

## **International Workshop**

### **“Making India a Global Healthcare Destination. Historical and Anthropological Enquiries on Cross-border Healthcare”**

14-15 June 2009, Heidelberg

Co-organized and funded by the Cluster of Excellence ‘Asia& Europe’, Heidelberg,  
and the French Institute of Pondicherry (Unit 21 of CNRS – MAEE)

#### **Venue**

Day 1 – Workshop, Conference room 212, KJC, Heidelberg

Day 2 – Public Lectures, Room 112, KJC, Heidelberg

#### **Presentation**

Modern health tourism is taking an increasingly prominent position in academic discourse. The main reason is the recent emergence of this form of tourism as an important player in the global health economy and in the transformation of the national health landscape in the host countries. In India, economists predict that over the next decade health tourism will grow to become one of the major drivers of the country’s economy. However, very little research has been done on the social and cultural encounters which prevail in such situations. This workshop will attempt to understand the forms and meanings of health tourism, from both historical and anthropological viewpoints.

The Indian therapeutic landscape is produced both within and increasingly beyond the national boundaries of the country. The global circulation of therapeutic techniques and practices, medical knowledge and procedures, patients and therapists, all fashion healthcare in India. These multiple flows also have an impact on the way healthcare is thought, practiced and experienced in Europe. Specialized health and wellness institutions incorporate ‘Indian therapies’ in their menu, together with fragments of the subcontinent cultures. The participants to this workshop will explore these issues along three main, interrelated axes: transnationalisms, cultural encounters and the transformations of therapeutic practices, labour migration and the health tourism industry, and the global construction of India.

The workshop is jointly funded and organized by the Cluster of Excellence ‘Asia & Europe’ at the University of Heidelberg and the French Institute of Pondicherry (Unit 21 of the CNRS – MAEE).

#### **Participants**

Julie Baujard (IRSEA, Marseille / FIP)  
Burton Cleetus (University of Calicut / FIP)  
Christoph Cyranski (Heildeberg)  
Projit Bihari Mukharji (McMaster University, Canada)  
Harish Naraindas (JNU, Delhi)  
Mark Nichter (University of Arizona)  
Laurent Pordié (IFP / Heidelberg)  
Johannes Quack (Heidelberg)  
Sheela Saravanan (Pune)  
William Sax (Heidelberg)  
Anuradha Varma (VLCC International, Dubai)  
Caroline Wilson (University of Sussex)

## Programme

Sunday 14 June, 2009

9h Presentation of the workshop, by Laurent Pordié

9h30 **Session 1: The construction of an object of study**

Chairman: Mark Nichter (University of Arizona)

*Where is India? Locating fieldwork in health tourism in Asia and Europe*  
Laurent Pordié (IFP / Heidelberg)

*Across the borders: Transnational mobility, healthcare and leisure in historical perspective*  
Burton Cleetus (University of Calicut)

*The intermediaries of medical tourism. The case of Afghan refugees in New Delhi*  
Julie Baujard (IRSEA, Marseille)

12:30 PM Lunch

2:00 PM Session 1: *Continued*

Chairman: Harish Naraindas (JNU Delhi)

*At the intersection of medical and wellness tourism: Ayurvedic resorts in Kerala, South India*  
Christoph Cyranski (Heidelberg)

*European parents in the quest for Indian wombs: Surrogacy and the making of 'transnational babies'*  
Sheela Saravanan (Pune)

*Dubai spas: A node in European and Asian transnational flows*  
Anuradha Varma (Dubai)

4:00 PM

Session 2: Roundtable, chaired by William Sax (Heidelberg)

Monday 15 June, 2009

9:30 AM      **Session 3: Public Lectures**  
12:30 PM

**From liminal religiosities to NRI remittances: The cyber geographies of healing shrines**

Projit Bihari Mukharji (McMaster University, Canada), discussed by William Sax (Heidelberg)

Situated in the liminal space between South and South East Asia, Bengal has long witnessed the co-existence of multiple distinct sources of religious authority. This co-existence in turn has promoted a wide range of conflicts and co-operations. In the domain of healing this has often led to the development of a number of eclectic healing shrines which have drawn voraciously on the multiple distinct sources of divine power in order to heal. With the rise of more clearly defined religio-communal identities however such shrines have been increasingly pressurized into reformatting their ritual and devotional economies in order to locate them more firmly within one or the other major religio-communal identity i.e. Hindu or Muslim. The very architecture of the shrines have been significantly altered to effect this closer entrenchment within clear-cut religio-communal identities. The seemingly irreducible singularities of these shrines have been fast disappearing into a flattened uniformity of temples to well-known Brahmanic gods and “Sufi” dargahs.

In the midst of this drive towards uniformity, the internet has provided some of the shrines with an alternative and lucrative route of survival. Some of the shrines have now got on to the internet and are actively trying to woo NRIs to support their shrines in various ways. In direct contradiction to the flattening out of singularities in the “real” world, therefore, cyberspace has encouraged the shrines to make claims to individuality. Yet, this improvisation too has come at a cost. Most of these shrines no longer directly mention the healing powers of the shrine, presenting them instead as sites of spirituality and mysticism.

**Connecting to the global marketplace and escaping ‘God’s Own Country’? Perspectives on health and medical tourism from Kerala, South India.**

Caroline Wilson (University of Sussex), discussed by Laurent Pordié (IFP / Heidelberg)

Due to its peaceful backwaters, lush green habitat, golden beaches, favourable climate and āyurvedic treatments, wellness has been central to Kerala’s offering as a popular tourist destination in India. The state is also one of the few non-metropolitan areas in India with the capability to provide world-class treatment and facilities. Kerala has naturally expanded into the medical tourism market, as a regional health care centre and area with strong connections to the Arabian Gulf countries. This paper explores local, national and international perspectives on health and medical tourism, as leading private hospitals, the government and other key stakeholders meet to discuss the way forward for further expansion. It examines the networks of knowledge, marketing strategies, and practices, which are necessary to expand Kerala’s connectivity in the wider medical tourism market. It explores the medical tourism offering and the intersections between culture and place, as ambitions, capabilities and flows of patients and tourists to the state steadily increase.

**Of virtual patients and techno-spiritualism: the spa as a site of therapeutic innovation**

Harish Naraindas (Jawaharlal Nehru University, New Delhi), discussed by Percivil Carrera (Manheim Institute of Public Health)

In the centre of a catholic town in central Germany is a small roadside ‘shrine’ of the Virgin with the Infant, behind which rises a Hindu ‘temple’ dome. Built in the Gandharava style of

“maharishi” architecture, it houses a German Heilpraktiker (healing practitioner) and his Spa. One enters an enclosed courtyard to be greeted by soft Gandharava music and a glass basil plant, with Ayurvedic treatment wings for men and women on either side. Here patients arrive in person or as little body parts by post: a lock of hair, or drops of blood on blotting paper. The diagnosis and therapy are a dizzy melange of high and low tech possibilities from the pulse to a scan that diagnoses the disease and the therapy on a laptop, prescribes by irradiating with laser beams sugar pills or Maharishi medicines with the simulated therapy, and then dispatches them by post. Rather than being atypical, I will argue that the contemporary spa and its practitioners are quintessential pluralists, who house in their porous beings cultures, systems and therapies, producing a mangled medical episteme that needs to be addressed.