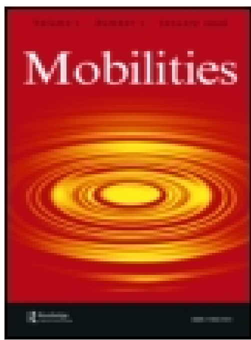

Mobilities

Routledge
Taylor & Francis Group

ISSN: 1745-0101 (Print) 1745-011X (Online) Journal homepage: http://www.tandfonline.com/loi/rmob20

Sociality and transnational social space in the making of medical tourism: local actors and Indonesian patients in Malaysia

Heng Leng Chee, Andrea Whittaker & Heong Hong Por

To cite this article: Heng Leng Chee, Andrea Whittaker & Heong Hong Por (2018): Sociality and transnational social space in the making of medical tourism: local actors and Indonesian patients in Malaysia, Mobilities, DOI: 10.1080/17450101.2018.1521124

To link to this article: https://doi.org/10.1080/17450101.2018.1521124

Published online: 14 Oct 2018.

Submit your article to this journal

Article views: 27

View Crossmark data

Full Terms & Conditions of access and use can be found at
http://www.tandfonline.com/action/journalInformation?journalCode=rmob20

MOBILITIES
https://doi.org/10.1080/17450101.2018.1521124

Sociality and transnational social space in the making of medical tourism: local actors and Indonesian patients in Malaysia

Heng Leng Chee[a], Andrea Whittaker[b] and Heong Hong Por[c]

[a]Centre for Research on Women and Gender, Universiti Sains Malaysia, Penang, Malaysia; [b]School of Social Sciences, Faculty of Arts, Monash University, Melbourne, Australia; [c]Malaysian Chinese Research Centre, University of Malaya, Kuala Lumpur, Malaysia

ABSTRACT
We investigate international medical travel between Indonesia and Malaysia through the conceptual lens of sociality, transnational social space and therapeutic mobilities. Drawing upon narratives of local persons, medical traveller-patients, accompanying family members, hospital staff and medical travel facilitators, we illustrate how multifaceted linkages and processes generate and sustain the flow of patients across the border. In these narratives, we see multiple mobilities articulate and cross-cut in the building of transnational connections. This paper stretches the concept of transnational social space to apply to medical travel and contributes to the literature framing of international medical travel as a complex and multifaceted arena.

ARTICLE HISTORY
Received 8 January 2018
Accepted 14 August 2018

KEYWORDS
International medical travel; transnational social space; transnationalism; cross-border migration; transnational healthcare; Malaysian private hospitals; Indonesian healthcare

Introduction

While much of the earlier literature on international medical travel focussed on people from affluent countries flying to less economically developed parts of the world to take advantage of more affordable healthcare, avoid waiting times or circumvent legal restrictions (Connell 2006), more recent works point to the regional and cross-border character of much of the flow, highlighting the importance of social networks among medical travellers in their quests to access medical care unavailable or inadequate in their own countries (Connell 2013; Ormond and Sulianti 2017; Hanefeld et al. 2015; Bochaton 2015; Whittaker, Chee, and Por 2017). This strand in the extant literature clearly resonates with transnationalism approaches, which had signalled a shift in ways of thinking about transnational migration and other social realities that span national boundaries, calling into question assumptions that the nation-state is the 'natural container' for social life, and underwriting the fact that social space is not necessarily contiguous with geographically defined entities (Wimmer and Glick Schiller 2002). Studies in the field of healthcare largely rest on such assumptions of 'natural containerisation', as healthcare jurisdictions correspond to nation-states. International medical travel, in transgressing the normative boundaries for healthcare, unsettles this assumption and poses the puzzle of how to conceptualise 'medical travellers', whether as tourists, exiles or refugees from their home healthcare systems (Ormond 2015, 306).

In his treatise critiquing the limitations of sociological concepts for understanding contemporary globalising society, Urry (2000, 188) posits that '[s]ocial processes have to be re-thought as involving multiple mobilities with novel spaces and temporalities'. The mobilities paradigm that followed proposed research going beyond the imagery of 'terrains' as spatially fixed geographical containers for social processes (Sheller and Urry 2006, 209). By centring mobilities in social analysis,

CONTACT Heng Leng Chee cheehengleng@gmail.com
© 2018 Informa UK Limited, trading as Taylor & Francis Group

this paradigmatic shift aims to show the uneven and complex ways in which mobilities and social processes are co-constitutive, involving hybridised entities of socialities, objects, technologies, ideas, images, and places (Sheller and Urry 2006, 214). The mobilities lens therefore enables international medical travel to be viewed as a historical and contemporary reconfiguring of mobilities in assemblages of various diverse entities to support different modes of trade, interaction and communication (Sheller 2014, 794; Chee, Whittaker, and Por 2017).

Researchers investigating medical travel through a transnational perspective have highlighted the transnationality in medical tourism as constituting specific linkages between places and localities, inasmuch as transnationalism pays attention to '… enduring and continuous features of transactions between specific social locations across the borders of states' (Faist 2010, 1669) (Toyota, Chee, and Xiang 2013). Conceptualising international medical travel as transnational *social space*, however, also places importance on the social networks, relations and processes that are simultaneously embedded across national borders (Levitt and Glick Schiller 2004). The concept of transnational social space is complementary to that of transnational social field, with transnational social field highlighting the social constitution of space, which may involve asymmetries and power (Faist 2013), and transnational social space centralising 'the relationship between social and physical or geographic space' (Amit 2015, 13).

The concept of transnational social field had emerged from studies of transnational migration in the 1990s, where it was used to capture the experience of migrants who actively engage in regular and sustained relationships, activities, and processes in their home countries even as they become part of the places where they settle (Levitt and Jaworsky 2007). Defining social field as 'a set of multiple interlocking networks of social relationships through which ideas, practices, and resources are unequally exchanged, organized and transformed', Levitt and Glick Schiller's (2004, 1009, 1007) conceptualisation of 'transnational social field' encapsulates the idea that 'social life is not confined by nation-state boundaries'.

These aspects of medical travel are plainly evident in cases of migrants who return to their home countries for treatment (Beijers and DeFreitas 2008; Lee, Kearns, and Friesen 2010). Lee, Kearns, and Friesen (2010,114), for example, viewed Korean immigrants in Australia returning to Korea to seek medical treatment as operating within 'a transnational field of social interaction' when they activate transnational connections and draw upon their transnational knowledge in order to seek affective medical care in their home country. Nevertheless, the importance of social networks in negotiating international medical travel has also been noted in cases where medical travellers are not migrants (Hanefeld et al. 2015; Bochaton 2015). Bochaton's (2015) study, for example, highlighted Laotians' use of multi-scalar transnational social ties and networks (social capital) in conjunction with various other forms of capital (economic, knowledge, spatial) to cross the border in search of higher quality medical care in Thailand.

In this paper, we contribute to this growing body of works by conceptualising international medical travel as enfolding within a transnational social space. This transnational space spans two neighbouring countries with a historical and cultural backdrop of place-to-place linkages. Within this context, there have been people from Sumatra, Indonesia, with various connections to Penang, Malaysia, utilising medical care in Penang on an ad hoc basis. Nevertheless, the last two decades has seen this sporadic and relatively small movement grow into a substantial flow. How do we explain this growth? In this paper, we will address the question of how this shift occurred.

Notwithstanding the pivotal role played by the government of Malaysia in enabling the development of medical tourism since the late 1990s (Chee 2010), in this paper we will focus on the efforts, agency and practices of the non-state actors who are actively engaged as well. Using the case of medical travellers who cross from Medan (and to a lesser extent Aceh and other places) in Sumatra, Indonesia to the island of Penang in neighbouring Malaysia to use medical care, we draw from narratives of local actors, commercial facilitators, hospital staff and Indonesian patients to show how intra-regional medical travel is generated, developed and sustained through social relations and sociality, thereby highlighting the 'social' that goes into the construction of 'medical tourism' in transnational social space.

In the narratives of these different actors we also see different transnational migratory flows – marriage migration, labour migration, education migration – articulate and cross-cut in the building of transnational connections. Hence, this paper is also a study of different mobilities constituted by 'networks of social relationships and circuits of movement' (Glick Schiller and Salazar 2013, 195). Using a mobilities approach, we observe these various streams of mobilities intersect, criss-cross and shift from one to the other spatially and temporally within an integrated frame. Even as patients travel across borders to access diagnostics and to receive therapy, other actors such as hospital staff, doctors and intermediaries also move, on a flip-side to the therapeutic quest, to market hospital services and to attract more patients. These therapeutic mobilities therefore combine movements that are related to both the production and the consumption of therapy (Kaspar, Bochaton, and Walton Roberts 2019). Combining movements of humans and things, mobilities constitute and reconstitute place (Kaspar, Bochaton, and Walton Roberts 2019), in this case, the island of Penang as a medical travel destination.

Borrowing from Sheller (2016) who considers tourism as 'one of the key historical and contemporary systems for producing and enacting differential mobility', we will make some observations on how international medical travel, framed as 'medical tourism', is produced through intertwining and interacting socialities and mobilities, taking shape through medical travellers, hospital staff members, medical travel intermediaries, hospital space and cultural linkages between specific localities spanning the two countries. In international medical travel, hospitals are the moorings 'through which mobilizations of locality, labour, and capital are performed' (Sheller 2014, 796; Hannam, Sheller, and Urry 2006), to which we might add consumption as well.

As private businesses, hospitals use various strategies to attract more customer-patients, such as creating therapeutic space in a hotel-hospital hybrid that is designed for the comfort of international patients (Whittaker and Chee 2015). Hospitals also devise marketing strategies to mobilise patients and customers. We identify three such strategies – connecting to potential patients through visits to the source country, employing medical travel intermediaries and formulating the 'medical check-up' packages for well people. The medical check-up, which brings people who are neither sick nor injured to the hospital, is not just an end in itself; it is also a way by which patient-customers are 'recruited', working on the assumption that someone who has gone through the check-up in the hospital will return to the same hospital in the future if and when they need to because they are already familiar with it.

The patient mobilisation processes that we will be describing occur through complex networks and serendipitous meetings and confluences. Sociabilities permeate these heterogeneous processes, and hospitals' marketing efforts then adopt and co-opt the initiatives of hospital staff and patients through which mobilities and socialities are co-constituted. Two features – 'word of mouth' and accompaniment – appear as mechanisms facilitating international medical travel (Bochaton 2015). Patients are almost always accompanied by family, relatives, neighbours, colleagues, friends and even acquaintances, and their medical quests are often propelled by the 'recommendation', the proverbial 'word of mouth', that is transmitted through informal local and transnational networks. Information about doctors and hospitals is transmitted from one patient to the next, from medical travel facilitators to their clients and from friends to friends of friends.

These two mechanisms articulate in social networks which are configured through societal organisations and social relations and interactions – hospitals, commercial facilitators, families, relatives, neighbours, friends, temples and churches. Social networks constitute the social capital used to facilitate medical travel, but equally important is the ability and disposition to use and sustain networks. This emerges in sociabilities that facilitate interaction, mutual support and exchange (particularly of information and knowledge) among people who see themselves as co-nationals, co-ethnics and co-religionists, or simply as being fellow humans in the same dire straits of being ill or caring for an ill relative, and seeking medical care abroad.

We use the term sociality to refer to 'a dynamic relational matrix within which subjects are constantly interacting in ways that are co-productive, and continually plastic and malleable' (Long

and Moore 2013, 4, cited in Amit 2015, 3). In this broad and open-ended framing, sociality surfaces in many forms, and may be approached through various theoretical domains, including that of 'social space' which 'attempts to capture the spatiality inherent in sociality, and provide tools for understanding social interactions and connections as well as their absence' (Amit 2015, 13).

The focus on sociality also broadens the canvas against which we view international medical travel, which then appears as part of a longer journey in the search for health and cure. Patients criss-cross various domains – religious, spiritual, ritualistic and medical – in seeking therapy and well-being, invoking the notion of therapeutic mobilities that are contingent and multifaceted. Mobilities therefore span domains as well as geography, as patients cross national borders in their therapeutic journeys. Furthermore, social relationships shift, as for example, from relationships between hospital staff and patients to relationships between friends, and social interactions stretch beyond the hospital context of care-giving and care-receiving, even as the transnational social space of international medical travel is (re-)constituted and (re-)configured.

By showing how transnational social space works in the making of 'medical tourism', this paper contributes to literature framing international medical travel as a complex and multifaceted arena. Additionally, by stretching the concept of transnational social space to apply to medical travel, this paper contributes to efforts that broaden its conceptual reach beyond migration and migrants' realities. This paper also contributes to the mobilities literature by examining the intersection between mobilities and socialities and how each constitutes the other in producing international medical travel.

Study methods

The material for this paper is drawn from a larger research project on medical travel in Thailand and Malaysia. For this paper, we concentrate on our observations and interviews in two private hospitals, HOS and WEL,[1] in the state of Penang in Malaysia, conducted over several periods between January 2013 and April 2014, and again in January and April 2015.

During fieldwork, we were stationed at customer service counters, hospital lobbies, and out-patient clinic waiting areas, making observations and sometimes following the hospital staff on their rounds or to the airport. We interviewed hospital administrators and had informal conversations and interactions with marketing and customer service staff, as well as medical facilitators. In addition, we interviewed the chairperson of the Penang Health Group, (a grouping of private and non-profit hospitals oriented towards medical tourism), and talked to other local persons not necessarily related to our two study hospitals, particularly nurses and former nurses who were working in the private hospitals in the early 1990s.

We obtained a total of 92 patient and accompanying care-giver interviews which we conducted in the wards and the waiting areas of the two hospitals. Interview questions were open-ended, focusing on the reasons, logistics and experiences for their medical travel. Most of the interviewees consented to being recorded. Languages used were Malay, Indonesian, Hokkien (a Chinese language) and Mandarin.

Medical tourism and transnational connections

Official support for medical tourism in Malaysia began with the setting up of an inter-ministerial committee in January 1998, followed by various measures that included promotional activities carried out through the government's trade and tourism agencies (Ministry of Health 2002, 104–113). In 2009, as part of a renewed effort, the Malaysia Healthcare Travel Council was established to 'promote and develop the industry and position Malaysia as a healthcare hub in the region' (The New Straits Times 2009).

In the state of Penang, the destination of the largest numbers of international medical travellers to Malaysia, seven private hospitals had formed the Penang Health Group (PHG) in 2004 to actively

market abroad under the 'Penang brand' with the support of the Penang state government.[2] As testimony to their success, the PHG Chairman cited the increased number of medical tourists, which had doubled between 2004 and 2011, from 152,000 to 300,000.[3] The majority of foreign patients in Malaysia are from Indonesia. In 2011, for example, more than half of the 641,000 foreign patients were Indonesians.[4] In the Penang private hospitals, where the proportion of foreign patients ranges from 30% to 40% of patient-load, Indonesians typically account for more than 90%.[5]

People from Indonesia already have a huge presence in Malaysia as settled immigrants, students, and migrant workers. Migration between Indonesia and Malaysia has been characterised as a migration system with many multifaceted types of linkages connecting the two countries (Wong 2006). The people in the two countries can communicate without much difficulty because the two national languages, stemming from a common root, are basically similar. In a previous paper (Whittaker, Chee, and Por 2017), we have pointed to the historical linkages between specific locations in Sumatra, Indonesia and Penang, Malaysia. Historically, Penang, a centre of regional trade, had many trade linkages with Medan and Aceh in Sumatra.[6] The ethnic Chinese who form a majority (43% in 2010) (Department of Statistics 2011) in Penang speak, as *lingua franca*, a type of Hokkien, a Chinese language that is similar to that spoken by the ethnic Chinese in Medan (capital city of North Sumatra, Indonesia).[7] When violence targeting the ethnic Chinese broke out in Indonesia in May 1998, many Chinese Indonesians from Medan fled, and some arrived in Penang to stay temporarily. Although the annual numbers are small, there have been a steady stream of Chinese Indonesian children sent to the private secondary Chinese schools in Penang through the years, and during the violence in 1998, the numbers increased.[8]

Nevertheless, to attribute the medical tourism growth phenomenon in Penang solely, or even predominantly, to these historical linkages, would belie the amount of work that goes into the making of the industry on the part of private hospitals, as well as individual social actors on both sides of the straits that separate the two countries. In the following sections, we describe how, from these earlier transnational connections, the transnational social space of medical travel is forged through sociality and mobilities of local persons, Indonesian patients, accompanying family members, commercial facilitators and hospital staff members. We will discuss, in turn, the three strategies used by hospitals to mobilise patient-customers – connecting to potential patients through visits to the source country, employing medical travel facilitators, and creating the 'medical check-up' for well people, and for each of these strategies, we will focus on unearthing the social life and mobilities that undergird it.

Constructing transnational social space

Connecting through visits

Official support for medical tourism in Malaysia had led to the relaxation of regulations on healthcare advertising, and concomitantly, the emergence of marketing practices by both state agencies and private hospitals (Chee 2010). Mobilities feature in a central way in the overseas marketing practices of private hospitals which began with participation in trade exhibitions and roadshows spearheaded by state agencies. The private hospitals in Penang carry out at least one promotional activity abroad annually under the umbrella of the PHG, and in between, they organise their own activities.

A decade on from the beginning of the PHG, many of these hospitals have routinised these transnational promotional activities within their organisational structures, incorporating and formalising transnational linkages with medical travel facilitators through their marketing departments. In HOS, for example, the marketing officers regularly visit towns and cities in Indonesia and other selected countries to brief medical travel facilitators, and to carry out exhibitions and talks, and doctors from the hospital also travel to give public talks. In Medan, for example, the temples

are used as sites of organisation, and the hospital's medical travel facilitators will put out advertisements targeting the community through the temples, whilst in Aceh, they will use the mosques.[9]

While the official and private enterprise aspects of the medical tourist industry are forefront in writings on international medical travel, the informal socialities that go into its making are less well known. In many of the origin stories that we heard, socialities feature prominently. Certainly, cross-border medical travel from Indonesia to Penang predates the emergence of the medical tourist industry and governmental endorsement of it. Many of our respondents report that Chinese Indonesians from Medan have travelled to Penang specifically to use medical care since the early 1990s. Indeed, even before this, Indonesians with transnational ties through relatives and business connections are known to have been utilising healthcare in Penang, as in Singapore.[10] The question we sought to address, however, was how these contingent and numerically insignificant transnational healthcare users became a substantial flow of intentional cross-border medical travellers.

Asking several key informants who were working in the hospitals in the 1990s, we were struck by the personal and social elements in their stories. The Chairperson of the PHG, for example, did not attribute the growth in medical travel to the hospital's marketing strategies, but instead told a story of how he used to go to Medan with Dr Z, a cardiothoracic surgeon who runs a business:

> He's got some friends in Medan, he's very good in PR, so he started over there…. That's medical tourism started from this ground. We didn't look at medical tourism as business, … It's good relations that we start, this is the formula we use, if you go there and hard sell, it won't work, you must go there and make friends with them.

From his point of view, however, the major propelling force is due to the people there not just 'wanting', but 'needing' the quality medical care that they do not have in their own country: 'But this relationship does not promote medical tourism…. This Medan-Penang connection is there, but not a fundamental factor. Because it's not a want, it's a need'.[11]

Unlike the chairperson, our key informant Poh Cheng does not proffer an analysis, narrating instead a story that we use here to illustrate the dynamic interrelationship between socialities and mobilities, as well as the multidimensional and multifaceted ways in which transnational social relationships were built up around and through medical travel. Poh Cheng's story starts in 1991 when she was a nurse in one of the private hospitals. She recalls that Supardi, a Chinese man from Medan, was the first Indonesian patient she knew. He came to Penang because he had consulted the spirit medium at the temple he frequented (the Laughing Buddha temple that was a two-hour drive from Medan) about his nose infection and the spirit medium had advised him to seek treatment in Penang.

The way in which Poh Cheng met Supardi was serendipitous. At the hospital, Supardi's wife approached her to ask for directions to the hostel where she was staying. Poh Cheng's job shift was about to finish, so she offered to take her there. One month later, Supardi came back to the hospital for a check-up. He did not see her, but left some sweets as a gift for her. On a third occasion, Poh Cheng saw Supardi in the hospital.

> He saw me and waved at me, then I suddenly remembered [him] and I asked 'What happened? You look pale!' So quickly I admitted him to second floor emergency operation. He had rupiah with him, a lot, millions … I told him 'If you trust me, drop all your things in the brown bag'. So I kept for him because nobody wanted to be responsible…. In the evening, the operation completed, his friends from Medan, another couple, Soon Hok and wife, came, looking for Supardi, … that's how we met … we became friends.

Soon Hok, the spirit medium, also became a patient at the hospital. He and Supardi developed a friendship with Poh Cheng over subsequent years. Upon his invitation, Poh Cheng and her mother went for a visit to Medan and Lake Toba two years later. Soon Hok hosted them and they did not have to pay for accommodation. He took them to his temple for the celebration of the Laughing Buddha's birthday on the first day of the eighth lunar month.

> Big crowd at the temple, one after another, like a clinic, they came to pray … because this god, if you put your clothes there, he will know … he can tell that this patient has a bump or lump or whatever it is … he [the medium who is possessed by the spirit-god] took a stick and point, point, point, point … he would know … and he told people 'this one go and see doctor'.

When Soon Hok introduced Poh Cheng to the people, 'They asked me which doctor to see … it's the "*ren-ji-guan-xi"* [interpersonal relationships], it's very important'. Upon her return, she became a source for referrals for Soon Hok's friends and clients who wanted to come to Penang for medical treatment.

In 1994, she again went there for a holiday when Supardi invited her to his daughter's wedding. For this trip, she had jokingly invited Dennis Koh, the general surgeon she was working with, to come along. To her surprise, he agreed and brought his family.

> We attended the wedding, then next day, they took us around to Lake Toba and other places, all [expenses] on this Soon Hok. [A]fter his daughter's wedding dinner, the next day [Supardi] threw another dinner for us and all his friends. So they all came and they asked 'Is this the doctor?'

After they returned from this trip, even more patients travelled from Medan and its vicinity to Penang, many to see Dennis Koh, and their hospital became well-known among Soon Hok's networks in Medan.

In this story, we see the thickening of networks as social linkages expand, forming into a transnational 'network of networks' (Levitt and Glick Schiller 2004, 1009). When news circulated in the social networks of doctors and private hospitals, Poh Cheng was approached by one of the doctor-founders of a new hospital at that time, 'He asked me, "You know a lot of patients in Medan *uhh*?" I said "No-*lah*, I know this Supardi couple only"; initially one only, but one plus one equals many'. In 1997, nine doctors from this new hospital went with Poh Cheng to Medan. She relates:

> When [that new hospital] was established, nine doctors followed me … we all flew in, I remember it was again the first day of the eighth lunar month, to Soon Hok's temple. The doctors asked me to arrange. They were the first group of doctors to go there.

After that, many devotees from that temple travelled to Penang to see those doctors.

In Poh Cheng's story, we see the transnational social space built from a chance encounter deepening into a social relationship between a hospital staff and a patient. Both social actors shared a cultural domain – spirit mediumship – that crosses national boundaries, and could therefore engage meaningfully in sociabilities associated with it. For example, Poh Cheng said that the patients would bring with them a '*hoo*' (a piece of holy paper that functions like an amulet) given by Soon Hok, the temple medium. When they wanted to wear it into the operation theatre, she would help them fold it up and stick it under their name tag on the wrist band. It was a simple gesture from a shared cultural practice that is 'part of the ordinary structuring of human sociability', calling attention to how 'people and their cultural practices are not confined to a fixed territory but are parts of multiple spatial networks and temporal linkages' (Glick Schiller and Salazar 2013, 185–186).

Also at work in this story is the way in which transnational patient flow was purposefully cultivated and thickened through the forging of transnational linkages by specific actors belonging to two inter-linked places. The actors criss-crossed from one domain (hospital) into another (temple), with cultural sensibilities that span across both domains. Social networks expanded through the synergies of interlacing sociabilities, enabled by the historical and cultural connectivity between the people of two places, and cut through multidimensional layers of networking individuals and organisations. Finally, the social networks generated visits that criss-crossed between the informal sphere of friendships and the formal arena of hospital utilisation, eventually leading to their routinisation and incorporation into hospital-supported processes, i.e. the marketing visits of hospital staff and doctors in one direction and the recruited, mediated and assisted visits of medical travellers in the opposite direction. The mobilities of patients, friends and hospital staff were constituted by socialities, a dynamic matrix of social relations and interactions that expanded through cultural spaces such as the temple, which in turn constitutes the mobilities of patients and medical travellers.

Medical travel facilitators

Medical facilitation businesses emerged alongside the medical tourism industry in the late 1990s. These are generally independent businesses but have been shown to be very diverse in their modus operandi (Chee, Whittaker, and Por 2017). Ranging from big to small, their essential function is to facilitate patients' access and utilisation of medical care abroad. Many private hospitals in Malaysia contract with selected medical travel companies or individual facilitators, paying them a commission for the patients that they bring.

In HOS, some of these companies that are based in Indonesia have been incorporated into the marketing organisation of the hospital transnationally as 'medical representatives' of the hospital. Furthermore, one of these companies has been given space in the hospital as their 'Indonesian desk'. We will now use this company, PT Aksi, as a case study to show how its success lies in its embeddedness in transnational social networks, and the work that it invests in sociabilities and building social relations that span geographical space.

According to HOS's marketing head, in 2006 when the hospital decided to hire a representative in Medan, she approached a money changer in Medan whose services she was using. He recommended his sister Ah Yen, who agreed to the appointment. Ah Yen later set up her office in Medan on a cost-sharing basis with the hospital, and then later still, successfully lobbied to set up a second office within the hospital itself.

Ah Yen's business is embedded in social networks. She explained how she started her business in Medan:

> We didn't have an office then, … so we just distributed [our business cards], … at the market, we went to every single stall to distribute, … my sisters know a lot of people, my brother loves helping people, when people need money they would help, all my siblings love helping people and love chatting with people. So we distributed business cards here and there, including our relatives and friends, and our relatives and friends helped us to distribute to more people … over time, more people got to know about us.

Seven years later, at the time of our fieldwork, Ah Yen runs PT Aksi across the two countries with the help of her two daughters. Her younger daughter runs the Medan office, while she and her elder daughter are HOS's Indonesian desk in Penang. The Medan office recruits patients not only from Medan but also from the surrounding towns and villages through a network of sub-agents. Every day, the list of Indonesian patients due to arrive in Penang the following day will be faxed to Ah Yen, who then hands it over to the marketing department. The hospital will pay PT Aksi commission according to this patient list, and marketing staff will arrange for airport transfers directly to the hospital for these patients. PT Aksi's transnational operations are everyday routine practices. Telephone calls, sms messages, emails and faxes transmit between the two offices the entire day. These may deal with arranging for accommodation, money exchanges or catering to patients' requests such as sending medicines through couriers, etc. Patients' medical records, x-rays or doctors' referral letters may also pass between the two offices. All these – communications, information, technology passing back and forth – may be considered 'part of the sociotechnical assemblages … that perform mobility systems' (Sheller 2014, 796).

Ah Yen's modus operandi is characterised by sociability. She is warm, chatty, friendly and dresses informally in short-sleeved blouse and pants, rather than a business suit. Receiving a continuous stream of patients in her glass cubicle located at the end of the hospital lobby, she chats and jokes with many of her customers in a familiar manner. She provides many types of services – arranging accommodation (through a special arrangement with a hotel she can provide discounted rooms as well as rental apartments), transport (she has contacts of unlicensed taxi drivers), phone cards, and even money exchange and transfer.[12] At times, she dispenses health advice – what foods to eat or to avoid for particular illnesses, etc. – but most of all, she gives advice and recommendations on doctors.

PT Aksi and Ah Yen are connected to the hospital through the contractual relationship, the commission payments and the coordination for patients' airport transfers. Beyond that, however,

Ah Yen claims that she can sometimes approach the marketing department to request for discounted rates on behalf of patients in special cases. Furthermore, she claims to have direct access to some of the doctors who will respond to her requests on behalf of patients, for example, being on standby to attend to an emergency case, or squeezing a patient into a busy schedule. Such social relationships allow her to 'deliver' to her clients, thereby legitimising her standing. The most successful of all their medical representatives, PT Aksi brings on average 5000 patients a month to HOS, accounting for about 30% of all their Indonesian patients.[13]

The sociability in Ah Yen's modus operandi is also seen in other narratives of facilitators, patients and accompanying family members. Pearl, for example, is a middle-aged Indonesian woman whom we met in WEL.[14] She told us that she had been using hospital services in Malaysia and Singapore, as well as accompanying family and friends for the last 20 years. She recounted how Ai Ling, an Indonesian woman from Aceh married to a Malaysian man, who was her medical travel facilitator when she brought her son to Penang for medical treatment 20 years ago, treated her with kindness, helping her take care of her sick son and cooking steamed fish for him. Social acts and interactions such as these underlie the business of medical facilitation, constituting the transnational social space together with hospitals' marketing strategies that extend across national borders.

Multiple mobilities

An element that enables medical facilitators' effectiveness is their ability to draw from transnational social networks in which they are themselves embedded. Taking Ah Yen again as case example, she had told us that it was her previous experience of having lived in Penang which equipped her for running her business. A widow, she had left Medan to travel to Penang with her three children when the 1998 riots broke out in Indonesia. Subsequently, she stayed on, sending her children to Penang schools.

Living in Penang at that time, she travelled back and forth to Medan. Later, some of her Medan friends also sent their children to secondary schools in Penang, leaving them under her supervision. Looking after her own sickly son as well as other children, there were many occasions when she had to go to hospitals, and there were also times when her friends from Medan asked her to make doctor appointments and accompany them to hospitals in Penang. When HOS offered her the contract, therefore, she felt that it was just an extension of what she was already doing.

Arguably, it is an effective strategy for hospitals to utilise the services of foreign immigrants in order to recruit foreign patients from among their fellow country people. This element of transnationality is also seen in the medical travel facilitators who are not contracted by hospitals, and who primarily provide accommodation and transport. These facilitators sublet rooms in apartment complexes which are often preferred by medical travellers because they are cheaper than hotels and afford more space and kitchen facilities. In addition, they provide a host of other services, such as money exchange, mobile sim cards, visa application if needed (for those who extend their stay beyond a month) and other special services such as buying food for their clients in the middle of the night. Like Ah Yen, they consider the provision of information and the recommendation of doctors and hospitals to be the most valuable service they offer.

Many of the accommodation operators whom we encountered in WEL are Indonesian women domiciled in Penang – either having married local men, or having arrived many years ago as work migrants. Of the nine operators we talked to, five involve marriage migrants from Indonesia. For example, Ah Gaik, Chinese Indonesian from Medan, runs a subletting business that was started by her daughter who had married a Malaysian and moved here. Another example is Lina and her husband, both originally from Aceh. Her husband came to work in Malaysia in the 1980s and obtained citizenship. Lina married him in 1989 and migrated to join him two years later, but she has not been able to obtain permanent residency. They entered the subletting business when a fellow Acehnese who came to Penang for education encouraged them to do something that will 'help your own people'.

Among those who were formerly work migrants is Mira, who had come to Penang from Aceh 10 years ago as a migrant worker in a factory. After changing jobs a few times, she broke into the subletting business four years ago, and is now operating four apartment units. This kind of shift can also occur in the opposite direction, as in the case of Rosa, a former medical traveller who is now a work migrant in the subletting business. A 43-year-old ethnic Chinese from Medan, Rosa had come to WEL for a gynaecology check-up in 2011, staying in one of the sublet apartments. Through a friend, she later travelled to Penang to work for her current boss who operates three apartment units. Her boss cannot communicate well in Indonesian, so he hired Rosa to manage the renting business, securing her an annually renewable work visa while putting himself in charge of ferrying patients.

In another case, medical travel and marriage migration intersected when Suan Bee, a Chinese Indonesian woman from Medan met her husband Ah Huat while accompanying her mother to WEL for hypertension treatment 10 years ago. They married seven years ago (the second marriage for both of them). Ah Huat had established his subletting business beginning with three apartment units more than 20 years ago, and now operates a link house and eight apartment units, one of which he owns, with the help of Suan Bee.

Multiple mobilities intersect in this transnational social space. The interlinkages between the different migration streams and international medical travel are multifaceted and multidirectional. Even as work and marriage migrants shift into the medical travel facilitation arena, medical travellers also shift the other way into being marriage migrants and into the medical facilitation business. As we saw earlier in Ah Yen's case, as refugee from racial violence, a mother educating her children abroad, and finally a medical travel facilitator, Ah Yen's mobilities too are multifaceted and temporally extended.

These case studies of medical travel facilitators show the extent to which multiple mobilities overlap in international medical travel, and their embeddedness in social networks. By incorporating medical travel facilitators into their business operations, hospitals have managed to harness the generative potential of their sociabilities and the social networks of which they are part. As shown, socialities underpin the work of medical travel facilitators as well as the transnational promotional visits of doctors and hospital staff, both working synchronously in producing international medical travel.

Medical check-ups

Medical check-ups refer to general health screening packages that are advertised and sold by private hospitals in Malaysia. One hospital, for example, offers a standard screening programme as well as an 'iHealth screening programme'. Another hospital has the 'golden years programme' and the 'health screening programme', while a third offers executive, premier, supreme and gold wellness screening packages.[15] These packages include various combinations of physical and laboratory examinations for chronic illnesses such as diabetes, hypertension, heart disease and cancers, and are offered to people who are 'well', i.e. not necessarily exhibiting signs or symptoms of illnesses. The practice of undergoing such screening differs from conventional practice in public health services where patients are tested based on the signs and symptoms they experience, or where health screening is specific and targeted, for example, Pap smear testing for cervical cancer screening given to sexually active women between the ages of 20 and 65 years. According to one medical travel guide book, Malaysian private hospitals were 'the creators of the "well-man" and "well-woman" packages, and offer a "dazzling array of tests and exams" (Woodman 2008, 283).

The traffic these general health screening packages bring to a hospital can be substantial. For example, HOS sees on average 20–25 Indonesians every day for medical check-ups. Medical travellers from Indonesia often come in groups for these health screening packages, sometimes recruited by medical travel facilitators. According to the HOS marketing head, some groups, which may have 10–20

people, are brought by individuals who are housewives, implying that these individuals can easily travel abroad because they do not have to take leave from their jobs.[16] A nurse (from another hospital) recalled, 'They have buses after buses for executive screening ... sometimes we know because it's like "today it's gonna be busy, because they come for executive screening"'.

Brought together by a common felt need, friends, colleagues, neighbours and relatives would arrange to travel overseas together for medical check-ups. For example, Kartono, 61 years old, from Palembang, came with his wife in a group of six (three couples) for a cardiac check-up. Arranged by a friend, they flew from Palembang to Kuala Lumpur, then took a bus to Penang. Hendrik, 65 years old, from Menado, North Sulawesi, came in a group of eight friends for medical check-ups. They flew from Menado to Jakarta, then to Medan, and from Medan to Penang, leaving Menado around 6 a.m. and arriving in Penang around 6 p.m. on the same day. Two quotes from our interviews illustrate this phenomenon:

> I have a friend who has been here a couple of times, so I thought why not just follow her. *Ya*, it's my friend, who made the arrangements ... arranging the air tickets, and many other things.... This friend is a colleague of mine, who works in the same hospital as I do.... [W]e came in a group of six, all the husbands have problems, all friends, husbands and wives, three pairs of couples. (Midwife in government hospital in Aceh)

> A friend brought us, altogether 13 people, including children, from three families, all from Medan. [This friend is] my husband's colleague in Medan. He made all the arrangements, air tickets and accommodation. (Ibu Misnah, 55 years old, living in Medan)

Medical check-ups bring both well people and unwell people with undiagnosed illnesses to hospitals, extending its reach beyond those with diagnosed diseases and disorders. Patients whom we interviewed sometimes attribute their decision to travel to Penang – or to a certain hospital – to the familiarity that they had gained in a previous medical check-up trip. For instance, Tomas, a retired general, was brought by his wife to HOS in early 2013 after many months of unsuccessful treatment in Indonesia. His wife said that she decided to come to Penang because she had come here in 2007 with a Medanese friend for a medical check-up.

The medical check-up therefore not only brings well and unwell people to the hospital but also acts as a mediator channelling people, when they are ill, to a hospital or a place that they had visited earlier. Like the medical travel facilitator and the transnational promotional visits, it functions as a strategy by which patients are drawn to the hospital. Not unlike therapeutic journeys undertaken by patients, travel for medical check-ups is also generated through social networks, and the synchronous working of medical travel facilitators and the transnational promotional activities of hospital staff.

Recommendations, accompaniment and the co-constitution of sociality and mobility

Two characteristic features appear repeatedly in our interview narratives – recommendations and accompaniment. They may be integrally related, with the person giving the recommendation also accompanying the patient. Accompanying persons are most often family members, but at times, and particularly for medical check-ups, they are friends, neighbours, colleagues and acquaintances. Recommendations are often sought from people who have experienced a similar condition or illness, a person of authority such as a nurse or doctor, or a person who is reputedly well-positioned to have the knowledge, such as a medical travel facilitator.

In Poh Cheng's narrative that we had earlier presented, she is repeatedly sought for recommendations. When Poh Cheng was introduced to the people at Soon Hok's temple that she was visiting in Medan, they had asked her 'which doctor to see', and subsequently, as she continued to be a Penang contact for them, the requests invariably involved recommendations. Poh Cheng had left her nursing job at the hospital in 1995. However, she continues to maintain her connections with her Medan friends. Both her friends Soon Hok and Supardi have since passed away, she tells

us; but up till now (the time of our interview), she still gets calls from Medan people for recommendations of doctors, even though she no longer works in the hospital.

In our account of the medical travel facilitators earlier in this paper, we had pointed to how they consider their most important function to be giving advice and recommendations to patients regarding doctors and hospitals. For example, we observed Ah Yen's patient-customers relating to her their symptoms and asking her which doctor is best for them. She gives her opinions on the various doctors, and entertains questions on which doctor is the cleverest, the best, the most responsive. Sometimes, to emphasise her point, she will recall complicated cases that a particular doctor has treated with positive outcomes.

In many cases, it is not that the Indonesian patients do not know about the medical practitioners or the hospitals available, but they seek 'recommendations' in order to assess which is 'better'. For example, during fieldwork, we encountered a patient who had come to Penang for a diagnostic heart procedure, and had switched from another hospital to HOS after he found out from his brother's friend in the Indonesian Consulate that they were all using HOS, which they say is 'better'.

Relatives, friends, neighbours, family doctors, pastors, spirit mediums and even acquaintances or people who have only just met would exchange views, experiences and information on illnesses, medical providers and hospital facilities.[17] Knowing, or having met, a person who has utilised the services of a particular medical practitioner or a particular hospital gives confidence to the patient making a decision. For example, Ibu Tjoa (71-year-old woman from Jakarta) whom we encountered while she was waiting to see Dr Eu said that she had learnt about him on a previous visit to the hospital:

> I was sitting here, waiting for my number to see the doctor, … then a person told me, this [Dr Eu] is good, … said a relative fell down, was able to walk after operation.

Recommendations are transmitted by word of mouth through intersecting informal and organisational social networks of extended family, friends, neighbours, acquaintances, service providers, family doctors, churches, temples and places of work. Earlier, we had described how recommendations flowed through a spirit-medium temple. Referencing another type of religious social space, the daughter of 76-year-old patient Ibu Revianna (Christian Batak from North Sumatra) explained, 'A pastor told us to come here; he is a Methodist pastor. He … told us the way, so we came … He told us about WEL'.

Often times, the recommendations are specific in terms of matching health problem to health provider. The son of 65-year-old Chinese Indonesian patient Ibu Tjia who underwent hip replacement told us:

> My aunt told us to look for Dr Tay…. She had a fracture. Auntie lives in Medan, we asked her which doctor she saw then … that's how we got here…. We also know friends, friends from Medan, many come here, many Medanese people prefer HOS. Unless it's a heart disease, then one would go to Hosp Y. But for bone cases, people prefer here [HOS]. WEL is for kidney problem, like my father's [condition]. Many years ago, it's Dr Sik Ka Wen, … his clinic number was three one, his clinic is very famous, … very popular.

The recommendations are an expression of sociality. In addition to recommendations, accompaniment also functions in a similar way. In the earlier section on medical check-ups, we had described how people, both well and unwell, travel in groups from Indonesia to Penang to undergo health screening and medical tests. The patients in our study are almost always accompanied by a family member, and sometimes by a friend. Rarely do they come alone. Both word of mouth and accompaniment are mechanisms through which sociality and mobility are produced, directing patients and consumers towards their medical destinations.

The encounters and travels are heterogeneous and serendipitous, but they are embedded in social relationships and interactions across national and transnational space. Our narratives show

the co-constitution of socialities and mobilities. As examples, we cite two cases below. First, a quote from Ibu Debby (66 years old, Chinese Indonesian from Makassar):

> When we reached Surabaya [in Indonesia], I asked my relatives and friends, which doctor is better? … [T]hey recommended two doctors … altogether I visited three doctors in Surabaya, nearly went for MRI and operation. Then suddenly my friend was going to Penang for medical check-up. … Then my husband said 'If that's the case, please also bring my wife along'. This is how I come here.

Second, we use the case of Ibu Louisa from our field notes of an ethnographic encounter:

> Ibu Louisa is a 68 year-old Chinese Indonesian grandmother who lives in Medan. Her elder sister married a Malaysian in the 1970s and is settled in Penang, and it was she who had recommended the doctor to them. Since the 1990s, they have always come to Penang for medical care. This time, she is bringing her friends, Ibu Linda and Ibu Linda's sister, to see Dr Liow Chin Yik, who is her distant relative. Ibu Linda, also 68 years old, have received treatment in different hospitals in Penang since 1999, but this was her first visit to WEL. She came to know about WEL's Dr Liow through Ibu Louisa. According to Ibu Linda, 'Ibu Louisa and I have been good friends since childhood, for decades. She introduced Dr Liow Chin Aik to me. She told me she knew a distant relative, a doctor. [If she says] "This doctor is OK," … then I am OK'.

In Ibu Debby's case, she had travelled from one place (Makassar) to another (Surabaya) and thence on to Penang in her quest for medical care, while Ibu Louisa's case shows repeated mobilities sustained over time. In both cases, travelling and social processes were integrally related. Through social relations and social interactions, travelling was performed, and through travelling, social relations were formed and further developed, simultaneous processes pointing to the co-constitution of mobilities and socialities.

Conclusion

In the Indonesia–Malaysia context, the outflow of Indonesian medical travellers from the turn of the century onwards stems from a convergence of several factors, including a demographic shift, increasing chronic illnesses, a healthcare system that has not adequately met this challenge, and a growing middle class able to take advantage of overseas travel made feasible for more people by budget airlines, direct flights and abolishment of the Indonesian exit tax. Nevertheless, these factors do not tell the whole story, and we have elsewhere pointed out the necessity of placing this particular medical travel flow within the context of historical place-to-place connections (Whittaker, Chee, and Por 2017). In this paper, we add a further layer to the picture by framing medical travel as transnational social space, built from the foundations of historical regional transnational connections.

The transnational social space of medical travel between Indonesia and Malaysia is constructed through the active effort and participation of many different actors – state agencies, private hospitals, intermediary businesses, etc. While many factors enabling and encouraging international medical travel are attributable to the actions of the state and corporate hospitals, nevertheless, we show in this paper that patients are mobilised through mediated social processes by a diverse range of intermediaries – local persons who may be hospital staff or ex-staff extending a work relationship into the informal realm, patients and ex-patients in social networks, accompanying persons, contracted medical travel facilitators, doctors, hospital executives and staff – operating in heterogeneous and contingent spaces.

Although patients are not transnational migrants, nevertheless, many cross the border for basic medical procedures and health screening that is a routine part of modern life. At any one time, the arrival of patients is generated and sustained through dense linkages and overlapping networks that are both formal (hospital-based) and informal (individual and community-based), multifaceted (temple-based, church-based, colleagues, neighbours, friends and family) and multidimensional (commercial relationships between patients and facilitators, as well as intimate relationships between patients and relatives). The element of simultaneity is seen most strongly in the structure

and practices of hospital marketing and the businesses of facilitators that establish a presence in the hospital and at the same time in the source communities.

In our analysis, we highlight two key mechanisms – the transmission of recommendations through 'word of mouth' and the practice of accompaniment – in a heuristic way to illustrate the work of sociality in international medical travel. The narratives that we quote show the amount of work and effort – physically crossing borders, giving information and practical advice, cultivating human relations, organising groups of medical travellers, participating in religious festivals, care in attending to emotional needs of patients entering operating theatres – that it takes to build the social networks and relations through time and space. Not only does this show that social relations and interactions are important elements in the shaping of international medical travel and the medical tourist industry, it also contributes to literature that illustrates the co-constitution of mobilities and socialities (Urry 2000, 49).

By framing international medical travel as transnational social space, and underscoring the sociality that goes into the construction of this space, we broaden our understanding of medical travel as a human endeavour that is generated and sustained through social relations, social interactions and the empathy that is expressed through giving recommendations and accompanying friends, relatives, neighbours, acquaintances and colleagues across the border for healthcare. It also allows the situating of medical travel in relation to domains beyond hospital healthcare, conjuring up images of therapeutic journeys undertaken in the search for health and cure across domains and transnational space. Furthermore, by stretching the concept of transnational social space to cover international medical travel, we emphasise the social life that surrounds healthcare and within which healthcare is situated, bringing to the fore the challenge that medical travel poses to the conventional framing of healthcare provision and access as contained within the nation-state.

Notes

1. The names of the two study hospitals, medical facilitator company and all interviewees are pseudonyms (unless otherwise specified) due to requirements of the ethical approval. Ethical clearance was obtained from the Human Ethics Research Committee of the University of Queensland, Monash University (CF12/1546–-2,012,000,517), as well as the Ministry of Health Malaysia.
2. Interview with the PHG Chairman, 17 February 2014.
3. The PHG collects these numbers, which specifically refer to 'medical tourists', not inclusive of resident foreigners. The PHG Chairman claims that these statistics represent the bulk of medical tourists in Penang.
4. Malaysian Healthcare Travel Council (MHTC) (2015). According to Wong (2012), who is the CEO of the MHTC, the number of Indonesian medical travellers were 335,150 in 2011, which constitutes 52.3%.
5. Interviews with hospital executives in HOS and WEL.
6. Nevertheless, trade linkages between Malaysia and Indonesia came to a complete halt from 1963 to 1966 when Indonesia opposed the formation of Malaysia (from unifying Malaya, Singapore, and Sabah and Sarawak on the island of Borneo).
7. The ethnic Chinese population makes up 1.2% of the more than 250 million total population of Indonesia (World Population Review website, accessed 3 June 2014), but there are significant concentrations of ethnic Chinese in Medan where the total population was close to 13 million in 2010.
8. Interview with the deputy principal of a private Chinese secondary school in Penang, 11 June 2013.
9. Conversation with the head of HOS's marketing department, 25 April 2014.
10. Interviews with PHG Chairman, and conversations with ex-nurses.
11. The discourse of 'need' and 'want' pertains to the view that medical care services available in Indonesia are inadequate and do not fulfil the needs of Indonesians, and therefore they have 'no choice' but to go abroad to seek the care that they 'need'.
12. She is not a licensed money changer, so this is illegal.
13. Conversation with marketing head, 28 May 2013.
14. Conversation on 24 April 2015.
15. See http://islandhospital.com/, http://www.gleneagles-penang.com/package/index.htm, and http://www.pah.com.my/services/lifestyle/wellness_screening/files/wellness_screening_packages_en.pdf (accessed 8 September 2015).
16. Conversation on 25 April 2014.
17. Bochaton (2015) reports similar findings.

Acknowledgments

We are grateful to Diana Wong, the anonymous reviewers and the Special Issue editors for their comments.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

This work was supported by the Australian government through an Australian Research Council Future Fellowship (FT110100054) and an ARC Discovery Project (DP1094895), and by the Asia Research Institute, National University of Singapore through a supplementary grant.

References

Amit, V. 2015. "Thinking through Sociality: The Importance of Mid-Level Concepts." In *Thinking through Sociality: An Anthropological Interrogation of Key Concepts*, edited by V. Amit, 1–19. Oxford: Berghahn.

Beijers, H., and C. De Freitas. 2008. "Cape Verdeans' Pathways to Health: Local Problems, Transnational Solutions." In *Transnational Archipelago: Perspectives on Cape Verdean Migration and Diaspora*, edited by J. Carling and L. Batalha, 237–254. Amsterdam: Amsterdam University Press.

Bochaton, A. 2015. "Cross-Border Mobility and Social Networks: Laotians Seeking Medical Treatment along the Thai Border." *Social Science & Medicine* 124: 364–373. doi:10.1016/j.socscimed.2014.10.022.

Chee, H. L. 2010. "Medical Tourism and the State in Malaysia and Singapore." *Global Social Policy* 10 (3): 336–357. doi:10.1177/1468018110379978.

Chee, H. L., A. Whittaker, and H. H. Por. 2017. "Medical Travel Facilitators, Private Hospitals, and International Medical Travel in Assemblage." *Asia Pacific Viewpoint* 58 (2): 242–254. doi:10.1111/apv.2017.58.issue-2.

Connell, J. 2006. "Medical Tourism: Sea, Sun, Sand and … Surgery." *Tourism Management* 27 (6): 1093–1100. doi:10.1016/j.tourman.2005.11.005.

Connell, J. 2013. "Contemporary Medical Tourism: Conceptualisation, Culture and Commodification." *Tourism Management* 34: 1–13. doi:10.1016/j.tourman.2012.05.009.

Department of Statistics. 2011. *Population and Housing Census of Malaysia: Population Distribution and Basic Demographic Characteristics 2010*. Malaysia: Department of Statistics.

Faist, T. 2010. "Towards Transnational Studies: World Theories, Transnationalisation and Changing Institutions." *Journal of Ethnic and Migration Studies* 36 (10): 1665–1687. doi:10.1080/1369183X.2010.489365.

Faist, T. 2013. "The Mobility Turn: A New Paradigm for the Social Sciences?" *Ethnic and Racial Studies* 36 (11): 1637–1646. doi:10.1080/01419870.2013.812229.

Glick Schiller, N., and N. B. Salazar. 2013. "Regimes of Mobility across the Globe." *Journal of Ethnic and Migration Studies* 39 (2): 183–200. doi:10.1080/1369183X.2013.723253.

Hanefeld, J., N. Lunt, R. Smith, and D. Horsfall. 2015. "Why Do Medical Tourists Travel to Where They Do? The Role of Networks in Determining Medical Travel." *Social Science & Medicine* 124: 356–363. doi:10.1016/j.socscimed.2014.05.016.

Hannam, K., M. Sheller, and J. Urry. 2006. "Mobilities, Immobilities and Moorings." *Mobilities* 1 (1): 1–22. doi:10.1080/17450100500489189.

Kaspar, H., A. Bochaton, and M. Walton Roberts. 2019. "Therapeutic Mobilities." *Mobilities*. 14.

Lee, J. Y., R. A. Kearns, and W. Friesen. 2010. "Seeking Affective Health Care: Korean Immigrants' Use of Homeland Medical Services." *Health & Place* 16: 108–115. doi:10.1016/j.healthplace.2009.09.003.

Levitt, P., and B. N. Jaworsky. 2007. "Transnational Migration Studies: Past Developments and Future Trends." *Annual Review of Sociology* 33: 129–156. doi:10.1146/annurev.soc.33.040406.131816.

Levitt, P., and N. Glick Schiller. 2004. "Conceptualizing Simultaneity: A Transnational Social Field Perspective on Society." *International Migration Review* 38 (3): 1002–1039. doi:10.1111/j.1747-7379.2004.tb00227.x.

Long, N. J., and H. L. Moore. 2013. "Introduction." In *Sociality: New Directions*, edited by N. J. Long and H. L. Moore, 1–24. Oxford: Berghahn.

Malaysian Healthcare Travel Council (MHTC). 2015. "Comparison of Healthcare Travellers between 2011-2014." *Malaysian Healthcare Travel Council*. http://www.mhtc.org.my/en/statistics.aspx

Ministry of Health. 2002. *Malaysia's Health 2002: Technical Report of the Director-General of Health, Malaysia*. Malaysia: Ministry of Health. doi:10.1044/1059-0889(2002/er01).

Ormond, M. 2015. "Solidarity by Demand? Exit and Voice in International Medical Travel – The Case of Indonesia." *Social Science & Medicine* 124: 305–312. doi:10.1016/j.socscimed.2014.06.007.

Ormond, M., and D. Sulianti. 2017. "More than Medical Tourism: Lessons from Indonesia and Malaysia on South-South Intra-Regional Medical Travel." *Current Issues in Tourism* 20 (1): 94–110. doi:10.1080/13683500.2014.937324.

Sheller, M. 2014. "The New Mobilities Paradigm for a Live Sociology." *Current Sociology Review* 62 (6): 789–811. doi:10.1177/0011392114533211.

Sheller, M. 2016. "Uneven Mobility Futures: A Foucauldian Approach." *Mobilities* 11 (1): 15–31. doi:10.1080/17450101.2015.1097038.

Sheller, M., and J. Urry. 2006. "The New Mobilities Paradigm." *Environment and Planning A* 38: 207–226. doi:10.1068/a37268.

The New Straits Times. 2009. "Council to Promote Medical Tourism." *The New Straits Times*, July 22.

Toyota, M., H. L. Chee, and B. Xiang. 2013. "Global Track, National Vehicle: Transnationalism in Medical Tourism in Asia." *European Journal of Transnational Studies* 5 (1): 27–53.

Urry, J. 2000. *Sociology beyond Societies: Mobilities for the Twenty-First Century*. London: Routledge.

Whittaker, A., and H. L. Chee. 2015. "Perceptions of an 'International Hospital' in Thailand by Medical Travel Patients: Cross-Cultural Tensions in a Transnational Space." *Social Science & Medicine* 124: 290–297. doi:10.1016/j.socscimed.2014.10.002.

Whittaker, A., H. L. Chee, and H. H. Por. 2017. "Regional Circuits of International Medical Travel: Prescriptions of Trust, Cultural Affinity and History." *Asia Pacific Viewpoint* 58 (2): 136–147. doi:10.1111/apv.2017.58.issue-2.

Wimmer, A., and N. Glick Schiller. 2002. "Methodological Nationalism and Beyond: Nation-State Building, Migration and the Social Sciences." *Global Networks* 2 (4): 301–334. doi:10.1111/glob.2002.2.issue-4.

Wong, D. 2006. "The Recruitment of Foreign Labour in Malaysia: From Migration System to Guest Worker Regime." In *Mobility, Labour Migration and Border Controls in Asia*, edited by A. Kaur and I. Metcalfe, 213–227. London: Palgrave.

Wong, M. L. L. 2012. "Overview of the Development of Malaysia Healthcare Towards Medical Tourism." Slide show, MediTour Expo, Las Vegas, May 6–8. http://www.meditourexpo.net/wp-content/themes/meditour/pdf/12.pdf

Woodman, J. 2008. *Patients beyond Borders: Everybody's Guide to Affordable, World-Class Medical Travel*. Second Ed. Chapel Hill: Healthy Travel Media.

World Population Review. "Indonesia Population 2015." *World Population Review* http://worldpopulationreview.com/countries/indonesia-population/