border communities often take the "givenness" of borders for granted, reproducing the state's own account of itself as always-already bounded, territorially integral.

Making the materializing border itself the object of study may pose other challenges as well. It is precisely at their less-than-sticky edges that states can become nervous about lingering observers; borders are often sites where the state seeks to inscribe but emphatically rejects inscription. Prohibitions on photography in airports or at border posts are mundane reminders of that. These constraints mean that the complexities of how state borders work and are worked—and the lives of those whose job it is to animate the state in the margins—have tended to go relatively unexplored. Many edited volumes on international borders, for instance, contain only fleeting references to the border guards, customs officers, road police, security officials, veterinary inspectors and other stately figures whose work consists in regulating movement and territorialisating the state. As such, the complexity of the border as social space often tends to get written out—the messy (and rarely linear) conjunction of barriers and passages that make up a border regime reduced to the cartographic abstraction of border-as-line.

Focusing instead on materializing borders may point us in another direction, one that can enable an anthropology of borders to contribute to, rather than distance itself from, an exploration of transnationalism. The Ferghana Valley is a generative site for ethnographic inquiry in this respect. As a region where new international borders figure little in popular geographical imaginaries, and where the (gendered) work of "managing the border" is visible, contested and the object of considerable moral assessment, this particular post-Soviet borderland reminds us of the effort that goes into transforming cartographic boundaries into physical ones (ie making maplines stick).

More importantly, when we move the border itself from analytic frame to analytic focus, it comes into view as a complex and differentiated space where those who make a living from crossing and working it are intimately attuned to the differences it sustains. Indeed, the particular way in which this space is materialized—in metal and wire and water channels, in biometric technologies and documentary practices, in gruff commands and intimate negotiations, in the diversity of currencies and papers and official encounters—may be instrumental in fostering the kinds of "transnational subjectivity" that are typically associated with long-distance movement. Muktar-aka's acute awareness of the different state and social forms on either side of the Shaxrihan-sai canal, and the effort in sustaining social worlds across that divide, has precisely been heightened by the proliferation in physical and bureaucratic obstacles to legitimate cross-border movement.

**Borders and Transnationalism**

It is here that close ethnographic study of borders and their contemporary materializations can contribute to the anthropology of transnationalism, not just by drawing attention to the perspectives of those whose livelihoods entail working the border—sustaining divergent social worlds in close geographical proximity—but also by encouraging reflection on the complex relation between mobility, immobility and transnational subjectivity. Long-distance migration is one of the ways that subjects can come to develop what Roger Rouse has called the "cultural bifocality" that characterizes a distinctly transnational orientation, but it is not the only one. When states come to inscribe difference upon spaces that have been morally and imaginatively shared for those dwelling in them, the result may be one simultaneously of new constraints upon movement and new forms of transnational engagement.

**Sending Energías from the Andes**

**The Social Efficacy of Traveling Medicines**

**JASON Pribilsky**

**WHITMAN C.**

Evidence of our society’s anxiety over the movement of medications and drugs across borders is the stuff of newspaper headlines. Tenacious octogenarians are crossing into Canada by the busload to purchase discounted medications. Public health officials are hunting down lead-based pain killers from Latin America being dispensed in clandestine New York botánicas. Illicit drugs are passing over borders. Unlicensed, illegal and unknown substances on the wrong side of borders are modern instances of what Mary Douglas called “matter out of place.” To be sure, such examples demonstrate a central tension of globalization—that is, between the highly regulated movement and exchange of medications and the unmitigated global flows of capital, commodities and, to a lesser degree, human beings. Societal concerns over remedial substances crossing borders largely focus on the *pharmaceutical* efficacy, or inefficacy as it were, of such items and their ability to do harm. Anthropologists, however, have important stories to tell about the socially efficacious aspects of traveling remedies. Research that follows both where remedies travel and the meanings people attach to their movement points to what Whyte, van der Geest and Hardon (2002) call the “social lives of medicines,” with implications for the ethnography of global processes, informing public health encounters with migrant populations and refining critiques of globalization.

Among the Cañari, a Quichua-speaking group of the south-central Ecuadorian Andes whose numbers abroad have ballooned in the past three decades as a result of migration to the US (as well as to Western Europe), sending medicines to loved ones abroad is a frequent affair. For many Cañari families, carefully selecting and shipping off remedies is simply carrying out the duty of “sending energías” (energies) to those who need them most. What constitutes energías can vary considerably, from mass-produced “natural medicines” to locally gathered herbal bundles and homemade syrups and tinctures, to biomedical pharmaceuticals and palliatives. The volume of medicines leaving Ecuador is enormous; of all the gifts and goods sent to migrants abroad that I have inventoried, energías top the list even when a migrant is not necessarily sick.

**Disease and Mobility**

Beyond recording the magnitude of medical remittances, I have developed a deeper ethnographic understanding of sending energías through ethnography in parallel fieldsites with different research aims. My original Ecuador fieldwork focused on gendered and familial impacts of transmigration. Here the

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centrality of energías emerged in the letters illiterate Cañari asked me to pen to their migrant relatives and the packages of Andean medicines they asked me to carry to the US. More recently I have researched the cultural politics of native medicine promotion and professionalization among Ecuadorian indigenous activists. I have noticed over the years that yachaks (healers) have been increasingly tapped to diagnose and cure the distant sicknesses of Cañari living abroad. In my role as a medical anthropologist-consultant working with New York health departments on TB prevention among Ecuadorians, the challenge has been to translate the practices of sending energías for health officials more concerned with non-adherence to direct observation therapy.

In both instances what strikes me most is the way that Cañari, like many historically migratory groups in the Andes, disease and mobility are strongly linked in meaningful ways—a product of memories of moving between highland homes and lowland work on plantations and in forests where tropical sicknesses prevail. Cañari etiologies of disease—from AIDS to malaria to TB (umkaska ungay, “the very bad cold sickness” in Quichua)—position migration as a primary risk factor and one that must be dealt with vigilance. Undocumented Ecuadorians I know in New York often speak of how migration produces tired bodies, agotados (“exhausted ones”), starting with the extremely perilous journeys of being smuggled north. Once in New York, compromised nutrition, cramped and unsanitary housing conditions, stress and hard labor produce ripe conditions for sickness. One sure sign of this is the fact that Ecuadorians consistently rank among the top three nationality groups for New York’s foreign-born TB cases.

When ill, adopting the sick role and resting is rarely an option given the unique constraints of migration. Most migrants, often male breadwinners, arrive in the US heavily in debt to quasi-illegal loan sharks that have funded their journeys north. Loss of work to sickness and subsequent failure to pay down debts can result in threats to seize land and the victimization of families. Even adhering to TB drug regimens, which most Ecuadorian migrants do willingly, becomes difficult with the demands to generate remittances. In this context the instrumental value of sending energías can hardly be understated. The most commonly consumed medicine is the literal energy of vials of vitamin B complex (sent with syringes to inject it). Complejo B has become the subsidized palliative employers provide, in place of health care, to their undocumented migrant workers.

Energía Circulation

For families, the value of sending energías is also symbolic. Medicines work to objectify aspects of Cañari life, laying bare the vulnerabilities and risks of labor migration and, at times, offering a prescription for safety. In Quichua cosmology, sending energías to Cañaris abroad (including food and other local items), is said to maintain the smooth transference and uninhibited mobility of sami, an essential animated life force present in all living things. Keeping sami in motion helps to ensure good health and letters are mostly formal, brief and read like balance sheets and inventories with declarations of what has already been received (money) and for whom, as well as what is being sent out (medicines). Talking about money in any context is usually avoided in Cañar as a potential source of destructive jealousy and envy. Money entering the community from migration is particularly fraught with problems. In this context, an emphasis on energías serves as both a conceptual language to talk about the sacrifices of migration and also to place the unidirectional act of remitting in a more affective exchange.

Healing by Proxy

In the last few years, a new form of sending energías has emerged as Cañari yachaks are called upon to diagnose and, in some cases, treat the sicknesses of migrants abroad. The process entails loved ones, almost always wives and mothers, meeting with healers to discuss a migrant’s problems, which typically are signaled by an inability to send sufficient remittances. Divining personal items (such as watches, cell phones and clothing) or photographs, healers auger the source of a migrant’s poor “health.” Of note here is the explicit medicalization of financial problems that are often the result of non-health related issues including drinking, unemployment or even anti-immigration initiatives where migrants live. The personal effects and photos, as proxies for the absent migrant, are subject to the same ritual limpia (cleansing) that people are. Such healing sessions have the power to objectify a migrant family’s dilemma and to couch failure in an easily understood and tangible medium of sickness, thus temporarily absolving personal responsibility for the failure of generating remittances. In a healing-by-proxy, not only are a migrant’s troubles healed but hopefully so are the suspicions of community members. These performances are far from private. In crowded native clinics (jambí wasí), everyone’s health problems are public knowledge. Healing-by-proxy is more expensive than healing individuals in the flesh, but the social efficacy is arguably greater as more is healed in the session than just a migrant’s body.

In the post-9/11 world where anti-immigration maneuvering has forced day laborers underground, healing-by-proxy takes the stigma of failure and transfers it into a judgment-free and commonly understood arena of health. In the context of my applied ethnographic research in New York, explaining sending energías to health officials focused on “compliance” rates is touchy business. In the current public health climate where cultural competency training is standard, such cultural interpretations must be qualified. One important message to be conveyed is that sending energías does not constitute what is improperly labeled “self-medication” that will go away with greater “acculturation.” Rather, receiving energías, like other types of exchange, constitutes a thickening of relationships, a reminder that the “community” in community health often now includes transnational communities. Moreover, the use of medications sent from Ecuador should not be taken as an enactment of timeless health beliefs. Many migrants I know, typically young people, are developing understandings of Andean pharmacopeia for the first time through their experiences of seeking out treatments from family members back home. Sending energías, like the social lives of medicines elsewhere, is structured by the political economy of migration where the stakes are high and the successes unsure.

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Energías by proxy: A migrant’s wife purifies clothing to be sent abroad. Photo courtesy Jason Pribilsky