

Tibetan Medicine in Gyalthang

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## *Tibetan Medicine in Gyalthang*

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This article is an overview of Tibetan medicine in Gyalthang (rGyal thang), focusing mainly on the significance of ethnicity in the practice and use of Tibetan medicine in the area. I begin the article by discussing how the discourse on 'traditional' and 'ethnic' medicine is effectively linked to ethnic discourse in the contemporary PRC. Next, in order to provide ethnographic detail of the current practice of Tibetan medicine in Gyalthang, I move on to give brief profiles of the doctors with whom I studied in the area and to discuss the basic training and certification of a Tibetan doctor. Lastly I offer a brief introduction to the natural environment of Gyalthang, which allows for abundance of medicinal plants; because of this natural wealth, the area has much significance in terms of material resources, the access to which has become an area of increasing contestation. Much of this contestation takes the form of ethnic identity politics and provides another example of the link between ethnicity and medicine in Gyalthang.

### ETHNOGRAPHIC SETTING

Gyalthang is located in the southernmost reaches of Khams. Of the six *sgang* (T) (plateaus/highlands) in Khams, Gyalthang is located in sPo 'bor sgang and roughly corresponds to present-day Shangrila County in Diqing Tibetan Autonomous Prefecture (C, Diqing Zangzu Zizhizhou), northwest Yunnan Province.<sup>1</sup> Essentially there are two Gyalthang: Gyalthang<sub>1</sub>, which refers to the greater cultural (and previously administrative) area, and Gyalthang<sub>2</sub>, which refers to the core town of the greater cultural area. The research presented in this paper was conducted in 1999, 2001 and 2002 (for a total of 11 months) in central/navel Gyalthang (Gyalthang<sub>2</sub>), in the town known in Chinese as Zhongdian, and in surrounding villages.<sup>2</sup> As explained below, most of my time was spent with doctors of Tibetan medicine at two of the three public hospitals in Zhongdian town. The main focus of my research was on the classification of medicinal plants by Gyalthang doctors, which I discuss at length in my doctoral dissertation (Glover 2005). The research presented here, however, is important for understanding the current status of Tibetan medicine in southern Khams, and in some instances more generally throughout the entire PRC, and is therefore presented in this forum for such benefit.

### MEDICINE AND ETHNIC IDENTITY

Tibetan medicine, throughout China, is ethnically marked in Mandarin: *zang yi* or *zang yao*,<sup>3</sup> where *zang* is short for *Zangzu*, or the Tibetan ethnic group.<sup>4</sup> Chinese medicine is, instead, the unmarked, non-ethnicized category of *zhong yi* or *zhong yao*, medicine of the 'middle country,' or, more contemporarily, the nation. The linkage between Chinese medicine and the Han ethnic group is not linguistically explicit (that is, Chinese medicine is seldom called *Han yi/yao*), although it is implicit and often quite overt in medical publications, particularly those that deal with 'ethnic' medicines. There is even a slippage in terminology, so that sometimes Chinese medicine is referred to as *zhongyi/yao* (Chinese medicine) and sometimes it is *Zhongguo yi/yao* (medicine of China) (see below). Western biomedicine, although

utilized quite extensively in some areas of medical treatment throughout China for close to 50 years, carries the name of the (imagined) area of its origin: the West (xi).<sup>5</sup> In the past decade or more, 'traditional,' institutional Tibetan medicine, as practiced at the Tibetan Hospital in Zhongdian, has been touted as one of China's great medical treasures, although its status in relation to Chinese medicine is somewhat ambiguous. Often Tibetan medicine gets lumped in with other medical systems of China's 'ethnic minorities' in contrast to Chinese medicine and sometimes it is presented as an example of China's 'ethnic medicines' along with Chinese medicine.<sup>6</sup> The crux of understanding how Tibetan medicine fits into the larger discourse of medicine in China depends in large part on understanding what Chinese medicine symbolizes in China. Here I examine two instances in which Tibetan medicine comes in contact with the larger discourse of medicine in China and Chinese medicine. The first is a highly publicized horticultural exposition that I attended in Yunnan and the second is a recent publication on minority medicines in China.

At the 1999 World Horticultural Exposition in Kunming, a small exhibit titled *Ethnic Medicine and Pharmacology* (*Minzu yiyao*),<sup>7</sup> contained within the larger exhibit of Herbal Medicine Gardens (*Yaocao yuan*), presented a variety of medical traditions in the PRC. Non-Chinese medical traditions<sup>8</sup> (Tibetan, Mongolian, Uighur, Yi, Dai, etc.) were exhibited in one hall while Chinese medicine was exhibited in several connecting and adjacent halls. Although the entire exhibit was titled *Ethnic Medicine and Pharmacology*, the use of this phrase was mostly limited to cases of ethnic minority medicine. For example, signs in the hall with non-Chinese medical traditions that read "Ethnic Drugs with Unique Curative Effects" (*Liaoxiao dute de minzu yao*) and "Rich and Varied Ethnic Drugs in Yunnan Province" (*Fengfu duoshi de Yunnan minzu yao*) actually cite examples of texts and drugs from non-Chinese medical traditions only. Signs in the halls for Chinese medicine did not use the term 'ethnic medicine' to describe Chinese medicine—the tradition was referred to either as *zhong yi/yao*, *Zhongguo yi/yao* (significance of these terms discussed below) or 'traditional' medicine (*chuantong yiyao*). And yet at the same time, in the hall where displays of minority medical traditions were housed, the Han ethnic group is briefly mentioned as an important ethnic component of the nation and as the holders of the Chinese medical tradition:

China is a multi-ethnic country. Not only does the Han ethnic group have Chinese medicine and pharmacology (*Hanzu you zhong yiyaoxue*) [emphasis mine] but also each of the other fifty-five minority groups has its own ethnic medicine and pharmacology [with] long-standing histories and rich contents; they are an important component of China's medical and pharmacological sciences (*shi Zhongguo yiyaoxue zhongyao zucheng bufen*).

So Chinese medicine is a type of ethnic medicine as well, since it is the medical tradition of the Han ethnic group, yet it is seldom directly referred to as such. The use of 'ethnic' medicine is generally reserved for non-Han Chinese traditions. In this sense, the term 'ethnic' (*minzu*) is used in very much the same way that it is in the United States: 'ethnic' music generally means music of non-Anglo origin; the 'ethnic' food aisle at a large chain grocery store usually contains Mexican, Chinese, Thai, and Japanese foods, for example.<sup>9</sup> 'Ethnic' in the United States generally means non-Anglo; in China it means non-Han.

There is often a slippage in terminology between Chinese medicine (*zhong yi/yao*) and medicine of China (*Zhongguo yiyao*). In another sign at the same exhibit the term *Zhongguo yiyao* (medicine and pharmacology of China) is clearly used to mean Chinese medicine. This sign lists important medical canons in the Chinese tradition and outlines a brief history of the same. Throughout the text of the sign, *Zhongguo yao* (medicine of China) is used interchangeably with *zhong yao* (Chinese medicine). Not surprisingly, the slippage between *Zhongguo yi/yao* and *zhong yi/yao* parallels that in other ethnic discourses in the PRC, where the traditions of the Han-Chinese majority are made to symbolize those of the nation. Thus Chinese medicine is the hallmark 'traditional' medicine of China. All other types of medical traditions are 'ethnic,' non-Han—marked, and not mainstream.

These marked medical traditions were presented at the Expo as examples of the wondrous resources of the nation, particularly in natural materials. A sign titled "Brilliant Future for Pharmaceuticals of Ethnic Drugs" (*Qianjing guangguo de minzu yao zhiji*), at the exhibit reads:

China has devoted much attention to the work for exploration, management, development and investigation of ethnic drugs (*minzu yao*). In recent years, large numbers of pharmaceuticals from ethnic drugs with significant curative effects have been investigated and manufactured. [It then lists examples of drugs that have been manufactured, giving their Chinese and Latin names and uses]... Development and research of ethnic pharmaceuticals will bring enormous contributions to humanity.

Although no particular mention is made in this sign of which medical traditions these drugs have come from, certainly non-Chinese traditions are among them (I recognize one example as coming from the Tibetan tradition). Later in this article I discuss how some of the 'exploration and development' of Tibetan pharmaceuticals in Gyalthang has played out, from production factories of Tibetan medicine to plant prospecting in remote villages.

Lastly, at the Expo, viewers were briefly introduced to the theoretical foundations of non-Chinese medical systems through the interpretive lens of Chinese medicine and dominant Han Chinese culture. Tibetan medicine, for example, was discussed in terms of yin/yang theory; such a theory is particular to Chinese medicine, but not at all to Tibetan medicine. All plant names given for mounted specimens were Chinese (and Latin), not those from the language of the respective medical tradition, or even Chinese phonetic approximations of these names.<sup>10</sup> Books displayed in cases were all written in Chinese, although in the case of Tibetan medicine, for example, there are countless medical publications within the PRC in Tibetan. Clearly the World Horticultural Exposition was aimed in large part at the Han Chinese middle to upper-middle class (and some international travelers, since most signage was translated into English); in this cohort are citizens with some knowledge of Chinese medicine, a budding curiosity about the diverse nature of the nation (and the world),<sup>11</sup> and enough money to pay the entrance fee of 100 yuan (approximately US\$12) per person per day. Ethnic medicines, as with other things 'ethnic' in the PRC, were presented as objects of wonder and potential consumption by the greater Chinese, un-marked yet implicitly Han-centric, public.<sup>12</sup>

A related discourse about the relation between Chinese medicine, the nation, and medical traditions of China's 'minority nationalities' appears in a 2000 publication titled *Collection of Traditional Minority Medicines of China* (*Zhongguo Shaoshu*

*Minzu Chuantong Yiyao Daxi*). First, while the volume profiles medical systems of thirty-five ethnic minority groups in China, comparisons to the Chinese medical system are made throughout. In the opening paragraphs of the Tibetan medicine section (which is 189 pages long, divided into 25 chapters), the authors state,

On the Tibetan Plateau, the Tibetan ethnic group created Tibetan medical science (*zang yixue*), which has a long history, substantial content, and a unique system and theory that are second only to the integrated medical system of the Han (*Hanzu yixue*). (*Qi and Luo: 3*)

The text goes on to state that the history of Tibetan medicine is generally considered not as extensive as that of Chinese medicine due to the fact that written Tibetan language was not established as early as written Chinese:

In terms of the history of Tibetan medical science, generally speaking it is not as long as that of Han Chinese medicine (*buru Hanzu zhongyi name youjiu*). This is because the history of Tibetan written language standardization did not start until the time of the ruler that united the country [*Tufan wangchao tongyi xueyu*—presumably this means Songsten Gampo (Srong btsan sgam po), mid 7th Century]. However, if we start calculating from the time of human habitation in Tibet (*ruguo cong xueyu kaishi you renlei juzhu shenghuo suanqi*), then Tibetan medical science could also be said to have a lengthy history. (*Qi and Luo: 3*)

Here two versions of Tibetan medical history (one text based, the other orally based) are offered up, with clear preference of accuracy given to the first. If the second version were truly plausible, that could mean that the Tibetan medical tradition might rival the Chinese in antiquity.<sup>13</sup> The important point here is not which version of Tibetan medical tradition is 'correct,' but that Tibetan medicine (and other traditions discussed through the text) is always placed in contrast with Chinese medicine. And usually Tibetan medicine falls short of the 'standard' set by Chinese medicine in one way or another.

Secondly, in this volume the authors make explicit that the Tibetan medical system, as a minority medical tradition, is one of several great traditions of the Chinese nation that, consequently, should bolster the strength of the nation.<sup>14</sup> Citing the Constitution of the People's Republic of China, which stipulates that the traditional medicines of the nation (literally 'our nation,' *woguo*) should be developed (*fazhan*), the authors explain that minority medical traditions, taken together as a whole, are one of the great treasures (*weida de baoku*) of the nation (the other great treasure is Chinese medicine, of course). Because of this important status, all minority medical traditions should work to "discard the false and retain the true [as well as] discard the crude and retain the refined" (*qu wei cun zhen, qu cu cun jing*). Furthermore, they should be "practical and realistic in picking and choosing" (*shishi qiushi de qushe yangqi*) what to discard and what to retain (*Qi and Luo: i-ii*). The authors further urge party and government officials, as well as health care workers, to take ethnic medical traditions seriously because doing so advances ethnic culture (*hongyang minzu wenhua*), implements ethnic policy (*guanche minzu zhengce*), and generally helps medical sciences of the motherland (*zuguo*) prosper. The authors warn that while important technological changes must be implemented in minority medical systems, substantial leaps (*tiaoyue*) should not be taken hastily. In particular, Western medicine is cited as an area for caution:

Some people think that changing to Western medicine, or medical westernization, (*xiyao hua*) is a shortcut. But after making such a change [to use of Western medicine], ethnic medical traditions are unable to find themselves again (*minzu yiyao ye jiu zhaobudao ziji le*). This is something that all ethnic medicine workers must consider. (*Qi and Luo: ii*)

In other words, these medical traditions are part of a nexus of national treasures and as such have obligations to the motherland: to adapt to changing conditions but also to maintain integrity. The nationalist rhetoric in this volume (much of it quite reminiscent of like rhetoric during the Maoist era) is not surprising because the discourse on ethnic medicines in China is linked to ethnic minority discourse, which is effectively linked to nationalist discourse.

In both the 1999 World Horticultural Exposition and *Collection of Traditional Minority Medicines of China*, Tibetan medicine and other non-Han Chinese medical systems are presented to the inquiring public in the shadow of Chinese medicine and Han Chinese culture at large. In this context, Tibetan medicine is always a medical tradition of a minority group (*shaoshu minzu yiyao*), a tradition on the fringe of the mainstream. While Tibetan doctors may not consider themselves terribly on the fringe during the midst of their practice—indeed they are very much at the center of medical care for most Tibetans in Gyalthang—they do seem acutely aware of the position of Tibetan medicine in the larger context of the entire nation, especially given that the doctors with whom I studied are presently or have been doctors at state-sponsored institutions. They commented that Tibetan medicine, although finally recognized as the important tradition that it is after many years of persecution in the PRC (see Janes 1995: 15-22), still struggles in some areas to achieve the equality granted to Chinese medicine (below I discuss certification of pharmacologists as one example).

#### TIBETAN MEDICAL DOCTORS

Traditionally, there have been two main types of doctors in the Tibetan cultural complex: monastically-trained and family-trained. Since monasteries were the storehouses of and foci for Tibetan intellectual life for centuries, it was also in these institutions that medicine was taught and practiced. Part of a monk's<sup>15</sup> basic educational curriculum consisted of courses in medicine (along with logic, debate, astrology, grammar, calligraphy, and others). If a monk found that he was particularly interested in medicine, he could continue to study beyond the basic curriculum, provided there was someone to teach him, and/or he could attend a specialized medical college. Even without a teacher present, however, a monk could learn a fair amount from studying medical texts, since literacy was one of the hallmarks of monastic life. Patients would seek out qualified doctors at nearby monasteries. The second type of medical lineage consisted of those doctors trained within the family. Before 1949 most of the families with which we are familiar in the literature were aristocratic and often traced their ancestry back to important historical figures (many Indian) in the development of Tibetan medicine. Doctors of this genre were connected to landed estates, were literate, and varied in the degree to which they practiced medicine as a profession. Although most of these doctors were men, it was possible for women in a medical family to be trained as well.

Such are the two ideal historical types of Tibetan doctors. Certainly there must have been quite a few doctors that did not match the descriptions given here: doctors who may have had some basic monastic training in medicine but then returned home



to village life to become the local village doctor; doctors who were somehow self-taught, possibly traveling to other locations to find willing teachers; or other family-trained lineages. What this typology of Tibetan doctors leaves out are those doctors trained outside the world of literacy. Certainly I encountered a few such doctors during the course of my fieldwork, although I was not able to study with them extensively (explained below). Sometimes called village or country doctors in Chinese (*nongcun yisheng*),<sup>16</sup> these doctors were usually trained within a family by a parent, grandparent, aunt or uncle and are undoubtedly part of a long tradition of oral medical training. Such doctors tended to be men as well, although not exclusively so, and they treated patients within the local context of a village or group of villages. These lineages were (and are) most often found in more remote areas, away from cultural centers and large monasteries.

Since the founding of the PRC and the Communist Revolution, the specialized study of Tibetan medicine in institutions has been moved from the monasteries to state-sponsored colleges and hospitals;<sup>17</sup> medicine of this lineage is no longer yoked exclusively to religious study.<sup>18</sup> The Gyalthang doctors with whom I studied were all products of institutions, hence I use the term 'institutional doctors' to describe them.<sup>19</sup> Yet the types of institutions in which they studied vary depending on age. Those born before 1940 (Pema Tenzin, Tsedrup Gönpö, and Shiang Rinpoche) had all begun their study of Tibetan medicine as young monks in monastic institutions. In contrast, younger doctors, born after 1960, (Ma Liming and Kelsang Chöden) had started by apprenticing with one or more senior doctors and then had gone on to study at formal medical institutions. One of the underlying commonalities for all of these institutional Gyalthang doctors is literacy in Tibetan language. One cannot study Tibetan medicine without fluency in the language. Although there is nothing stopping a non-Tibetan from learning to read and write Tibetan (and therefore studying Tibetan medicine) it is thus far unheard of in Gyalthang.<sup>20</sup>

#### GYALTHANG 'INSTITUTIONAL' DOCTORS OF TIBETAN MEDICINE

Institutional doctors in Gyalthang for the most part practice in hospitals.<sup>21</sup> There are three main public hospitals in the town of Zhongdian.<sup>22</sup> The Diqing Prefectural People's Hospital (C, Diqing Zangzu Zizhizhou Renmin Yiyuan) was established in 1978 and utilizes both Western and Chinese medicines. In 1979, the Prefectural Hospital established a clinic of Tibetan medicine that was disbanded after the establishment of the Tibetan Hospital (see below) in 1987. Since there were no doctors of Tibetan medicine at the Prefectural Hospital during the time of my research I did not spend any time there. The County People's Hospital (C, Zhongdian Xian Renmin Yiyuan) was founded in 1952<sup>23</sup> and utilizes mostly Western and Chinese medicines but also has a small clinic of Tibetan Medicine. I interviewed the doctor of Tibetan medicine, Tsedrup Gönpö, at the County Hospital several times. The third public hospital in Gyalthang is the Tibetan Hospital (C, Diqing Zhou Zang Yiyuan; T, bDe chen khul bod lugs sman khang), established in 1987. At the Tibetan Hospital, Tibetan medicine is practiced almost exclusively; of the twenty-seven doctors on staff, twenty-three of them are doctors of Tibetan medicine, two are doctors of Chinese medicine, and two are doctors of Western medicine. (All doctors of Tibetan medicine at the Tibetan Hospital have had minimal training in both Western and Chinese medicines.) Most of my time was spent at the Tibetan Hospital. My main consultant was Ma

Liming. In addition, I interviewed Pema Tenzin while he was still a doctor at the Tibetan Hospital in 1999 and then again later in 2001 and 2002 at his private clinic.

These three hospitals are within an approximately two-mile radius of each other. The Prefectural and County Hospitals are toward the center of town and within blocks of various government buildings (prefectural and county), the bus station, and the central food market. The Tibetan Hospital is located on the north end of town, past the Minorities Middle School (Zhou Minzu Zhongxue) and the statue of a man (visually marked as Tibetan) riding on horseback. The location of these facilities is symbolically significant and mirrors the status of the respective medicines in the eyes of the state; locating the Tibetan Hospital on the edge of town signals the peripheral status of Tibetan medicine within the larger discourse of medicine in China.

#### PROFILES OF DOCTORS

##### Pema Tenzin (Pad ma bstan 'dzin)

Pema Tenzin is a native of Dongwang (literary name: gTer ma rong),<sup>24</sup> a township in the northern part of Zhongdian County. He began his study of Tibetan medicine in Dongwang with teachers Ani Lhatsa and Tsering Gyatso at age eight or nine; he was a monk until age 27. Pema Tenzin explained that he had traveled to many places (the TAR, Gansu, Qinghai, Sichuan and Yunnan) throughout the years, studying medicine with a variety of teachers. He himself has been a doctor since 1966 and has been practicing in Zhongdian since 1984. First he worked in the Tibetan Medicine Clinic of the Prefectural Hospital but then moved to the Tibetan Hospital after it was constructed in 1987.<sup>25</sup> He explained to me once that he only instructs about four students at a time, for four to six years. In 2000 he retired from the Tibetan Hospital and opened his own private clinic in his home. He was quite humble about the importance of his clinic but every time I was there a line of patients (between 8-25 people long) was formed in the courtyard to see him. He often treated people and dispensed medicines free of charge. I was told by Ma Liming that people will come from far away, especially from his home area of Dongwang (about an eight-hour trip by bus), to see him.

When I first arrived in Gyalthang in 1999 I went directly to the Tibetan Hospital. I was accompanied by a graduate student from the Kunming Institute of Botany; although she had never been to the area herself and was from neighboring Lijiang Naxi Autonomous County, she was assigned to be my *peitong* (accompanying companion—theoretically required for all researchers in the PRC). We had names of doctors to contact that were given to us by one of her fellow graduate students who had done research in the area. At that time Pema Tenzin was one of the leading doctors at the Tibetan Hospital and Ma Liming was a new doctor there who had been studying under Pema Tenzin for many years. One of the distinct memories I have of that first visit is of Pema Tenzin's demeanor. I remember that his voice was quite soft, his Mandarin was heavily accented, and his face had a warm glow. His skin was not weathered like that of many in the area, presumably from having spent most of his adult life indoors studying. His smile was sweet and his eyes seemed kind. In many ways he was guarded: he had asked that I not record our interviews (I asked if I could since I had difficulty understanding his Mandarin at times) and he seemed especially careful about my questions concerning the connection between medicine and religion. I realize now that most of the questions I asked at that time were too direct for these beginning conversations. Although cautious, Pema Tenzin nonetheless

was encouraging and extremely helpful; I remember that a particularly bright smile came across his face when he learned that I could read Tibetan (although haltingly). In 2002 I spent time at his private clinic, observing doctor-patient interaction, interviewing him, and receiving treatment myself.

Once when I was at his clinic in 2002, and after all patients had left for the afternoon, Pema Tenzin took me into the upstairs part of his home to show me where he stores all of his plants. He explained how he used to collect most of the plants himself, but now he mostly buys them from a few people he trusts to collect. Baskets of plants were drying in the sun on the rooftop while others were drying in the shade.<sup>26</sup> He had built shelves on which to store bags of dried plant parts; the upstairs rooms and hallway were filled with the aroma of these. Next he showed me his shrine room, where *thangkas* lined the walls and a central shrine was at the west end of the room. Some plants were even stored in the shrine room, and he explained that to aid in efficacy all plants should be properly blessed. We did not talk much about the contents of the shrine room, since his main purpose in bringing me upstairs seemed to be to show me his storehouse, but I was able to recognize many of the figures in the *thangkas*, some of which were the Medicine Buddha. I felt honored that he would share all of this with me. I also felt that perhaps in some way he was trying to communicate to me that the questions I had asked him three years previously about the connection between medicine and religion were important ones, even though he had not chosen to discuss them with me then. In many ways I began to feel like Pema Tenzin and I were finally establishing a meaningful relationship—just as my fieldwork was coming to a close. I am sorry that this did not happen in large part before mid-2002.

### Ma Liming

Ma Liming is from a farming family in Yangthang village (C, Xiao Zhongdian), about 25 km south of Zhongdian town. His Tibetan name is Chos 'phel but he hardly ever uses this name, he told me. He explained that he did well in school from an early age and therefore was encouraged to continue on to study medicine. He was an apprentice for six years with Pema Tenzin before attending the School of Health (C, Weisheng Xuexiao) in Zhongdian where he studied for four years. The same age as myself (34 in 2002), Ma Liming has been the head pharmacologist at the Tibetan Hospital since Pema Tenzin retired in 2000; now he even occupies the office that previously belonged to Pema Tenzin. He is in charge of acquiring all medicinal ingredients (either through organizing collecting parties or purchasing) and is overseer for all production of medicines at the hospital. There are four doctors who work under him that actually mix the medicines, and help with collecting materials.

The majority of my time interviewing was spent with Ma Liming, hence I consider him my main consultant. He often had afternoons free and these were the best times for me to visit the hospital to interview. He was instrumental in my learning, never seeming to tire of my rudimentary questions. He explained an enormous amount of Tibetan medical theory to me and showed me how to read recipes in medical texts. He helped me decipher audiotapes I had made in Dechen and in surrounding villages of doctors and common householders reciting names of plants. We drove around several times in his small minibus identifying plants in the field and taking small collections. One time we even drove out to Tsoli village for the day; Ma Liming said he would be happy to help me interview some random villagers and a few men he knew there that had working knowledge of local medicinal plants. We of course

spent a good amount of our time discussing plant classifications and he helped me identify and locate important texts for my research. He has even responded recently to a letter I wrote him about my findings on the variations in plant classifications in medical texts and has provided his interpretation of some of these. Overall I feel incredibly indebted to him and could not have undertaken this research without his help.

It is worth noting here that while in general I felt quite at ease with Ma Liming, and I believe he did with me as well, he seemed quite cautious about our spending too much time together alone. The few times he offered to take me plant hunting were when my son was along (the decision was usually spontaneous, as was bringing my son along to interviews). He tended to wax more conversational when there were other people in the room during our interviews. Even when we drove to Tsoli village (we did drive there alone and had some very interesting conversations along the way), he asked a friend in Tsoli to accompany us for the day. I have no way of knowing for sure whether Ma Liming would have behaved differently in these regards if I were a man, but I suspect so. Although I do not feel that I was slighted in any way, that somehow information was withheld from me because of my gender, by any of the Tibetan doctors, I was and am conscientious about my role not only as a foreign anthropologist, but as a woman as well.<sup>27</sup>

### Tsedrup Gönpö (Tshi sgrub mgon po)

Tsedrup Gönpö was born in Geze village, about 30 km north of Zhongdian town. He went to Lingshi Ridrö (Gling bzhi ri khrod) Monastery in Bathang (in present-day Sichuan Province) when he was eight years old. By age thirteen he was ordained as a monk and had begun his study of Tibetan medicine. When the Communist Revolution arrived in China in 1949, Tsedrup Gönpö (aged twenty-four) removed his robes and gave up his monk's vows. He practiced medicine for ten years in his home village of Geza (C) before coming to work at the Tibetan Hospital when it was first established (1987). In 1996 he moved to the Tibetan medicine clinic of the County Hospital, where he is the only Tibetan doctor on staff. In 1999 he told me that he had seventeen students, which seemed like a large number. He also told me once that only Pema Tenzin, Shiang Rinpoche, and himself know anything about Tibetan medicine in the Gyalthang area: "All the other doctors [he did not mention names] are 'book doctors'—they don't know enough about actual practice," he said.

I interviewed Tsedrup Gönpö several times at the County Hospital. He was fairly gruff and sometimes seemed bothered by my requests to speak with him. I was told by many people, Pema Tenzin and Ma Liming included, that Tsedrup Gönpö is simply that way, that I should not worry too much about his behavior and attitude. But I found it challenging to be around him. He constantly chided me for misspelling Tibetan plant names (even after I told him that I specifically needed help with the spellings) and he spoke very sternly to me quite often. In general I was quite put off by his interpersonal style and could tell early on that he was not someone with whom I would be able to work extensively. Nonetheless, he was clearly a knowledgeable doctor with decades of experience and I tried to make the most of our encounters.

### OTHER TIBETAN MEDICAL SCHOLARS IN GYALTHANG

In addition to the doctors at the Tibetan and County Hospitals, there are other practitioners and medical scholars in the area. Shiang Rinpoche (Byang<sup>28</sup> Rinpoche)

is one of the area's most well respected authorities on Tibetan Buddhism and Tibetan medicine. At an age of 80 and having just undergone gall-bladder surgery, Rinpoche was kind to agree to an interview with me in 1999. At that time he said he was not sure if we would meet again when I returned to Gyalthang, alluding to concern that his present life was soon to end. Fortunately he was still alive when I returned in 2001 and 2002 and I was able to interview him several times. However, his failing memory seemed a point of embarrassment to him and he continually mentioned how he had not practiced medicine in a very long time. In particular, Rinpoche helped fill me in on some of the history of Tibetan medicine in terms of specializations within particular Buddhist sects.

Kelsang Chöden (sKal bzang chos ldan) is a native of Lhasa and did his medical training both there and in India, where he lived for many years. In Gyalthang, Kelsang is actually a tour guide in the summer months, since he can make a fair amount of money doing this.<sup>29</sup> He then returns to Chamdo (Chab mdo) in the winter months to work at the Tibetan medicine factory there, where he helps mix medicines. When I first met Kelsang (we were introduced by a mutual friend) he explained to me that it was quite difficult for him to find work. Since he had left Lhasa when he was fairly young (age thirteen I believe) and spent so much time in India, his Chinese language skills, especially written Chinese, were quite poor. He said it was impossible to get a job anywhere in this part of cultural Tibet without being able to read and write Chinese. He had come to Gyalthang hoping to work in medicine but had then settled on tourism when no other jobs were available for him (and he grew to appreciate the income from tourism, he said). Kelsang was not only a consultant but also a good friend. We shared many meals together with other friends and he was a fun person to be around, with a bright face and gentle demeanor.

#### NON-HOSPITAL PRACTITIONERS

I was also able to interview several village doctors in Zhongdian. Ngödrup (dNgos sgrub) lives at Sumtsenling (Sum rtsen gling) Monastery. His son is a monk at the monastery, so he is able to live in a small room there. He sees patients occasionally and specializes in healing stomach ailments. He is from a line of village doctors that goes back at least eight generations. His father, who died when Ngödrup was ten years old, is still famous in the area for being able to diagnose illnesses from gazing at corpses (a type of visual autopsy); I interviewed at least half a dozen villagers in the area who mentioned this. Ngödrup told me that because his father died when Ngödrup was so young he was not able to learn as much as he would have liked to from him. Although I expressed what I believe is sincere interest in learning from Ngödrup, in many ways he seemed very suspicious of me. He told me only a few names of plants that he uses, saying that he did not know the names of most of the plants. For a while I thought that possibly because he is not literate in Tibetan, he felt uncomfortable with the fact that I am. Thinking this, I explained that he could just tell me whatever names he knows for plants, that he need not be concerned with whether they are standard names or not; he just responded, several times, that he does not know *any* names for the plants he uses (below I explain why).

Another fellow in town with a very similar name, Yudrup (g.Yu 'grub), also claimed that he did not know the names of the ten plants he uses to treat muscle strains and broken bones (his specialty) although he very agreeably answered other questions I had. By the time I had interviewed Yudrup, I already had been pondering this

phenomenon of 'un-named' plants: I speculated that possibly there are names that are used just within the family and that since I was not a family member I should not be privy to them. I asked Yudrup if this was the case; I said that he did not need to tell me what the names are if he did not want to. He again said that they do not use names for the plants but that they can easily recognize them in the field. I was puzzled: can such covertness exist for these useful plants? In a later conversation with Ma Liming, I was told that the names of these plants are secretive—they are passed on from one generation to the next and not shared outside the family. This I had suspected. But apparently even the fact that the names are secretive is also secret.

While I was extremely interested in learning more from these men I was not able to. I am not sure which was the biggest obstacle: being a woman, an 'outsider,' too forward in my approach, not persistent enough, or a possible liability in terms of keeping family secrets/traditions. It is not that I learned nothing from them, as the above account of secretive names indicates. Whatever the case, the way in which knowledge is imparted to and shared among institutionally trained doctors is much more congruent with the type of research I was conducting and the way in which I conducted it. After all, I also come from a world of educational institutions.

#### STREET VENDORS, MEDICINAL MARKETS

On the streets in Zhongdian there are also street vendors selling various medicines. When I first got to Zhongdian in 1999 I interviewed several of these vendors, mostly Tibetan women over 50. One of the most interesting exchanges I remember was one woman's response to my inquiry as to whether the goods she sold were Tibetan or Chinese medicine: "It's a little bit of both—and not exactly Chinese or Tibetan." Here was folk medicine in the making, I thought: eclecticism at its best. Unfortunately, the number of street vendors diminished by 2001 and 2002, and none of the women I had interviewed in 1999 were selling on the streets any longer. I realized that these vendors were more itinerant merchants than healers, which is not to say that they did not know about the medicines they sold. Nonetheless, I could not track down the original interviewees and other vendors seemed too intermittent for a sustained research project. Additionally, a variety of markets and stores exist throughout Zhongdian town that sell medicinal plants; I did not extensively interview any of the proprietors although I did take note that the stores in particular seemed to expand between my first and last stays (1999 to 2002) in Gyalthang.

#### CURRENT MEDICAL TRAINING, PRACTICE, AND CERTIFICATION

The most obvious difference in training between older, monastically trained doctors and younger institutional doctors is the context within which Tibetan medicine is studied and practiced. Monastically trained doctors learn that they often need to treat not just the body but also the mind/spirit of a patient. So, in addition to prescribing medicines to take, a monastically trained doctor might suggest certain prayers to say or might offer a ritual blessing to a patient. They are taught that ultimately health refers not just to the proper physiological functioning of the body but also to the balanced functioning of the mind/spirit/psyche. They also learn that karmic actions often play an important role in the health of an individual. Institutionally trained doctors in the PRC (that is, non-monastically trained), on the other hand, spend the majority of their time learning and conceptualizing about the primarily material nature of the body and the ramifications thereof in terms of treatment. They prescribe

medicines but not prayers. And yet, I found that there was definite conviction among young doctors that there is more to health than just the material body. The difference is not so much that younger doctors are strict materialists, not 'believing' in the concerns of metaphysical contemplation or the law of karma, but that they readily admit that they are not trained to treat disorders connected to such matters. Ma Liming explained to me once that if he suspects that a patient needs treatment having to deal with the spirit/psyche (C, *shen*) or with karmic action (T, *las*), he will send him/her to the monastery to speak with and/or receive blessings from a high monk.<sup>30</sup>

Medical training for those that attend the program in Tibetan medicine at the School of Health in Zhongdian includes study of two topics that the older generation of Tibetan doctors never received trained in: Western and Chinese medicines. Although Chinese medicine is studied for only one semester (four months) during the four-year curriculum, Western medicine is studied for a full year. I found that when I spoke with younger doctors they would sometimes draw parallels between certain aspects of Tibetan medicine and Western medicine or point out the ways in which the two systems are different. Importantly, while instruction in Tibetan medicine is completely in Tibetan, instruction in Chinese and Western medicine is in Mandarin, which points to the linguistic divide between Tibetan and non-Tibetan medicines in China.

A significant change in medical practice between the two generations has to do with specializations. Pema Tenzin explained to me that during his training, he learned all aspects of medicine (diagnosis, treatment and preparation of medicines) because a doctor could expect to utilize skills in all of these areas throughout his career.<sup>31</sup> He explained that beginning in 1990 at the Tibetan Hospital a division of labor was formed wherein doctors either diagnose (C, *kanbing*) or work in the mixing of medicines (C, *peifang*).<sup>32</sup> While students at the School of Health do learn all aspects of Tibetan medicine during the course of their study, they are encouraged to pick a specialization (either diagnosis or medicine-mixing) toward the end of the program, in large part because this will help determine placement in a facility after graduation. Now that facilities such as the Tibetan Hospital have administrative units that reinforce this division of labor, doctors by default become specialists once they begin employment in such institutions (see Table 4.1).

Table 4.1. Relationship between areas of specialization, administrative units and number of employees per unit at the Tibetan Hospital, Gyalthang.

Specialization	Tibetan Hospital Unit	Number of employees per unit
diagnosis (C, <i>kanbing</i> )	In-patient (C, <i>zhuyuan bu</i> )	14
diagnosis (C, <i>kanbing</i> )	Out-patient (C, <i>menzhen bu</i> )	4
medicine-mixing (C, <i>peifang</i> )	Manufacturing/preparation (C, <i>zhiji shi</i> )	5
(administrative)	Administration (C, <i>bangong shi</i> )	10

The state system of medical certification, as Ma Liming described it to me, is a series of progressive advances toward Directing Physician. After graduating from a certified medical facility, such as the local School of Health, one is awarded the title of Medical Practitioner (C, *yishi*). After eight years of practice and successful passing of a standardized exam, one can then become a Qualified Doctor (C, *yishi*).<sup>33</sup> After seven more years of practice and passing another exam, one can move on to Attending Physician (C, *zhuzhi yishi*). Finally, one can advance to the position of Directing Physician (C, *zhuren yishi*) if one so desires.<sup>34</sup> Ma Liming explained that the Tibetan medical text the rGyud bzhi recognizes three levels of qualification for medical doctors: Kachupa (*dka' bcu pa*), Men rampa (*sman rams pa*), and Bum rampa (*'bum rams pa*), which roughly correspond to levels 1 & 2, level 3, and level 4, respectively, in the state certification program (see table 4.2).

Table 4.2 State and canonical levels of certification/qualification for doctors of Tibetan medicine.

State certification (titles in Chinese)	Level of qualification in rGyud bzhi (in Tibetan)	Approximate English translation
<i>Yishi</i> (4) <sup>35</sup>	<i>dka' bcu pa</i>	Medical Practitioner
<i>Yishi</i> (1)	<i>dka' bcu pa</i>	Qualified Doctor
<i>Zhuzhi yishi</i> (1)	<i>sman rams pa</i>	Attending Physician
<i>Zhuren yishi</i> (1)	<i>'bum rams pa</i>	Directing Physician

Interestingly, the division of specialization discussed above (diagnosis vs. medicine-mixing) is reflected in the state system of medical certification for Chinese medicine but not yet for Tibetan medicine, although Ma Liming explained in 2002 that such a structure was soon to be established for Tibetan medicine as well. Thus if one has specialized not in diagnosis but in the mixing of medicines, one can become a Qualified Pharmacist (C, *yaoshi*) instead of a Qualified Physician (C, *yishi*). Likewise, rather than an Attending Physician (C, *zhuzhi yishi*) the parallel for those specialists in medicine-mixing is Lead Pharmacist (C, *zhuguan yao*). Finally, Directing Physician (C, *zhuren yishi*) is replaced by the title Directing Pharmacist (C, *zhuren yaoshi*) in this system of certification. I have not been able to determine if there is a causal relationship between the bureaucratic structuring of specialization (encouraged in medical schools and obligatory in employment) and the state system of medical certification or if these two structures arose simultaneously. Whatever the case, specialization does appear to be a new development in the ongoing careers of Tibetan doctors in the PRC; it will be interesting to see how this plays out in generations to come. Below I mention some areas in which this could have potentially volatile ramifications.

#### CONSUMPTION OF TIBETAN MEDICINE BY TIBETAN HOUSEHOLDERS IN GYALTHANG

Part of my time in Gyalthang was spent interviewing common householders about their knowledge (or perceived lack thereof) of medicinal plants (Glover, forthcoming). I interviewed both within the town of Zhongdian and in five surrounding villages. During these interviews, besides asking about the use of medicinal plants, I also inquired about the utilization of prepared medicines and medical services, querying where common Gyalthang-ers seek medical care and asking what types of medicines



they consume. People explained to me that twenty to thirty years ago medicine was difficult to obtain, even Tibetan medicine, which mostly came from Lhasa. Now, people commented, prepared medicines are easy to get. You can buy them at hospitals, pharmacies, and apothecaries in Zhongdian. Some of these medicines are locally produced, some are from Lhasa, some from India, and some (particularly Chinese and Western medicines) come from Kunming or other parts of China. Most interviewees said that although medicines are more available now, they are also more expensive. As one forty-one year old woman from Bongchating village commented, "When I was younger medicine was hard to get but cheap. Now it's easy to get but expensive."<sup>36</sup> Additionally, interviewees commented that doctors are more prevalent now, especially in Zhongdian. While the County Hospital was founded in the early 1950s and state-run health clinics proliferated in the 1960s, it is difficult to know how much these institutions were accessed by local Tibetans at the time. According to my interviews they were fairly underutilized, at least for common ailments.<sup>37</sup> As stated above, Tibetan medicine was not institutionalized in the area until 1979, when the Tibetan medicine clinic was established at the Prefectural People's Hospital and again later, in 1987, when the Tibetan Medicine Hospital—where Tibetan doctors practice Tibetan medicine—was built.<sup>38</sup> Some villages in the area may have had resident village doctors, but in only one of the villages in which I interviewed had there been such a practitioner in the past forty years. One woman noted the increased pervasiveness of doctors and the convenience this brings: "Oh it's much easier to go see a doctor now than having to treat yourself [with medicinal plants]." Furthermore, the combination of greater availability of both medicines and doctors has generally created improved health-care conditions, people noted. One woman from Bongchating village stated, "When I was younger, we could only get medicine from Lhasa. Now we can go to the hospital in Zhongdian if we get very sick. Previously if you got really sick you would just die!"<sup>39</sup>

While many Gyalthang-ers said they sometimes utilize non-Tibetan medicines (Western or Chinese), they all commented that Tibetan medicine was constant in their choice of medicines. They also voiced a preference for Tibetan medical services. "I'd rather go to the Tibetan Hospital because the doctors are really great there," one woman commented. She added, "They know what our lives are like; they are Tibetan too." For some older women, language is an issue; many do not speak fluent Mandarin and are concerned whether they will be able to effectively communicate with doctors. Tibetan doctors all speak Tibetan, of course, so this is another reason to seek out a practitioner of Tibetan medicine—whether at the Tibetan Hospital or elsewhere. Being a Tibetan patient in Gyalthang means foremost using Tibetan medicine.<sup>40</sup>

#### NATURAL ENVIRONMENT & MEDICINAL TRADE IN GYALTHANG

With an average elevation of 3,000 meters (9,840 feet) enormous vertical undulations, and a location of 27° N latitude,<sup>41</sup> the environment in Gyalthang and the surrounding area is an interesting mix of temperate to alpine (boreal) vegetation. Valley floors (2,000-2,500m) are often dotted with cacti, palm trees, and eucalyptus while alpine areas (3,500+ m) host rhododendrons, gentians, and the prized snow lotus (*Saussurea medusa*), which looks a bit like a pelt when dried. Deqin County, just northwest of Gyalthang, boasts the world's lowest-latitude glacier (Minyong), a key tourist destination in the area. Three major rivers of China and Southeast Asia (the Yangtze, Mekong, and Salween) all pass through Gyalthang and the area directly west of

Gyalthang, separated by only a few valleys in some places. In summer the area is greatly affected by the southwestern monsoon from the Indian Ocean; this weather system brings warm moist air to the region and causes heavy summer rains. Unpublished climatic data from 1958-2001 for Zhongdian<sup>42</sup> indicate an average annual precipitation of 635mm, nearly 75% of which (467mm) falls from June-September.<sup>43</sup> The Tibetan Plateau protects the area from Siberian cold current in the winter and consequently temperatures are relatively mild in winters, particularly given the elevations (Chang 1983). In Zhongdian, the mean temperature in January is -3.31°C (26°F), with highs reaching an average of 6.28°C (43°F) and lows averaging -10.7°C (13°F). These conditions make ideal growing environments for a wide range of vegetation types, thus the area is touted as one of immense biological diversity.<sup>44</sup>

Many of the medicinal herbs used for both Chinese and Tibetan medicines come from this part of Yunnan; this is undoubtedly a result of the wide range in biodiversity. It is estimated that approximately 6,000 plant species exist in the northwestern corner of Yunnan and that 40% of plants used in Chinese medicine and close to 75% of plants used in Tibetan medicine come from this area. Gyalthang and Dechen are well known for the existence of the intriguing caterpillar fungus (*Cordyceps sinensis*) so prized in Chinese medicine, although used only occasionally in traditional Tibetan medicine.<sup>45</sup> In addition, important plants (for both systems of medicine) such as *Aconitum*, *Gentian*, *Saussurea* and some *Meconopsis* are available only in this area. From a medical point of view, the variety of growing conditions produces a variety of healing potencies in plants. The Menri (sMan ri: Medicine Mountain) Range, which borders the prefecture and the Tibetan Autonomous Region (TAR), as well as Pema (Pad ma: Lotus) Mountain are cherished areas for the collection of medicinal plants by Tibetan doctors; the plants gathered in these areas of high altitude have great potency (*nus pa*), particularly for disorders with 'hot' characteristics. Even in the popular imagination plants from this area have great potential. In 2001, I interviewed a young Chinese man from Kunming who says that he comes to Zhongdian specifically to buy herbs for his ailing grandparents. Although many of these same plants can be purchased in Kunming, this man expressed his belief that the ones purchased in Zhongdian are more potent and fresh. There are many small herb shops in Zhongdian, many of which specialize in caterpillar fungus; additionally, there are street vendors that sell a mix of medicinal plants and animal parts. Recently there appears to be substantial over-harvesting of some plants, a majority of which end up in the Chinese market, and this has become an increasing area of concern for conservation efforts.<sup>46</sup>

While it is difficult to obtain reliable information on the extent of the historical plant trade in this area, we can speculate that it was quite pervasive. We do know that at least one branch of the ancient tea trade route went through Gyalthang: tea (along with silk, cotton goods, and brocades) from China was traded for wool, hides, musk and deer horn from inner Tibet. Given that a fair amount (my rough estimate is one-quarter to one-third) of plants used in Tibetan medicine grow in tropical regions and possibly up to three-quarters of Tibetan medical plants grow in the Gyalthang and Dechen areas, there had to have been a substantial commerce in plants between this area and those to the north and south. Trade still exists, of course, although I did not ask extensively about this when I was in the field and have not been able to find any published literature on the topic. I do know that the Tibetan Hospital does purchase medicinal plants from India and southern Yunnan; I am just not sure how much. In

fact, in the medicinal plant storerooms at the Tibetan Hospital in Gyalthang, dried plant materials are organized according to their place of origin: one room is for local plants (collected in the Gyalthang and Dechen areas) while the other is for plants that come from elsewhere (mainly India and Yunnan).<sup>47</sup> To the best of my recollection, the storeroom with plants from elsewhere seemed at least three-quarters as full as the room with local plants, although this is certainly not a reliable way to measure annual imports. I have even less information about medicinal plant exports, either in raw or prepared form, since my research was not focused on this. Given that Yunnan's plans for economic development include bolstering environmental tourism and the medicinal plant trade (*Time International* 2000), we can expect that the flow of medicinal plants to and from this region will only increase in the years to come.

#### MEDICINES IN PRODUCTION

There was an interesting transformation in the local medicine factory during the course of my research in Gyalthang that highlights in many ways the complexities of power and identity politics in the local production of medicinals. When I first arrived in 1999, the Tibetan medicine factory was administered under the auspices of the Tibetan Hospital. I was given a tour of the medicine factory (the hygienic nature of the venue and the shiny new equipment were especially highlighted) as well as of the storage rooms where plant materials were kept until processing. Physically located on the hospital premises, the medicine factory was an integral part of the hospital.

When I had returned to Zhongdian in 2001 much had changed: all of the stores of medicinals that were at the Tibetan Hospital had been bought by a businessman from Kunming who now owned a *separate* medicine factory (to be renamed the Diqing Shangrila Tibetan Medicine Company in 2002). Doctors at the Tibetan Hospital explained to me that they had no choice but to sell to this businessman. As I understand it, the man who was head of the medicine factory while it was under the Tibetan Hospital remained head under the new ownership and persuaded the doctors to sell their stock.<sup>48</sup> There seemed to exist a certain amount of animosity between the Tibetan Hospital, at least as represented by the doctors, and the new medicine factory/company. As one doctor stated, "We care about treating patients; they [the owners of the factory] only care about making money. They're businessmen."

By the time of my return in early spring 2002, the Tibetan Hospital had replenished its stock of medicinals and was again making medicines. Most of the medicines prescribed by doctors at the hospital can be purchased at the hospital dispensary, located on the first floor of the main building in the hospital complex. By late summer 2002 the hospital had also established its own pharmacy adjacent to the hospital that was open to the public. The doctors seemed to express a small amount of pride at this new, modest pharmacy, which stands in great contrast to the opulence of the Tibetan Medicine Company only 300 yards or so down the road. Medicines from the hospital pharmacy appear to be aimed only at local consumption, while those at the Medicine Company are accompanied by slick brochures in Chinese and reportedly have a wider circulation than the Gyalthang area. To the best of my knowledge, plant resources from both the Company and the hospital come from similar areas (Gyalthang, Dechen, Chamdo, southern Yunnan, India). During 2002 the Hospital installed a new statue of Yuthog Yonten Gonpo (g. Yu thog Yon tan mgon po), an important historical figure in the development of Tibetan Medicine, in its small courtyard—a symbolic representation of the connection to a long lineage of medicine.

During the course of my fieldwork I did not interview anyone at the Tibetan Medicine Company (although I did interview Wang Yongshen, who would become one of the head administrators of the Medicine Company, in 1999 at the Tibetan Hospital). In part the Company became off-limits for me due to my indirect involvement with The Nature Conservancy. In 2001 I was invited by Dr. Jan Salick of the Missouri Botanical Garden to participate in a research trip to the Khawakarpo Mountain area, northeast of Gyalthang. Dr. Salick's research is on sustainable harvesting practices in the sMan ri (Medicine Mountain) area and is contract work for The Nature Conservancy. We made arrangements to meet in Dechen; I was to drive from Zhongdian to Dechen with one of the doctors from the Tibetan Hospital, who had also been invited along. When the doctor appeared at my hotel on the morning of our departure, he was accompanied by three other men—from the medicine company. Although I suspected that there could be a potential conflict of interest (explained below) I did not feel that it was my place to resolve these issues and so we proceeded to Dechen. After our arrival in Dechen we participated in a very uncomfortable dinner where the company employees *and* the doctor were told that they could not come with us to the village. Since the doctor had actually been the only one invited initially, he explained that he was told by his boss that he had to bring these fellows along. He did not explain *why* his boss made such a demand but it became clear that The Nature Conservancy's interest in conservation and the presumed commercial interest of the medicine company in finding new 'hunting grounds' for plant collection were at odds. I asked that we please allow the doctor to come along, since we invited him and he made the long journey there; I also had little suspicion in my mind about the doctor's general interest and was hoping he could help me identify plants. We did invite him, but he declined and said that he should stay with the other men, since they were in part his 'responsibility' given by his higher-up. I understood his position, but I was terribly worried that a major faux pas had been committed. I was not so much concerned about the company workers, but I was concerned about the doctor and worried that an important relationship had been destroyed before it had barely begun. In the end, the doctor ended up being an important consultant and a good friend while the company refused to let me and another researcher from the Missouri Botanical Garden into their factory on several occasions. The people in the village to which we traveled *thanked* us for not bringing the men from the medicine company along; the villagers were equally suspicious of the intentions of this company.<sup>49</sup>

The production of medicines in Gyalthang points to two important phenomena. First, this is not an obvious case of ethnic identity politics at work in criticizing the production of medicinals since many of the workers at the company, and indeed the head of production, are Tibetan. The criticism levied at the company by the doctors does not appear to be ethnic in nature—it is more a discourse about *ethics* and motivations (doctors help people, businessmen make money). In many ways, it appears to be a commentary on the emerging market economy. And yet, no one (doctors and lay people alike) ever seems to forget the fact that the *owner* of the medicine company is non-local, and therefore non-Tibetan; this point was continually reiterated to me. What local could afford to undertake such a venture, some wondered. Given that few of China's emerging *nouveaux riches*, or those capable of such capital investment, are Tibetans, the apparently non-ethnic, and possibly class-based, nature of this discourse could easily become ethnic in focus. Indeed, many of the commentaries

about ethics (doctors as altruistic, businessmen as selfish) seem to parallel ethnic stereotypes (Tibetans as willing to help others, Chinese as out for themselves).<sup>50</sup>

Secondly, this points to the significance of the changes brought on by the new institutionalized division of labor in Tibetan medicine. There are new possibilities as to how this division will play out with the opening of a market economy not only dependent upon an increasingly product-oriented consumer body such as the Chinese public<sup>51</sup> but also upon capital investment. While this division of labor does not appear to be the foremost concern of doctors criticizing the company (indeed, one of the most vocal critics was a doctor that himself specializes in knowledge of medicine manufacturing) the fact that one can own the means of production of medicine, much more easily at present than one can own the production of medical services, could create new issues in this division of labor, particularly with the added variability of ethnicity.<sup>52</sup>

#### CONCLUSION

Inasmuch as a Tibetan ethnic 'revival' continues in Gyalthang, Tibetan medicine will undoubtedly become even more of a symbol of Tibetan ethnicity, both for practitioners and consumers and in the larger context of 'ethnic' medicines in China. Yet the nationalistic rhetoric of Tibetan medicine as a great treasure of the motherland may always outweigh any symbolic strength otherwise gained. The specialization of training in Tibetan medicine may take on new meaning in terms of career choice and collegiality. It will be interesting to see if more non-native Tibetan speakers in the PRC will begin training in Tibetan medicine in the near future and, if so, what sorts of changes their involvement might bring to the profession. Ownership of the production of Tibetan medicines will undoubtedly continue to be an area in which contending views will be voiced and identity politics enacted. Intellectual property rights may become increasingly drawn upon in the struggle for contestation over knowledge appropriation, particularly in the commercialization of prepared Tibetan medicines.<sup>53</sup> And the struggle over natural resource extraction will no doubt escalate as continued harvesting increases and population density builds. The doctors of Tibetan medicine in Gyalthang with whom I studied will hopefully continue to practice medicine as long as is feasibly possible for each of them and will continue to train new students of Tibetan medicine in the years to come. There is no doubt that they will continue to make an important difference in the lives of many Gyaithang Tibetans and at least one foreign anthropologist.

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#### A Note on Language Usage

Throughout this article I use both Tibetan and Chinese names and words, relying on the Wylie system of transliteration (minus the periods in between syllables) for Tibetan and

pinyin romanization (minus tone marks) for Chinese. I purposefully use Chinese names for political units (county, prefecture, province, nation) to highlight their creation under the modern Chinese state. I use Tibetan names for cultural and historic areas as well as local place names used by Tibetan inhabitants. Thus Zhongdian is used to refer to the county and/or the county seat (although see footnote #1 about the recent county name change) while Gyalthang is used to refer to the cultural area of this study. (Similarly, I use Deqin (C) to refer to the county next to Zhongdian but Dechen (T) to refer to the cultural area.) Place names and proper names are not italicized in either case, although all other terms are. When not clear from context, I indicate C or T for Chinese or Tibetan, respectively, directly before or after a given name or word. When available I indicate full Tibetan spellings; it should be noted that I could not obtain reliable spellings for several villages in which I interviewed (most of the population in the Gyalthang area is not literate in Tibetan) and have therefore relied on approximate transliterations of local pronunciations.

#### Notes

1. Zhongdian County (Zhongdian Xian) was officially renamed Shangrila County (Xianggelila Xian) in May 2002.
2. The scholar/abbot in exile Geshe Tenpa Gyaltsen (full name: Lha mkhar Yongs 'dzin Geshe bsTan pa rgyal mtshan) wrote in 1985 that Gyalthang consists of five rdzong (an administrative unit where the district magistrate was headquartered; a county, Chinese *xian*, can correspond roughly to a former rdzong): Gyalthang yul lte ba (central, literally 'navel' Gyalthang), gTer ma rong (present-day Dongwang), Yangthang (Chinese Xiao Zhongdian), 'Jang (the area north of Shigu, near the first major bend in the Yangtze), and Rong pa (present-day Nyi shar area). Geshe Tenpa Gyaltsen's explanation of a greater Gyalthang area centered on a core, navel town of Gyalthang (what I refer to as Zhongdian) is one that is corroborated by many Tibetans in the area today. I thank Wang Xiaosong of the Diqing Institute of Tibetan Studies in Zhongdian for helping me make sense of the relation between textual place names and those on current Chinese maps.
3. The distinction between Chinese *yi* and *yao* is essentially that *yi* generally refers to the practice of medicine while *yao* refers to the material of medicine education, pharmaceuticals, medicinals). Often the two terms are combined.
4. Throughout this article, I have chosen to translate Chinese *minzu* as 'ethnic group' rather than the more legalistic term of 'nationality.' This is because ethnic group (along with correlatives *ethnic* and *ethnicity*) is much more effective in conveying the connotative meanings of *minzu*.
5. It is significant that even when speaking Tibetan many Gyalthang Tibetans use Mandarin *zhong yi/yao* (Chinese medicine) and *xi yi/yao* (Western medicine) rather than the Tibetan *rgya sman* and *nub phyogs pa 'i sman* (or sometimes *phyi gling pa 'i sman*), respectively. In contrast, the Tibetan *bod sman* (Tibetan medicine) is more often used than Mandarin *zang yi/yao*.
6. The term 'traditional' medicine (*chuantong yiyao*) is often used inter-changeably with 'ethnic' medicine (*minzu yiyao*), especially for medical systems other than Chinese medicine.
7. The more complete translation for *yiyao* is 'medicine and pharmacology' although throughout I often shorten this to the all-inclusive English lay term of 'medicine' for the sake of simplicity. See footnote 3.
8. In using the term 'non-Chinese medical traditions' I simply mean traditions other than Chinese medicine, usually referred to in the West as Traditional Chinese Medicine (TCM).
9. A local market nearby my house that I like to frequent and which caters mostly to the immigrant population of the city in which I live has enacted a creative reversal of this trend: the 'ethnic' foods at this market (located in a separate part of the store and labeled 'ethnic foods') are cheeses, sausages, steaks, hot dogs, potato chips, etc. The foods that would be classified as 'ethnic' in a large chain super-market, along with fruit and vegetables,

- constitute the bulk of the merchandise in this market. The hegemony of using 'ethnic' to mean non-Anglo may indeed be gradually changing in the US and certainly varies from community to community.
10. We cannot expect, of course, that the average exhibition viewer could have read Tibetan script, for example. Some of the medical traditions do not actually have their own script (although I do not recall if any of these were displayed in the exhibit). But the fact that no phonetic approximations were offered again signals the filtering through the Chinese medical system (and Han Chinese culture at large), which utilizes many of these same plants.
  11. Other exhibits in the Expo included those of the nation (an exhibit for each of China's provinces and autonomous regions) and of the world (exhibits for a variety of nations, from Switzerland to Sudan).
  12. See Janes (1995) for a brief discussion of classifying Tibetan medicine under the rubric of 'Chinese traditional medicines' in documents issued by the central government.
  13. The Chinese medical classic *The Yellow Emperor's Book of Internal Medicine (Huangdi Neijing)* is sometimes cited as dating back as far as 2500 BC (the supposed time in which the Yellow Emperor lived); this is about one thousand years before written Chinese language (in the form of oracle bone writing) began. Most scholars agree that the more likely date for this text is sometime during the Han Dynasty (206 BC-220 AD).
  14. See Adams (2001) for a discussion of how practices considered 'scientific' (read: apolitical) in Tibetan medicine in the TAR are acceptable while those considered 'religious' (i.e., political) are not. Although religious and political expression in Yunnan does not seem as aggressively repressed as in the TAR, Adams' point is worth considering for any national discourse on Tibetan medicine.
  15. Throughout I use the normative male title of 'monk' even though there have always been a small percentage of clerics in Tibetan culture who were female.
  16. Not all village doctors are non-literate, but many are.
  17. A move in this direction was begun during the reign of the 13th Dalai Lama, in the early 20th Century, with the establishment in 1916 of the Mentsikhang (Medical and Astrological Institute) in Lhasa and the Dalai Lama's interest in increasing secularization of the medical profession.
  18. To the best of my knowledge, however, most basic monastic education still does have a component of medical study.
  19. Below I present two other doctors in the Gyalthang area that were of the family-trained, non-literate ilk of doctors but with whom I did not study (I discuss why). Although my research was with institutional doctors, this does not imply that these are the only doctors present in Gyalthang. At the same time, based on interviews I conducted among common householders in 2001 and 2002, I would argue that institutional doctors occupy a dominant position in providing health care to Tibetans in Gyalthang.
  20. This is not the case elsewhere (the US, Europe, India) where Tibetan medicine is being taught to non-Tibetans.
  21. Exceptions include Pema Tenzin, who opened his own private clinic in his home in 2000 but who previously worked for both the Prefectural and Tibetan Hospitals, and Shiang Rinpoche, who used to see patients at his home in addition to the Prefectural and Tibetan Hospitals (although he was never an employee of either hospital as far as I could ascertain).
  22. There were two other hospitals in town during the tenure of my field work, the Army Hospital and the privately owned Shangrila Liver, Gallbladder, and Urology Hospital (C, Xianggelila Gandan Miniao Zhuanke Yiyuan). Neither of these hospitals employed practitioners of Tibetan medicine, however.
  23. The County School of Health Hospital (Zhongdian Xian Weisheng Yuan) officially became the County People's Hospital (Zhongdian Xian Renmin Yiyuan) in 1956.
  24. Although Dongwang may appear to be strictly a Chinese name for the area, linguist Ellen Bartee (who has conducted extensive linguistic research in Dongwang) explained to me

- that the pronunciation of gTer ma in the local Dongwang dialect sounds phonetically like 'dong wang.' She explained that Tibetan 'ma' as a second syllable in this dialect is often pronounced 'wang' or 'wong' and the 'e' vowel (as in gter) is often pronounced as a back-rounded vowel. So most likely Chinese Dongwang is actually derived from the local pronunciation of gTer ma.
25. While interviewing in Ninong village in the Dechen area in 2001, I met a doctor (Ngawang Chöpel) who knew Pema Tenzin from the time when the Tibetan Hospital first opened; the two were doctors on staff together. He explained that the hospital was overrun with patients at first and that they could not make enough medicine to keep up with the demand; they would have to close the hospital for a week at a time to mix enough medicines for patients and then reopen.
  26. It is important that plants are properly prepared. Plants that are cooling should never be dried in the sun but always in the shade, while those with heating characteristics should be dried only in the sun.
  27. All of the doctors who I interviewed were male. Although there were several female doctors at the Tibetan Hospital during the time I was in Zhongdian, none of them were specialists in plants and/or pharmacology. I do hope that further research in the Gyalthang area will allow me to come into contact with some of these female Tibetan doctors since it would be interesting to know more about their training and areas of specialization and to examine their interactions with me as a comparison.
  28. The combination of the Tibetan letter ba with subscript ya in Gyalthang dialect is approximately pronounced as š. Throughout I simply write 'sh' for š.
  29. In particular, Kelsang is fluent in English and has an international savvy (undoubtedly from living in India) that is valuable in the booming tourist industry of northern Yunnan.
  30. One of the signs of having an illness at least partially caused by karma is not responding effectively to medicines, Ma Liming explained. It is somewhat easier to spot a problem with mind/spirit/psyche, Ma Liming said, because usually the person will act erratically and is often clearly psychologically unstable.
  31. Additionally, according to the classic medical text the rGyud bzhi, the training of a doctor involves all of these aspects of medicine. In Part I of the rGyud bzhi, medicine is described in terms of the analogy of a tree; two of the three roots of this tree are diagnosis (*ngos 'dzin rtags*) and treatment (*gso byed thabs*). The preparation of medicine is described as one of the eleven principles to be learned by the student of Tibetan medicine.
  32. The amount of doctors working in diagnosis is much greater than that of those making medicines at the Tibetan Hospital. During my tenure in Gyalthang, there were five doctors that worked in medicine preparation while there were eighteen doctors total working in diagnosis (see figure 4.1).
  33. Although the romanized spellings for medical practitioner (*yishi*) and qualified doctor (*yishi*) are identical, the characters (and tones) for *shi* are different. The character *shi* in medical practitioner translates roughly as 'scholar' while that of qualified doctor means 'master.' *Yi* in both cases refers to the practice of medicine.
  34. Unfortunately, I am unable to recall (and it is not clear in my notes) if there is also a time factor (practicing for a certain number of years) and an exam to pass before qualifying for Directing Physician. I suspect that there is not (since I did not note that there is) but cannot say so for certain.
  35. I have indicated tones of Chinese *shi* with numbers in parentheses after each title. See footnote 19 for an explanation.
  36. Only one interviewee mentioned that medicines are actually cheaper now than they were before. However, this man had an above-average income as a private driver; his remarks undoubtedly reflect his economic standing and are not representative of the sentiment of most Gyalthang farmers.

37. It should be noted that the local monastery in Zhongdian, Sumtsenling, does not appear to have a significant history of providing medicines or medical services to the local community.
38. My conjecture is that Gyalthang Tibetans first became exposed to professional doctors through the Tibetan clinic at the Prefectural Hospital and later the Tibetan Hospital. More than several times people told me how incredibly busy the doctors were the first few years after the Tibetan clinic opened—patients would wait in line for hours to see a Tibetan doctor. One of the two doctors involved with establishing the clinic in fact told me that they could not make enough medicine to keep up with the demand for the first two years and were often overwhelmed, having to turn patients away. I suspect that local Tibetans were interested in the Tibetan medicine clinic in part because the doctors were Tibetan themselves.
39. And yet this health care is becoming increasingly more difficult to access for those without money. Although doctor's visits at local hospitals are free, patients have to pay out of pocket for most medicines. There are a number of independent practitioners in Zhongdian who charge rather reasonable rates—in many cases they even treat patients for free. Most of these independent practices operate less as commodity-based businesses and more as 'charities', accepting whatever bit of money or other offerings (usually food) patients give, rather than having set rates for treatment.
40. I discovered another interesting link to ethnic identity during these interviews: householder self-perception of knowledge of medicinal plants was quantified in relation to other ethnic groups. One man in Yangthang village highlighted what he saw as an important difference in ethnic knowledge bases: "Han, Yi, and Naxi know how to use plants and harvest them in the high mountains. Most local Tibetans don't know much. There was one Tibetan guy about sixteen years ago who knew about plants but he didn't teach anyone and now he's dead." Two other interviewees mentioned that village remedies came from non-Tibetan families: one Naxi, one Lisu. Thus on the level of assessing their own knowledge base of medicinal plants, Gyalthang Tibetans often compare themselves with other ethnic groups and find their own knowledge lacking. See Glover, forthcoming (2005).
41. As a reference, Houston and Cairo are at about the same latitude.
42. This data was graciously supplied to me by the Yunnan Meteorology Center via Xu Jianchu.
43. For comparison, the greater Seattle area, with a reputation as being one of the rainiest parts of the United States, receives an approximate 1000mm, although the majority of this rain is during the winter months. I have often joked about not seeing the sun in years while doing fieldwork: living in Seattle during the rainy season (winter) and Gyalthang during the rainy season (summer).
44. The high density of biodiversity has made the area of particular interest to both domestic and international researchers. While The Nature Conservancy has been conducting research within the past several years on biodiversity and conservation in the area (mostly in Deqin County), local biological/biodiversity research in northwest Yunnan, conducted by The Center for Biodiversity and Indigenous Knowledge (an NGO established in 1995) as well as the Kunming Institute of Botany, has been continuous for over the past decade.
45. The collection of caterpillar fungus has become a recent side business for many locals who can sell the fungus for a high price. As of summer 2004, the going rate for one caterpillar fungus in the Gyalthang area was 8-10 yuan (US\$ .50-1.20) per piece (Daniel Winkler, personal communication). See Boesi (2003) for an important discussion of caterpillar fungus. Even more lucrative, of course, is the *matsutake* (*songrong*) mushroom market, where mushrooms are harvested in Gyalthang and hurriedly shipped to Japan and Korea where they fetch a high price.
46. In many cases, local Tibetans themselves participate in the depletion of resources—due undoubtedly to the market incentives involved. In an interview in Nyi shar (C, Nixi) village in May 2002, an old monk told me that there are a number of medicinal plants that villagers harvest to sell, many of which they themselves do not know how to use, and that

- participating in similar resource depletion. During an interview in the Khawakapo (Kha ba dkar po) Mountain area with a local village doctor in July 2001, I was told that outsiders—mostly non-Tibetans—have tried to come to the area to harvest gentians for non-local use.
47. It is interesting to consider the classification that is being enacted in the storerooms. Yonten Gyatso, a Tibetan doctor in the States (trained in India) with whom I have had a correspondence for several years once said that one can classify plants according to those that are native (*yul sman*) and those that come to Tibet from across the mountains—places like India and China (*la sman*). Yonten was careful to say that although '*la sman*' would appear to mean medicine from the mountains, this is not actually the case. When I asked Ma Liming about this kind of classification, he said that '*la sman*' means medicine that grows in the mountains while '*yul sman*' means those that grow very locally, in and around villages (he said that '*yul*' in this case corresponds to Chinese '*cun*' or village). But it was not a common way of classifying, Dr. Ma stated. It is interesting that these two doctors should have such different interpretations of the same terms, especially '*la sman*.' I attribute such differences to each doctor's geographic orientation and location of training. However, Yonten Gyatso's explanation of these terms seems to describe quite effectively the actual layout of the medicinal plant storerooms at the Tibetan Hospital in Gyalthang.
48. I am not clear exactly who had the last say in all of this. Undoubtedly this is the product of administrative negotiations and the doctors themselves could have had very little say over the fate of these materials.
49. The villagers told us during this trip how on a number of occasions there had been outsiders (Chinese from Kunming and also Tibetans from Chamdo) coming into their village trying to collect medicinal plants. This village is in the *sMan ri* (Medicine Mountain) range—a range that has plants of exceptional potency from the perspective of Tibetan medicine, as stated above.
50. One doctor told me his opinion about the difference between Tibetans and Chinese: a Tibetan will give money to a beggar in the street, while a Chinese will not only not give money but will kick the beggar and tell him he is in the way!
51. Tibetan medicine is apparently being marketed in China in recent years as having successful 'miracle' cures for heart conditions, impotence, hair loss, cancer, etc. Even the SARS outbreak in 2002 spurred on increased advertising for a prepared Tibetan medicine (*ril bu dgu nag*) which supposedly was effective in preventing SARS (WTN May 7, 2003).
52. It would be interesting to do a comparative study of the privatization of hospitals. The recently opened Shangrila Liver, Gallbladder, and Urology Hospital (Xianggelila Gandan Miniao Zhuanke Yiyuan) is reportedly financed by a Hong Kong businessman.
53. Although intellectual property rights do not appear to figure much in the current discourse of medicine (Tibetan or other) in China, I suspect that especially with the increasing presence of various NGOs in the country, particularly in the Southwest, there may be an augmented currency in their usage.

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