang about these issues often produce the following refrains: *childcare in New York is expensive; New York life is not conducive to raising happy children; sending children back to Nepal means they will learn our language, and Nepali.* Many young mothers who remain in New York will be employed as nannies, taking care of other people's children as their parents or parents-in-law care for their offspring half a world away. Yet when asked about long-term plans, nearly everyone I have spoken with whose children are U.S. citizens say they plan to bring their children back to the states once they are school-age, for they see a U.S. education and, at some level, acculturation, as highly valuable.

I steer the conversation back to Yangkyi's Hoboken birth. "How did you like the American hospitals?"

"The nurses were really nice," Yangkyi answers. "It was much better than the hospital in Pokhara where my other two were born." I note that Yangkyi has not given birth to any of her children at home, even though home births were the norm less than a generation ago for many Mustang women with whom I have spoken. These transitions within reproductive health care strategies are not directly or exclusively a function of new patterns of labor migration. Many other factors—from government policy and women's education to changing cultural conceptions of what makes for a "safe" delivery—all come into play.[6] But patterns of labor migration seem to be impacting choices Mustang's women are making about birth. For some, remittances from the United States now open up a new realm of possibility in that they fund trips to Pokhara or Kathmandu to have children in hospitals. For others, the location of their own wage labor may determine where they give birth or the course of their child's infancy.

"Did you have your daughter naturally in Hoboken, or did you have an *operation,*" I ask, using this English word, which connotes a cesarean section.

"*Operation,*" Yangkyi answers, again using the English term. "The Nepali doctors said my bones were too small here," she gestures toward her pelvis. "When I told the doctor in Hoboken about my other children, he said I should have another operation." I nod. V-bacs, vaginal deliveries after a previous cesarean section, seem as unlikely in Nepal as they are unfashionable in U.S. hospitals.[7]

"These days, so many children are being born by *operation,*" Yangkyi's mother-in-law chimes in, her tone disapproving. "When Tashi [Yangkyi's husband] was born, we just squatted down on the floor and struggled! These operations make women weak. Cutting bodies drains them of *shug,*" said the mother-in-law, using a Tibetan term that connotes strength and vitality. "*Operation* makes it difficult for milk to come," she continues. "They should only be for *emergency,* like if many days have passed and the baby has still not been born."

I note this code switching between English and Tibetan, as well as the ways socioeconomic and geographic constraints that limit women's access to reproductive technologies also give way to a sense of locally grounded strength. It should be possible, in other words, to give birth safely in Mustang without biomedical intervention.

Yangkyi sidesteps her mother-in-law's disapproval. "Well, my milk came. There was no problem. I liked being taken care of in Hoboken." Yangkyi's somewhat defensive answer raises the specter of social tensions within the mother-in-law–daughter-in-law relationship. But Yangkyi's response also speaks to realms of possibility she embodies. Although she had not been happy with the experiences she had in the Pokhara hospital, she seems to have accepted the notion that her pelvis is too small to accommodate a vaginal birth. The more kind, gentle, or perhaps simply more "modern" obstetricians in New Jersey reconfirmed this Nepali biomedical reading of Yangkyi's body. Yet I wonder what would have happened had economic necessity or other forces mandated that she give birth at home in Mustang.

What occurred after these hospital births? Were they marked in ways that connected Yangkyi to Mustang, as a place and as a set of social conditions and ritual proscriptions? I ask Yangkyi if she and her family performed a *pang sol* or a *drip sang* after her children were born in hospital. These are roughly equivalent terms for fumigation rituals and welcoming ceremonies that can be performed after birth. Prior to these rituals, households are often under loose quarantine, sometimes signified by a stone painted red or a small fire positioned outside the home. At one level, these ritual proscriptions and the behavior preceding them help to maintain a quiet, peaceful space for infant and mother after birth; the *drip sang*, a fumigation ritual, cleanses the environs of *drip* (T. defilement or pollution) and dispels or appeases nefarious spirits that could possibly harm an infant. The answer I receive from Yangkyi is illuminating.

"When we were in Pokhara, after coming to my cousin's house from the hospital we did a *drip sang.* But in New Jersey it was different. I stayed in the hospital for more days. People came to visit. It was *American style*," she notes. "But we sent a message to the village and the lamas did rituals for the new baby, to protect her and to find a name." Although Pokhara was proximate enough to Mustang to warrant a locally performed ritual, the Hoboken birth inspired a different set of social acts—ones Yangkyi identifies as tied not only to what is possible in the United States but also ideas about what is *socially expected* in such locales. It is common for Mustangis to come visit fellow kinsmen in New York or urban Nepali hospitals, bearing food and prayers. However, this more direct and open cultural and physical space created around a birth has also produced a change in social norms tied to place. Those place-based expectations were still met—*back in Mustang.* Also noteworthy is that Yangkyi viewed the Hoboken hospital as a safe and desirable space for her postpartum stay, in contrast not only to how U.S. hospitals are often perceived in popular American culture (e.g., as places where super bugs run rampant and staff are harried and uncaring) but also to the Pokhara hospital.

Infant and maternal mortality have been high historically in culturally Tibetan areas, including Mustang, but birth was also less medicalized, even a decade ago. It was once more exclusively a domain of elder women: a space in

which herbs, fundal massage, and an array of precautions to guard against physical and spiritual defilements were employed. Today, experiences of birth can become divided along class lines, setting in motion other discussions about biological reproduction and social change. Home births are still common for some Mustang women, particularly those who are poor or who live far from the district headquarters. But women like Yangkyi are increasingly seeking out more biomedical domains as much as a matter of social status as "best practice." As a correlate, use of birth control, particularly IUDs, Depro Provera, and receiving hysterectomies or tubal ligation after several births, is becoming more common among Mustangi women in their thirties and younger whom I have interviewed; contraception use was rarely reported among women over 40.

"So, now you have three," I note. "Will there be more children?"

Yangkyi shakes her head no. "Three is plenty! Actually, I would have been happy with two, but Tashi wanted a son. Now he is even more surrounded by women," she and her mother-in-law laugh.

"Why not have another child?" I ask. Yangkyi answers as many other women do these days, and as is typical in much family planning literature—perhaps a reflection of state and NGO-produced discourse to which Yangkyi may have been exposed. She cites the rising expenses of raising children as well as increasing survivorship as a rationale for curtailing family size. The Tibetan demographic transition is not unique to Mustang (Childs 2008). But it is worth noting that decisions about family size are intertwined with other shifting socioeconomic realities. Yangkyi's grandmother or even her mother-in-law might have had half a dozen children or more, in the hopes three or four would survive; Yangkyi is confident three living children under the age of six are enough.

Yangkyi's youngest girl cries out. She puts the infant to her breast. I recall Yangkyi's comment about vaccinations, and return to this topic. "You mentioned vaccinations (T. *khap*)," I say. "Couldn't you get the other vaccines your daughter needs in Pokhara or Jomsom? Do you know which ones she is supposed to receive?" Yangkyi answers:

> She got shots from birth until she was three months old in Hoboken. It was very organized in America. We made appointments. One month. Two month. They tested her eyes and ears. They gave us a book with everything written, which I still have. Then we came back to Nepal. We were in Pokhara for the winter and have since returned to the village. She was supposed to get more shots, but it is difficult to go to Jomsom with a baby. When we get there sometimes the health post doesn't have the medicines. Anyway, I don't trust the health post. People say children get sick after getting shots there. Sometimes medicine has expired. Or health workers do not know how much to give.

Given the limited refrigeration available in Mustang, the minimal training of village health workers, and the sociolinguistic tensions that can influence relations between government workers and locals, these fears are not unfounded.

"Were your other two daughters vaccinated?" I ask.

"They got two shots each," she answers. "But not until they were older."

"Do you remember what diseases these vaccines were for?" I query. Yangkyi shakes her head no, and then says, "Just to keep children healthy." I find this somewhat surprising, as I know from other interviews that many Mustangis are

aware, for instance, of measles vaccinations and have subject their children to polio eradication campaigns. Perhaps, though, the specifics of infectious disease etiology is simply less important for Yangkyi than the idea that shots—especially those from the United States—keep children healthy. I wonder about the epidemiological implications of this transnational approach to childhood vaccinations. Aside from Hoboken medical records, written in a language in which Yangkyi is only marginally literate, how does this mother track her children's health care experiences? At the time, I did not have an opportunity to follow up on this question, but it seems an important point to explore in future work.

Yangkyi's discussion of her children's immunization history raises many issues about the ways medicine functions as both substance and ideology, as well as how medical worldviews can be linked to place. When I ask Yangkyi about why she thinks the shots given to her youngest daughter in the United States might have "worn off," she answers in ways that reveal the place-based contours of medical realms of possibility, and the power of medicines from specific locales: "Well, because medicines from America are more powerful [than those in Nepal], but maybe they don't last once we are back in the village. Maybe because the environment here and there is different."

Why was it that Mustang health clinics were not to be trusted, while doctors in Hoboken were? Embedded in this dichotomy are issues of medical authority and the contours of scientific knowledge, tied to place. These immunization issues also points toward more general discussions of perceptions of pharmaceuticals and quality of care, with specific reference to vaccination campaigns. As smallpox eradication programs in India (Apfell-Marglin 1990) and recent controversies over polio vaccines in Nigeria illustrate (Yahya 2007), vaccinations have proven especially powerful from a public health perspective and controversial from cultural and ideological perspectives (Leach and Fairhead 2007). Unlike the Nigerian example, Yangkyi does not seem to have a problem with the idea of vaccinating her children, but she questions the efficacy and potential negative outcomes of using *rural Nepali* health services to do so. But did any of this actually bear on Yangkyi's daughter's fever that kept mother and child awake the previous night? Yangkyi seems to think there may be a connection. She values the health care her youngest child received in the United States and yet does not remember what the shots were for or which specific immunizations any of her children have received. She values a process tied to place; a public health rational, by contrast, values authoritative medical knowledge and its points of insertion.

Yangkyi's mother-in-law and a male *amchi* friend of mine join the conversation. "America is ok," says the mother-in-law. "It is good for having babies and making money. But everything is *hurry hurry*. Even our people, they don't have time to see each other. They just drink enormous cups of coffee and run around."

"There is so much *lung* in America," the *amchi* pipes up, referring to the medical concept often translated as "wind"—the deficiency (T. *nyépa*) at the core of many illnesses of mind, according to Tibetan etiology.

"I was happy to visit New York," Yangkyi's mother-in-law continues. "But I would never want to *live* in America, to be old there, or, god forbid (T. *kun chok sum*), to die there! Mustang is better for that."

I know for certain of only two Mustangi casualties in New York: one suicide and one cancer-related death. Both disturbed members of the New York Mustangi community, but for distinct reasons. Suicide is rare in Mustang, at least to my knowledge. Some with whom I spoke about this event said if the man had been back in Nepal, especially in his village, he would not have died. There would have been people to care for him. He would not have felt so lost and alone. Religious specialists would have been able to help. In the United States, everyone was too busy; they did not have the same time to pay attention. The death by cancer raised points of medical and cultural tension. This person had received chemotherapy. Some felt this was a register of the ways the United States was more "developed" than Nepal and how it provided for its immigrants. Others noted this Western medicine was too "strong" for the man's weakened condition and caused his demise. Some said he should have returned to Nepal to die, noting how distraught his wife had become back in her village. In both cases, issue surfaced with respect to last rites, unmoored as these individuals were from the terrain that had nurtured them. In the context of the New York public health system, it was difficult to perform the release of consciousness ceremony (T. *phowa*) that marks the beginning of one's journey toward rebirth. Family members on both sides of the world performed rituals during the 49 days in which sentient beings transmigrate through the *bardo,* the in-between realm between death and rebirth in Tibetan Buddhist tradition. Yet these deaths out-of-place cut to the core of questions about where one belongs, where home is, and the realms of possibility therein.

Community, Karma, and Disability

In August 2009, cumulous clouds billow above the verdant Kathmandu valley, giving way to thunderstorms and rainbows most afternoons. Potholed streets suffer the weight of downpours. All that is organic about this place—the smell of ripe garbage piles, the lushness of bougainvillea vines, the inevitable creep of earth and mud back across pavement—seems, during this wet season, to overtake this city's urbanity. I think about this as my Mustang family and I bump and jostle our way by car from their home near Boudha to the forested skirts of Swayambhu, the famous "monkey temple" which sits on a hill at the northern edge of the Kathmandu Valley.

It is time for Yartung, a midsummer harvest festival celebrated throughout Mustang. Even though we are not in Mustang, this ritual will be marked in the capital by four days of eating, drinking, socializing, and gambling at the Mustang Baragaon Lo Tshodun Sewa Sang, a community temple and social service organization for people from the Tibetan-speaking areas of Mustang District. More than a decade ago members of the community organization's governing board purchased the land on which this temple and social space was built; the actual buildings were erected about six years ago with funds donated primarily by Mustangis living and working abroad (Craig 2004). This space has been consecrated by important religious leaders and is used to hold religious teachings and community events from New Years celebrations to weddings

and funerals. Just as villagers are coming together for horse races, religious ceremonies, and community feasts up in the mountains, so too their kin in the lowlands gather to mark this occasion.

Traffic and "Nepali time" being what they are, we arrive at the Mustang Sewa Sang nearly an hour late. On arrival, we are offered hard-boiled eggs, toast, and day-glo Druk™ Mixed Fruit Jam. Dhondrup, the head of this household, runs an important temple complex and nunnery in Mustang. He joins a circle of other men, and they tally up community donations. At the same moment in Mustang, groups of villagers are likely adding up household contributions to rotating community credit systems in their homes or village temples, before the collective heavy drinking and horse races commence. This opacity is impossible to maintain within the relatively smaller spaces of this Kathmandu-based community temple, so now villages take turns gathering on consecutive days.

I follow Sonam, my fictive "sister" and her daughter, whom everyone calls "Honey," over to one corner of the courtyard. We sit stiffly in plastic chairs, peeling eggs and dipping them into pools of chili, oil, and salt. Sonam and I talk with a young father about my age. As is typical of her station—an upper-middle-class Mustangi, nearing 20, raised in Kathmandu, who speaks to her parents only in Nepali—Honey listens to Tibetan pop tunes on her cell phone and looks bored. Just then a taxi pulls up, a wheelchair strapped to the roof rack. A middle-age Mustangi man climbs out. A fellow villager helps to free the chair from the tangle of twine that holds it in place. Honey gets interested. The man who has stepped out of the taxi now lifts a young woman about Honey's age from the back seat.

"Do you remember Dekyi?" Sonam asks her daughter. Honey shakes her head no, but stares as this disabled person is positioned in her wheelchair, arms and legs limply akimbo. "She used to play with you when you were little," Sonam goes on. "Even though she cannot move her arms or legs, she is funny. She used to make you laugh all the time." Sonam walks over to the small group of people clustered around Dekyi and her wheelchair to say hello.

"Well, the party can start now, since I'm here," Dekyi says. Her speech slurs at the edges, making sloppy what seemed to be sharp, considered thoughts. And then, with just as much candor, "These legs that don't work are such a bother." Her father positions a pillow behind her back and ties her arms and legs to the chair with strips of cotton cloth. He wraps a wider band of cotton around her chest. In a gesture that seems too intimate for public space, he unzips her jeans and tucks in her T-shirt. This quadriplegic seems to have no other choice but to submit to these acts of tender invasion.

In my experience, Mustangis with cognitive disabilities or those who are deaf or mute are often well cared for, teased, but incorporated into social events. In contrast, severely physically disabled people are often secluded. Such behavior can be connected to ideas about the causes of these conditions—cultural constructs that can place the "blame" for disability on karma, pollution or defilement (T. *drip*), spirit-caused illness (T. *dondre né*) or even moral transgressions of parents. These patterns of social exclusion could be a response to demands of mountain life, where able bodies are required to sustain households.

In my mind's eye I see a mute child who could not walk. At more than two, he spent most of his time in a basket in a dark corner of the family house. I

remember how an elderly deaf woman communicated using an ad hoc vocabulary of signs built up over decades to convey meaning or need, even though she was an active laborer in the family. I recall stories of a blind European woman who invented a Braille system for Tibetan and started a school for blind youth in Lhasa.[8] She would speak to me about capabilities of her students, but also about the years they were tied to bedposts, hidden in corners, and about the changes that occurred as these children became literate, accomplished people.

Dekyi's mother and father perform the routine of providing her with a certain level of comfort and affection. I wonder what passes between them in private moments, what they learn from each other. Disability can articulate differently across cultures, specifically with respect to senses personhood and embodiment, kinship, citizenship, belonging (Biehl 2005; Ingstad and Whyte 2007; Rapp and Ginsburg 2001). 1

Sonam, Honey, and I are ushered in to the temple, where gambling stations have been set up. Men play a local dice game for high wagers. Women sit in cross-legged circles on blankets spread out across the concrete floor. They play cards, betting with dried kidney beans, each legume worth a *rupee.* Later that evening, I will joke with my hosts that this midsummer harvest festival is more like a Mustang Casino, and they will chuckle in self-conscious recognition of the truth of this sentiment. Now, I watch the women play. Dekyi remains outside, while a deaf-dumb elderly woman moves around inside the temple, being fed snacks by the gambling parties. The woman's mental disability yet physical ability produces less social stigma than Dekyi's mental acuity, confined to what she calls a "troublesome" body. After several rounds of the card game, I wander outside. Dekyi and Honey are talking beside the caretaker's quarters.

"You two aren't gambling today?" I say in Nepali as I walk over. Dekyi lets her head flop back and to one side—a commanding declaration of mobility from the neck up.

"You speak Nepali?" she says, by way of an answer. "I thought you were just one of those foreigners people sometimes bring along for us to stare at," she giggles. "I didn't realize I could talk with you!" Dekyi seems delighted in this discovery. I marvel at the ways we have both assumed certain limitations in the other, on first glance.

"Where are you from?" she asks. I share with her a sketch of my biography, including the time I've spent in Mustang.

Dekyi's parents are the current caretakers of the community temple. "They took this job so they could bring me to Kathmandu for physical therapy," she explains. "To make this hard life a little easier." Their ancestral home is in the Muktinath Valley, but they have been in Kathmandu about five years. Dekyi seems unguarded about her condition.

"How long have you been unable to use your arms and legs?" I inquire.

"As long as I can remember," she answers. She has not been in an accident that would have caused a spinal injury. I run through possible biomedical scenarios in my head: polio, spina bifida, and other neurological dysfunctions. I think, too, of *tsa drip,* a category of illness that involves the spiritual contamination of the *tsa kar,* or "white channels." As Samuel (1999:96–97) describes with regard to a study of Tibetan patients in Dalhousie, India, *tsa kar* are often equated with the nervous system, but the category *tsa drip* is a euphemism for

illnesses caused by the *sa* or earth spirits—types of beings who are nefarious enough that people tend to avoid referring to them directly. *Tsa drip* usually manifests as paralysis, at times temporary and at times long lasting and total. Although some Tibetan medications address *tsa drip,* the usual course of treatment also involves ritual practices.

"Have you taken any Tibetan medicines?" I ask.

"Oh, my parents have made me do all sorts of things like that. I have taken those bitter medicines, and they put things around my neck," she says, referring to the bitter taste of Tibetan medical pills and powders and to protective amulets (T. *sung*). "They have done many rituals (N. *puja*), but these also cost money. You have to pay the lamas and then watch them get drunk! Sometimes people say this is karma. Who knows? I am just like this." When I ask if she feels that any of these methods to address her suffering have helped, or worked, she rolls her eyes and says "no."

Dekyi seems skeptical of the power or potency of Tibetan medicines. She criticizes "the traditional" in that she notes the economic costs of these cultural proscriptions; in her opinion, they lack efficacy. Her response is a reminder of the diversity in the term "medical pluralism." Although I have encountered such skepticism of Tibetan medicine or ritual healing practices in other ethnographic moments, equally numerous are the times I have recorded praise for Tibetan therapeutics, skepticism about biomedicines, and a range of pragmatic, malleable responses to illness that allow, for instance, for a divination to determine the timing of a surgery (Schrempf 2010) or for a death-by-cancer to be attributed, at some level, to a death-by-chemotherapy, as noted above.

"Are you uncomfortable?" I ask Dekyi. She sits with a small pillow between her ankles. Every so often a look of pain fleets across her expressive face. I am reminded of the ways that pain, particularly chronic pain, is an "anomic condition" and an "inner experience" that defies a coherent system of values and beliefs, in the words of Delvecchio-Good and colleagues (1992:5).

"My legs rub together and make sores," she says, matter-of-fact. "And I have to take five different kinds of medicine every day. They make it so I am never hungry. And they are expensive. I don't know what good they do but the doctors say I should take them." I ask Dekyi if she knows what the medicines are called or what they are meant to treat. "They are for this, for the *way I am,*" she replies, with emphasis. I ask what kinds of medicines she takes, but this, too, poses interesting translational problems. Terms like "biomedicine" and "allopathic" do not work well in Nepali or Tibetan. We emerge with a shared understanding that she takes "Western" *aushadi,* the latter a general Nepali term for "medicine," corroborated by a Tibetan phrase, *gya men,* which refers to biomedicine but could just as easily be translated as medicine that is vast, extensive, associated with law and order, and comes from places of power and authority. This sociolinguistic point illustrates the ways medical imaginaries are informed by discourse and geography. Dekyi takes several kinds of pills, but she does not know their names. She also does physical therapy.

The daily ritual of Dekyi taking her medicines and going through the motions of physical therapy, recalls Delvecchio-Good and colleagues' (1992) definition of "sufferer experience": the subjective, embodied social and emotional weight of particular forms of suffering, pain, or illness. The main

argument here, of course, is that biophysical experience cannot be disaggregated from the cultural, socioeconomic, and historical contexts in which such suffering occurs. This is particularly true when I learn of the costs Dekyi associates with her therapeutic regimen, and when I realize that remittances from the United States that are making her therapy possible.

"How much do the medicines cost?" I ask.

"I'm not sure," Dekyi answers, "But whatever it is, it feels like a waste of my sister's hard work." Palsang, Dekyi's sister, is living in Brooklyn, doing nails at a Manhattan beauty parlor to make a living. Palsang has been in the United States for three years. She is married to a fellow Mustangi. They have a young daughter who is living with them in New York. She sends money home on a regular basis. Dekyi seems confident these remittances help to pay for her care.

"I also go to physical therapy every day, and it costs my family Rs. 400 each time!" she goes on, her tone now incredulous. I do the math. Her family is spending roughly $150 a month—a sum that exceeds many Nepalis' monthly household income by a significant margin—on her physical therapy alone.

"That is so expensive," I fumble. "Does the physical therapy help?"

"Not really," she replies. "Physical therapists here are *duplicate*." Dekyi says this last word in English. This comment hits on a theme that has surfaced many times when discussing the difference between health care in Nepal versus the United States with friends from Mustang. The theme resonates with Yangkyi's view of her nurses in Hoboken as competent and caring, better than the standard of care at the Pokhara hospital. It also echoes scholarship on pharmaceutical use in South Asia (Ecks 2010; Brhlikova et al. 2011).

Dekyi's commentary about her physical therapists can be read as commentary on the ways good medicine is something that seems located in an idealized vision of the United States—a sensibility that connects place to notions of modernity and scientific authority. In contrast, more than connoting a facsimile, this Nepali use of the English word "duplicate" imbues products, expertise, or experiences with a sense of reduced quality. In the case of medical practitioners, it implies that someone has not been trained to a high standard, uses outdated technology, etc. Of course, one young woman's claim that the care she is provided in Kathmandu is below standard does not, in itself, make a case for the inadequacies of Nepali health care; however, it does illuminate an aspect of Dekyi's experience—namely that part of her suffering is tied to her sense of the costs and questionable efficacy of the therapeutic forms she is afforded in Kathmandu. One might see this idea of duplication as a mimetic inverse to what van der Geest and Whyte (1989) have described as the "charm" of biomedicines: their affective yet concrete appeal, particularly in new contexts. For Dekyi, the mere fact that her physical therapists are Nepali, and that she is receiving treatment in Nepal, renders her skeptical about the therapy's capacity to produce a desired outcome.

"Why don't you take me to America," Dekyi continues. Her mouth curls into a smirk. "My sister says they have good doctors in New York."

"You know how difficult it is to get a visa. I don't think we would have much luck."

"You could adopt me. Be my big sister." I appreciate Dekyi's directness, tinged with jest. America looms as a place of possible improvement, if not cure.

"Even if you could get a visa, many of these good doctors in New York are also very expensive, if you don't have a job and—" I struggle to find the right words for "insurance" and "preexisting condition" but this is quickly beside the point.

"Maybe you're right," Dekyi answers. "Palsang says the same thing. American money is worth more than Nepali money, but everything costs more there."

I am moved by the sense that all of these attempts to help Dekyi—the family's move to Kathmandu, the meds, the physical therapy—do not actually seem to alleviate her suffering but, rather, prompt different kinds of dis-*ease*. I also think back to Dekyi's comments about Tibetan medicines and ritual healing, noting her cynicism in ways that seem to hint at a failure of her family's Buddhist orientation to provide her, as an individual, with much in the way of relief. Although she has tolerated rituals and Tibetan medicines, although she wears protection cords around her neck, she does not place much value on them.

We might compare Dekyi's experiences to those of Catarina, the central character of João Biehl's *Vita: Life in a Zone of Social Abandonment* (2005), a story about a Brazilian woman with a degenerative disease who navigates psychiatric medications and the social isolation foisted on her by her family's decision to institutionalize her. Catarina's situation, both physical and emotional, during her 14 years of confinement is dire compared with Dekyi's lot, but parallels emerge in the ways both individuals are stripped of agency by virtue of the care they receive. Catarina puts it bluntly when she says, "My desire is of no value." Dekyi, by contrast, seems ambivalent about the care she receives, despondent and even angry over what it costs her family.

Dekyi's father walks past us and opens up the padlocked door to his family's modest quarters: two rooms beside the main temple, furnished with three platform beds, a two burner stove, a television, and a bookshelf. The room is painted bright turquoise and lit by two bare fluorescent bulbs. The bookshelf holds a shrine of sacred images and family portraits: her parents at their marriage, looking serious in sepia tones; her sister Palsang beneath the Empire State Building; a mass reproduced picture of a Tibetan lama; a poster of Shakyamuni Buddha. As I look at the pictures, I am struck again by the fact that if Dekyi's sister were *not* in New York, Dekyi would likely not be receiving so many medications or physical therapy, at least not on a regular basis.

I ask Dekyi's father if this is indeed the case. He nods in affirmation as he positions several mats on the floor, readying the room for Dekyi's physical therapy appointment. If Dekyi had been born a generation earlier, she might have ended up in a dark corner of a village house, if she survived childhood. Yet Dekyi's assessment of the medicines she takes and the physical therapy she is receiving complicates the picture. She skirts the contours of their risks and benefits like a boat adrift on a sea of suffering that is somehow not named, or at least not navigable with the instruments at her disposal. It is simply her sea, this place she embodies.

Unlike Catarina's family, Dekyi's kin are invested in her care. They have made sacrifices to facilitate their daughter's treatment. Even without medicines and therapy, life in Kathmandu is expensive. I wonder who occupies their family home, who plows their fields and stewards their animals, now that they live in Kathmandu. Expectations of caretaking within this Mustang household have been changed by virtue of Dekyi's disability and by new socioeconomic possibilities afforded, in part, by labor migration. Had Dekyi simply been an unmarried daughter living with her parents in Nepal, as opposed to an unmarried quadriplegic daughter, she would be expected to take care of her parents, rather than the reverse.[9]

Dekyi's father picks up Dekyi, places her face down on the mat, and positions pillows between her legs and under her chest. He performs this silently, as Dekyi and Honey chat. As he turns to leave, he clicks on the television.

"Turn that thing off," Dekyi says. "It gives me a headache. If I watch it, I am *still* alone." The comment stings, but her father simply walks out the door, ignoring his daughter's request. This act reminds me of the opening of *Vita*: "In my thinking," Catarina says, "I see that people forget me." Although Dekyi is far from abandoned, she is still, in some ways, forgotten—relegated to the side rooms, the wheel chair, to other domains in which she is alone, if not invisible. Although remittances from her sister in New York have afforded her a certain possibility for living, they still miss the mark of speaking directly to Dekyi, meeting her needs.

Dekyi turns to me. "Please turn off the television and hand me my cell phone. The white one, there, up on the shelf." I do as she asks. "Put the phone down here." Dekyi motions toward the linoleum beneath her chin. Dekyi uses her nose and chin to turn on the phone. Then, with deftness and grace, she finds her favorite song and plays it for Honey.

Conclusion

In tracking movements of friends and acquaintances between Nepal and New York City over the past decade, I have noted how narratives of subjective experience speak to larger issues within the context of migration and social change. Particularly germane to the stories I've presented are the ways such stories of health and illness can animate issues of citizenship, belonging, and a sense of what nation-states—either those of origin or those of adoption through migration—can and cannot provide to their people. These narratives about suffering and well being as told in Mustang's villages, in urban centers like Kathmandu, or in immigrant boroughs of the Big Apple reveal moral discourses about the value of life and the value of money, both in and out of clinical settings. They also point to the ways that access to health care and medicines are proxies for broader analyses of social change in the wake of translocal movements and labor migration.

I have argued that realms of possibility impact experiences of health and illness, and that the boundaries of these realms of possibility can change as a result of migration, even for those who remain or return home. New ways of accessing health care are, at one level, consequences of remittance economies and physical movement to different locales. Yet while physical geography and

nation-states are important registers through which we might make sense of these Mustangi stories between Nepal and New York, so, too, are culturally Tibetan ideas that reveal porous, flexible boundaries between the elements that comprise persons and environments, as well as the social acts and moral conditions that give rise to realms of possibility. Out-migration from Mustang has created different demands on bodies, alternate ways of understanding causes and conditions of illness, new patterns of seeking medical care.

Consider the following examples: older villagers continue the back-breaking work of harvest long after they would have a generation ago because their children and grandchildren are now running businesses in Kathmandu or cleaning houses on Long Island. A woman with a prolapsed uterus is able to receive a hysterectomy because her husband is working construction in Brooklyn, even though he now suffers from a recurring infection from a puncture wound received on the job. He is an undocumented laborer without access to worker's compensation. A Mustangi *amchi* runs a clinic in Kathmandu—in which he takes blood pressure and prescribes IV antibiotics along with Tibetan medicines and acupuncture. He packs pills and powders routinely and sends them to New York. A Mustangi taxi driver, wielding a social security card and driving, on his off hours, a Toyota hybrid he bought with cash, waxes philosophical about the value of Medicaid and New York's immigrant hospitals. "At least in America nobody asks you for money just to come in the door," he says. "If you are bleeding or hurt, the doctors will treat you. This doesn't happen in Nepal. There, if you don't have money, a hospital is like a house to which you do not have a key." Another Mustangi working her way through community college has a different take on the U.S. health care system after she suffered a head injury at her summer job, stocking supplies at a convenience store. "Sure, they took care of me at the hospital and said *'no problem.'* But then I got a stack of bills! At least in Nepal they tell you what it will cost at the beginning." A friend's son is born severely premature in New York. The child would not have survived in Mustang, but he is now benefitting from New York State services for developmentally delayed children. My friend tells me, "Here, we help each other. Here, the government helps. But in Nepal there is not this sense of *helping fellow man*, outside of people from your own small place—your village or family."

I have come to see how understandings of health and patterns of medical "resort" emerge not only from particular cultural concepts and places but also from households and economies of scale within a market-based approach to health care, in and beyond Nepal. These stories show the ways medicines and medicalized practices such as physical therapy or the performance of a cesarean section operate as material things *and* as ideology. They show that such medical practices are deeply identified with specific places: the socioeconomic value of birth in the United States; the relative quality of vaccinations accessed in Mustang or Hoboken; the added potency of Tibetan medicines sent from Kathmandu to Brooklyn, made with herbs from Mustang; the presumed ineffectiveness of pharmaceuticals made in Nepal. Finally, these stories speak to lived experiences of happiness and suffering, *kyi-dug* in Tibetan, *sukkha-dukkha* in Nepali, as realms of possibility and constraint that are as expected as they are mutable, impermanent.

Notes

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1. See Craig (2002; 2004; 2008a, 2008b) and Craig and colleagues (2010).
2. I prefer Zhan's (2009) term *translocal,* rather than *transnational* or *translocale.* To Zhan, translocality attends to emergent ethnographies that "call attention to transnational cultural processes, routes, and uneven fields of power often neglected in discussions of globalization" (2009:8).
3. I note Tibetan terms with a T. and Nepali terms with an N throughout this article. Standard Tibetan transliteration (Wylie 1959) is cumbersome for those unfamiliar with Tibetan. As such, I have followed the Tibetan and Himalayan Library's online Tibetan Phonetics Converter system (http://www.thlib.org/refreence/transliteration/phconverter.php, accessed June 13, 2011).
4. All names are pseudonyms.
5. As Shneiderman (2009) notes, one must *banaune,* or "make" Nepali citizenship, while one is granted the right to citizenship in the United States by virtue of birth.
6. Jordan (1992) and Davis-Floyd and Sargent (1997) contextualize Yangkyi's comments with reference to childbirth and authoritative biomedical knowledge. Van Hollen (2003), Pinto (2008), Berry (2010) and Adams and colleagues (2005) elaborate on the relationship between modernity and conceptions of "safe" births.
7. See Wendland (2007).
8. See Tenberken (2004) and (www.braillewithoutborders.com).
9. Gutschow (2004), Childs (2004), and Shneiderman (2007) describe social roles of women religious in Tibetan societies. Childs and colleagues (2005) discuss the role of unmarried laywomen in contemporary Tibetan household economies.

References Cited

Abu-Lughod, Lila
1992 Writing Women's Worlds: Bedouin Stories. Berkeley: University of California Press.

Adams, Vincanne, Suellen Miller, Jennifer Chertow, Sienna Craig, Arlene Samen, and Michael Varner
2005 Having a "Safe" Delivery: Conflicting Views from Tibet. Health Care for Women International 26:821–851.

Adams, Vincanne, Mona Schrempf, and Sienna Craig
2010 Medicine Between Science and Religion: Explorations on Tibetan Grounds. New York: Berghahn.

Anderson, Benedict
1998 Long Distance Nationalism. *In* The Spectre of Comparisons: Nationalism, Southeast Asia, and the World. Pp. 58–75. London: Verso.

Anderson, Bridget
2000 Doing the Dirty Work? The Global Politics of Domestic Labour. London: Zed Books.

Apfell-Marglin, Frederique
1990 Smallpox in Two Systems of Knowledge. *In* Stephen Marglin and Frederique Apfell-Marglin, eds. Pp. 120–144. Dominating Knowledge. Cambridge: Cambridge University Press.

Behar, Ruth
1993 [2003] Translated Woman. Boston: Beacon Press.

Berry, Nicole
2010 Unsafe Motherhood: Maternal Mortality and Subjectivity in Post-War Guatemala. New York and Oxford: Berghahn Books.

Biehl, João
2005 Vita: Life in a Zone of Social Abandonment. Berkeley: University of California Press.
Biehl, João, Byron Good, and Arthur Kleinman
2007 Subjectivity: Ethnographic Investigations. Berkeley: University of California Press.
Brhlikova, Petra, Ian Harper, Roger Jeffrey, Nabin Rawal, Madhu Subedi, and M. R. Santhosh
2011 Trust and the regulation of Pharmaceuticals: South Asia in a Globalised World. Globalization and Health 7:10.
Cameron, Mary
2010 Feminization and Marginalization? Women Ayurvedic Doctors and Modernizing Health Care in Nepal. Medical Anthropology Quarterly. 24(1):42–63.
Childs, Geoff
2004 Tibetan Diary: From Birth to Death and Beyond in a Himalayan Valley of Nepal. Berkeley: University of California Press.
2008 Tibetan Transitions: Historical and Contemporary Perspectives on Fertility, Family Planning and Demographic Change. Leiden, the Netherlands: Brill.
Childs, Geoff, Melvyn Goldstein, Ben Jiao, and Cynthia M. Beall
2005 Tibetan Fertility Transitions in China and South Asia. Population and Development Review 31(2):337–349.
Craig, Sienna
2002 Place, Work and Identity between Mustang, Nepal and New York City. Studies in Nepali History and Society 7(2):355–403.
2004 A Tale of Two Temples: Culture, Capital and Community in Mustang, Nepal. European Bulletin of Himalayan Research 27:11–36.
2008a Horses Like Lightning: A Story of Passage through the Himalayas. Boston: Wisdom Publications.
2008b Place and Professionalization: Navigating Amchi Identity in Nepal. *In* Tibetan Medicine in the Contemporary World: Global Politics of Medical Knowledge and Practice. Laurent Pordié, ed. Pp. 62–90. London: Routledge.
Craig, Sienna, Liana Chase, and Tshewang Norbu Lama
2010 Taking the MINI to Mustang: Methodological and Epistemological Translations of an Illness Narrative Interview Tool. Anthropology and Medicine 17(1):1–26.
Craig, Sienna Mingji Cuomo, Frances Garrett, and Mona Schrempf, eds.
2011 Studies of Medical Pluralism in Tibetan History and Society. Halle: International Institute for Tibetan and Buddhist Studies.
Das, Veena, and Ranendra K. Das
2006 Pharmaceuticals in Urban Ecologies: The Register of the Local. *In* Global Pharmaceuticals: Ethics, Markets, Practice. Adriana Petryna, Arthur Kleinman, and Andrew Lakoff, eds. Pp. 171–205. Durham, NC: Duke University Press.
Davis-Floyd, Robbie, and Carolyn Sargent, eds.
1997 Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives. Berkeley: University of California Press.
Delvecchio-Good, Mary-Jo, Paul Brodwin, Byron Good, and Arthur Kleinman
1992 Pain as Human Experience: An Introduction. *In* Pain as Human Experience. Mary-Jo Delvecchio-Good, Paul Brodwin, Byron Good, and Arthur Kleinman, eds. Pp. 1–28. Berkeley: University of California Press.
Dhungel, Ramesh
2002 The Kingdom of Lo (Mustang): A Historical Study. Kathmandu: Tashi Gephel.
Ecks, Stefan
2010 Near Liberalism: Global Corporate Citizenship and Pharmaceutical Marketing in India. *In* Asian Biotech: Ethics and Communities of Fate. Aiwha Ong and Nancy Chen, eds. Pp. 144–163. Durham, NC: Duke University Press.
Gartaula, Hom Nath
2009 International Migration and Local Development in Nepal. Contributions to Nepalese Studies 36(1):37–66.

Ginsburg, Faye, and Rayna Rapp, eds.
1995 Conceiving the New World Order: The Global Politics of Reproduction. Berkeley: University of California Press.
Gutschow, Kim
2004 Being a Buddhist Nun: The Struggle for Enlightenment in the Himalayas. Cambridge, MA: Harvard University Press.
Ingstad, Benedicte, and Susan Reynolds Whyte
2007[1995] Disability and Culture: An Overview. *In* Disability and Culture. Benedicte Ingstad and Susan Reynolds Whyte, eds. Pp. 3–34. Berkeley: University of California Press.
Inhorn, Marcia
2003 Local Babies, Global Sciences: Gender, Religion, and in vitro Fertilization in Egypt. London: Routledge.
Jordan, Brigitte
1992[1978] Birth in Four Cultures: A Cross-Cultural Investigation of Childbirth in Yucatan, Holland, Sweden, and the United States. 4th edition. Prospect Heights, IL: Waveland.
Justice, Judith
1986 Policies, Plans, and People: Foreign Aid and Health Development. Berkeley: University of California Press.
Leach, Melissa, and James Fairhead
2007 Vaccine Anxieties: Global Science, Child Health, and Society. London and Sterling, VA: Earthscan.
Levitt, Peggy
2001 The Transnational Villagers. Berkeley: University of California Press.
McHugh, Ernestine
2004 Moral Choices and Global Desires: Feminine Identity in a Transnational Realm. Ethos 32(4):575–597.
Osella, Filippo, and Katy Gardner, eds.
2004 Migration, Modernity, and Social Transformation in South Asia. Contributions to Indian Sociology Occasional Studies, 11. New Delhi: Sage.
Pinto, Sarah
2008 Where there is no Midwife: Birth and Loss in Rural India. London: Routledge.
Ramble, Charles
1997 Tibetan Pride of Place: Or, why Nepal's Bhotiyas are not an ethnic group. *In* Nationalism and Ethnicity in a Hindu Kingdom: The politics of Culture in Contemporary Nepal. David N. Gellner, Johanna Pfaff-Czarnecka, and John Whelpton, eds. Pp. 379–413. Amsterdam: Harwood Academic.
2008 The Navel of the Demoness: Tibetan Buddhism and Civil Religion in Highland Nepal. Oxford: Oxford University Press.
Rapp, Rayna
2000 Testing the Woman, Testing the Fetus: The Social Impacts of Amniosentisis in America. London: Routledge.
Rapp, Rayna, and Faye Ginsberg
2001 Enabling Disability: Rewriting Kinship, Reimagining Citizenship. Public Culture 13(3):533–556.
Samuel, Geoffrey
1999 Religion, Health and Suffering among Contemporary Tibetans. *In* Religion, Health, and Suffering. John R. Hinnell and Roy Porter, eds. Pp. 85–110. London: Kegan Paul International.
2007 Spirit Causation and Illness in Tibetan Medicine. *In* Soundings in Tibetan Medicine. Mona Schrempf, ed. Pp. 213–224. Amsterdam: Brill.
Schrempf, Mona
2010 Between Mantra and Syringe: Healing and Health-Seeking Behaviour in Contemporary Amdo. *In* Medicine Between Science and Religion: Explorations on Tibetan Grounds. Vincanne Adams, Mona Schrempf, and Sienna Craig, eds. Pp. 157–184. New York: Berghahn.

Shneiderman, Sara
2007 Living Practical Dharma: A Tribute to Chomo Khandru and the Bonpo Women of Lubra Village, Mustang, Nepal. *In* Nuns, Yoginis, Saints and Singers: Women's Renunciation in South Asia. Meena Khandelwal and Sondra L. Hausner, eds. Pp. 91–122. Delhi: Zubaan.
2009 Rituals of Ethnicity: Migration, Mixture, and the Making of Thangmi Identity across Himalayan Borders. PhD dissertation, Department of Anthropology, Cornell University.
Sneddon, David, J. Adhikari, and G. Gurung
2002 Foreign Labour Migration and the Remittance Economy of Nepal. Critical Asian Studies 34(1):19–40.
Tenberken, Sabriye
2004 My Path Leads to Tibet: The Inspiring Story of How One Young Blind Woman Brought Hope to the Blind Children of Tibet. New York: Arcade Publishing.
van der Geest, Sjaak, and Susan Whyte
1989 The Charm of Medicines: Metaphors and Metonyms. Medical Anthropology Quarterly 3(4):345–367.
van Hollen, Cecelia
2003 Birth on the Threshold: Childbirth and Modernity in South India. Berkeley: University of California Press.
Watkins, Joanne
1996 Spirited Women: Gender, Religion, and Cultural Identity in the Nepal Himalaya. New York: Columbia University Press.
Wendland, Claire L.
2007 The Vanishing Mother: Cesarean Section and "Evidence-Based Obstetrics." Medical Anthropology Quarterly 2(21):218–233.
Whyte, Susan, Sjaak van der Geest, and Anita Hardon
2002 The Social Lives of Medicines. Cambridge: Cambridge University Press.
Wylie, T. V.
1959 A Standard System of Tibetan Transcription. Harvard Journal of Asiatic Studies 22:261–276.
Yahya, Maryam
2007 Polio Vaccines—"No Thank You!" Barriers to Polio Eradication in Northern Nigeria. African Affairs 106(423):185–204.
Yamanaka, K.
2000 Nepalese Labour Migration to Japan: From Global Warriors to Global Workers. Ethnic and Racial Studies 23(1):62–93.
Zhan, Mei
2009 Other Worldly: Making Chinese Medicine through Transnational Frames. Durham, NC: Duke University Press.

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