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NAVIGATING "MODERN SCIENCE" AND "TRADITIONAL CULTURE": THE DHARAMSALA MEN-TSEE-KHANG IN INDIA

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"Although we are refugees, through Tibetan medicine we can help the world."

Introduction

When Dr. Tsering[1] casually made this remark in a conversation about Tibetan medicine, it was almost 15 years since he had crossed, as a teenager, the mountainous border between Tibet and Nepal, and made his way to Dharamsala in India. His brother was already a monk there, and his letters, promising good schools and the opportunity to learn English, had convinced Tsering to go and try his luck. While visiting Tsering in the Tibetan clinic in the hills of north-eastern India[2] where he worked as the resident physician, or amchi (*am chi*), I was struck by the change in outlook represented in Tsering's personal history and reflected in the quote above. Clearly, the motivation to become a refugee in a foreign country had not been to help the world; yet here he was, offhandedly telling me that this was what practicing Tibetan medicine in exile was all about, as if it almost went without saying. And he was not alone: amchi after amchi I talked to voiced the same sentiment: *"...Through Tibetan medicine we can help the world."*

In many ways, Dr. Tsering's story recounts the experience of the Tibetan community in exile. In 1959, when His Holiness the 14th Dalai Lama and thousands of Tibetans fled from their homeland to India, they faced the

[1] Except for public figures, all names in this chapter are changed.

[2] This chapter discusses preliminary findings of my doctoral research from 2005 to 2009. It is based on 3 months of fieldwork in Dharamsala, Kalimpong, Darjeeling, Gangtok, and Delhi from 2005-2006, with minor updates made in 2010.

challenge of reorganizing themselves as a people without land, a population without territory. At stake, or so it seemed, was survival: the sheer physical and economic survival as refugees in a poor host country, but also the survival of "Tibetan culture", threatened by the conditions of exile as much as by the Chinese communists. The reestablishment of the Men-Tsee-Khang (the Tibetan Medical and Astrological Institute) in Dharamsala in 1961 was seen as integral to this effort in both senses – the physical and the cultural. Dr. Lobsang, a senior Men-Tsee-Khang amchi, told me: *"The most important reason for the establishment of the MTK, when we had to flee Tibet, was to preserve our culture. Second, to give service to the Tibetan community and the Himalayan people. Now also other people benefit from Tibetan medicine."* This statement is remarkable: it is fairly obvious that a medical institution can save lives in the case of sickness; but how, exactly, does the Men-Tsee-Khang "preserve" Tibetan culture? What is this "Tibetan culture" supposed to be in first place? And, finally, what does "helping the world" have to do with it?

The Men-Tsee-Khang

To begin with, I suggest that the statement can be read not only in a hierarchical way (in the sense that it concerns priorities), but also chronologically, in that it reflects the Men-Tsee-Khang's (henceforth "MTK") expanding sense of purpose over time. While the original intention behind the reestablishment of the MTK (among other institutions) was, quite explicitly, the preservation of Tibetan culture, the practical challenge soon became to provide health care to the Tibetan refugee community. In the early 1960s, this was anything but easy, as interviews with Yeshi Donden (the MTK's founder), T.Y. Tashigang, Dr. Lhawang, and Jigme Tsarong—all of them key players in the institute's history—reveal. In the words of Jigme Tsarong, MTK director in the 1970s, *"They were just trying to survive."* For the first four years after its establishment in 1961,[3] the MTK in India existed more as a goal than a real institution, lacking everything from money to medicines, medical texts, human resources, legal status, or even the basic linguistic capacity of its doctors to interact with the local population. In 1965, it gained quasi-legal recognition and basic material support from the Indian government.[4] However, it was not until the late 1960s and the 1970s that the institute was able to attract foreign aid, began to professionalize, and expand to other Tibetan settlements on the

[3] This is the official date of the MTK's re-establishment given today (www.men-tsee-khang.org). In fact, the date refers to Dr. Yeshi Donden setting up a small clinic, which later was to become the MTK. Dr. Donden himself cites 1965 as the founding date of the MTK (personal communication 2006).

[4] For a more detailed rendering of Yeshi Donden's narrative about the MTK's reestablishment in India, see Avedon (1997: 153ff).

subcontinent. Thereby, it took its second purpose of serving the Tibetan community more seriously. Today, the MTK is the largest and most successful institution of the Tibetan government in exile, and occupies a central place in the life of the Tibetan refugee community. Indeed, the large MTK headquarters in Dharamsala almost constitute a little town, and oversee the operation of 48 branch clinics in India and Nepal, as well as three residential doctors abroad. As of March 2006, the institute had 376 staff members, including 111 physicians. With the increasing demand for Tibetan medicine from the Tibetan community as well as Indians and foreigners, the importance, scope, and profile of the MTK is expanding rapidly. Indeed, the future looks bright, as the optimism of the institute's staff attests:

> In the last 50 years, Tibetan medicine has gained a lot of popularity and got exposed to many different people, from different nations. I think in 20 years it will even have legal status in America! And also in other places, because we have been working hard on it, our council and our institute [the MTK]. … And, in 20 years, hopefully one or two Tibetan doctors get the Nobel price for medicine, for curing AIDS. (Dr. Tenzin)

> I see a great future for Tibetan medicine. Johnson & Johnson, Hoechst, Bayer, all the big pharma companies will invest millions in Tibetan medicine. It will become very big, it already is big business in Tibet. (Jigme Tsarong)

Clearly, after 45 years in exile, the MTK today has very different preoccupations and concerns than in its early days. In order to make some sense of this remarkable shift of focus from survival—the starkest form of "care for the self"—to global expansion in which commercial interests mingle with a rhetoric of altruism ("giving service", "helping the world")—the quintessential "care for others"—it is helpful to ask the initial question again: How exactly does the MTK "preserve" Tibetan culture, as its mission statement claims? I suggest that there may be more to this idea than simply ensuring the continuation of Tibetan medicine—seen as a part of Tibetan culture—in exile. Rather, I argue that the MTK is involved in a redefinition or production of its own identity as quintessentially "Tibetan", with obvious implications on the institution's changing views of what defines "Tibetan culture". This redefinition has turned a once desperate refugee health centre into a global purveyor of ancient knowledge and health; in short, into an institution that can help the world. As such, the MTK reflects a wider exile-Tibetan discourse, which argues that the survival of Tibetan culture is important in order to preserve Tibetan Buddhism, again for the benefit of all beings (Strøm 1995, 2001). The equation of Tibetan culture with

modern Tibetan Buddhism, defined as an ethics of compassion and altruism, is key to the MTK's ethical practice of survival, which conflates the care of the self with the care of others. On the one hand, the definition of Tibetanness as something of universal value generates international financial support, which was a key factor in the MTK's rise to its present position. On the other hand, equating Tibetan identity with a particular ethics helps the MTK to "preserve" its most valuable asset—Tibetanness—despite its rapid modernisation and transformation of "traditional" Tibetan medical practice.

Tibetanness

There are three rhetoric themes visible in the MTK's efforts of cultural preservation and survival that have been described by a number of scholars concerned with contemporary constructions and representations of Tibetanness. The first and most basic assumption informing efforts at cultural preservation or survival, Adams (1996: 515) writes, "is that Tibetan culture is itself at risk of total annihilation." Although this perception can be explained through modernist/orientalist Western fantasies of a Shangri-la in need of protection (Adams 1996; Lopez 1998; Huber 2001), Barnett (2001: 273) argues that this image of a threatened or "violated specialness" is largely the result of the exile-Tibetan leadership's strategic choice of representations since the mid-1980s. The second assumption is that Tibetan culture coincides with a modernized Tibetan Buddhism, and with the person of the Dalai Lama as its main proponent (Huber 2001; Adams 1996; Barnett 2001; Houston & Wright 2003; McGranahan 2005). Although Tibet has certainly been imagined as a place of mystic spirituality since the 19th century (e.g. Lopez 1998; Pedersen 2001), Huber notes the Dharamsala elite's consistent efforts to internationally project a Buddhist-modernist representation of Tibetan Buddhism and culture since the 1970s. Indeed, he claims, "the newly exiled Tibetans learned about identity construction from Buddhist modernism and international Buddhism" (2001: 362), which downplayed cultural, ritual and metaphysical contents in its reinterpretation of Buddhism as a rational and universal vehicle for social (and environmental) reform. This leads to the third theme in contemporary constructions of Tibetanness, namely that Tibetan culture (equated with Tibetan Buddhism) is something of universal value and therefore worthy of international support and protection. Indeed, (Tibetan) culture has become an economic and political resource (Adams 1996; Huber 2001), creating pressure on Tibetans to conform to projected images of Tibetanness in order to receive Western sponsorship (Houston & Wright 2003). Universal value and appeal, furthermore, requires engaging people in a shared image of Tibet rather than addressing specific political interests. This has, according to Barnett (2001: 289), led the exile-

Tibetan leadership to adopt the largely moral—and, he argues, apolitical—discourse of human rights in their struggle for a free Tibet.

While making an important argument, Barnett's separation of morality and politics is problematic, especially in light of the traditional Tibetan form of government (Wangyal 1975), which combines religious and political power (*bstan srid* or *chos srid gnyis ldan*). Indeed, the use of religio-moral ideals for political ends is hardly new (nor confined to Tibet), and despite the sense of novelty suggested by events like Buddhist modernism or recent political strategies of the exile-government, it is important to consider certain continuities in the MTK's current rhetoric concerning Tibetanness. References equating the study of medicine with the spiritual practice of a Bodhisattva (helping others) can be found throughout the Tibetan canon; Schaeffer (2003) links the political instrumentalisation of an ethics of altruism in medicine specifically to the institutionalisation of *gso ba rig pa* under Desi Sangye Gyatso in the 17th century. By connecting textual medical scholarship with the Bodhisattva ideal, he argues, Sangye Gyatso conferred authority to a certain group of medical scholar-practitioners at the expense of those lacking textual knowledge. In practice, this translated into a de-legitimisation of practitioners from non-institutional backgrounds—who could not compete with the philological expertise of their institutionally trained peers—not merely on medical but also moral (Buddhist) grounds.

Without doubting its genuine character, the MTK's current rhetoric of equating an ethics of altruism with "being Tibetan" and of positioning itself as "representing Tibetanness" can therefore be understood as having political and economic functions. While its important implications *within* the field of Tibetan medicine in India and elsewhere are the topic of ongoing research, this chapter will explore how these themes play out in the MTK's engagement with modern science. In the context of diasporic dispersion and, ironically, of a strategic universalisation—one could say "de-culturalisation"—of modern Tibetan Buddhism and culture, the old markers of identity (place of origin, language, customs, dress) cannot by themselves constitute the Tibetanness of the new MTK anymore. Yet, while increasingly needing to allow for some inevitable adaptation to the modern world, Tibetanness as an identity still has to fulfil its function of conveying a distinct sense of community and belonging. In the following, I will focus on one of the most important strategies by which the MTK achieves this redefinition, and argue that the MTK is involved in the production of an ethical Tibetan subjectivity, suitable for the diasporic context.

Science

In order to help the world, one needs to engage with it, and today there exists an absolute agreement among MTK staff regarding the domain of this

engagement: science. Indeed, when it comes to matters of life and medicine, Western discourses of science have infiltrated global and local networks of markets and governance to such an extent that it has become virtually impossible for medical institutions to achieve legitimacy without reproducing them. This authority of science to legitimize certain practices and knowledges by "proving" them and to de-legitimize others by either "disproving" or simply dismissing them as "unscientific", is based on its claim to universality, objectivity, and neutrality. In other words, science derives its power from elevating itself above culture, society, and politics, while making simultaneous efforts – sometimes with the involvement of anthropology – to show how all other knowledges and practices are, in contrast, local and therefore culturally and politically contingent. This view has been critiqued for some time now, by authors pointing out the socio-cultural, political, and even religious origins of Western science and its paradigms (e.g. Foucault 1977; Bajaj 1988; Latour 1986, 1988, 1990, 1993; Apffel Marglin 1990). Especially Latour's oeuvre provides a clear argument that science is *not* separate from culture, society, and politics, and is therefore anything but neutral or objective. As Langford (2002: 210) puts it, "It might be said that science's most dazzling show is its illusion of objectivity." Despite such valuable critiques, however, the show goes on.

The language of objectivity and neutrality has fundamentally shaped the concepts of belief and knowledge that science works with. As Byron Good (1994) argues in his critique of what he calls the empiricist paradigm, "belief"—which used to express faith in someone or something—has come to connote, over the centuries, the opposite of knowledge in much of Western scientific discourse (cf. Pigg 1996). Knowledge, in this line of reasoning, is only what pertains to—actually, *represents*—an objective nature separate from language and culture, a nature that is seen as fundamentally static, material, and tangible. Furthermore, as Latour (1986) convincingly argues, scientific proof through which knowledge is created has to be visible in order to be accepted. Over time, what is observed by science has moved away from the professed object of knowledge – nature – to the graphs, screens, and printouts of diverse apparatuses (ibid.), which are now taken as signs of nature. Anything else that people might think they know is, according to the empiricist paradigm, merely belief, and therefore neither knowledge nor the truth. Consequently, it is an easy slippage from the category "not the truth" to the category of "untrue" and, therefore, "false".

This binary logic of reducing reality to opposites is what Apffel Marglin (1990) calls—after Derrida (1976)—"logocentrism", and what provokes Visvanathan's (1988) scathing critique of science. According to him, (modern) science is inherently violent, both because of its vivisectional approach to knowing the truth, and because of its mandate of progress that renders

"unscientific" things, knowledges, or even peoples obsolete and therefore dispensable. For Shiva (1988), reductionism—inseparably linked with capitalist logic—makes science undemocratic and, indeed, absurd:

> Picking *one* group of people (the specialists), who adopt *one* way of knowing the physical world (the reductionist), to find *one* set of properties in nature (the reductionist/mechanistic), is a political, not a scientific, act…The knowledge obtained is presented as 'the laws of nature' – wholly 'objective' and altogether universal. (Shiva 1988: 236; emphases in original)

Clearly, for these writers science is not only amoral but immoral, and contrasted to a moralized, idealized and orientalized notion of "local knowledges" like, for example, Tibetan medicine. What then do the practitioners of Tibetan medicine in India think about science, and how do they and the MTK engage with it? In my conversations with such practitioners, which frequently revolved around the differences between Tibetan medicine and Western science, I was struck by the recurrence of the above writers' arguments, especially since none of the amchis had read any of them. Jigme Tsarong offers a particularly eloquent example of what seems to be the standard discourse of contemporary Tibetan amchis in India:

> Western science and Tibetan medicine are two completely different ways of thinking. Western science is mechanistic and structural, Tibetan medicine is dynamic, processual. In Western science, it has to be visible in order to be true. It has to be visible for people to believe in it. It's not like this in Tibetan medicine… The only difference is, we recognize the mind and its influence on matter. But on matter alone, there's no difference between Western science and Tibetan medicine. But modern medicine has taken it to an artificial level… They take one plant and isolate one active substance, and then synthesize it. The reason why they do this is of course to make money. But it's disrupting the balance, and this creates trouble… There are so many adverse affects, so many lawsuits! … But clinical trials should not be necessary at all: this medicine has worked for thousands of years. It's just a way for the big pharma companies to keep out competition. They know that a clinical trial costs millions of dollars, and they know that we don't have that money.

We can see how this common portrayal of Western science among Tibetan doctors in exile coincides, down to the last detail, with the arguments of Latour

and the proponents of postcolonial science studies. Both give us the following characteristics of science: 1) It is structural and mechanistic, rather than dynamic (cf. Apffel Marglin 1990; Visvanathan 1988; Shiva 1988); 2) scientific proof, and thus truth, depends on visibility, to the neglect of all other senses (cf. Latour 1986); 3) science is artificial rather than natural (cf. Alvares 1988); 4) science is reductionist, looking for only one cause of illness or one active chemical in a plant, while remaining blind to the totality and interconnectedness of things; 5) it is inherently linked to capitalism—hence the fundamental motivation to make money, and hence also the lavish funding it enjoys (both 4 and 5: cf. Shiva 1988); and finally 6) science is hegemonic, setting the parameters for truth and untruth, and forcing other systems of knowledge to compete with it on uneven terms (cf. Nandy 1988; Alvares 1988).

As the amchis pointed out to me, Tibetan medicine is indeed forced to compete with science and biomedicine, and they were well aware that the playing field is uneven. Epistemologically, the scientific imperative of visibility was seen as the biggest problem. After all, the fundamental concepts of Tibetan medicine, such as the three *nyes pa* ("defective energies")[5] or the eight potencies of medicines, are not accessible to the eye. Dr. Tashi described the problem like this:

> In Western science, they have to see with their own eyes, they never believe in *ye shes* [experiential wisdom, see below]. Only if it's visible to the eyes, then they accept it as proved. Only then it's a fact for them. Also, it needs to be presented to other people. So if it's visible, it becomes science... Also, I told you that amla[6] has the potency of coarseness in Tibetan medicine. But if you do research, you don't find coarseness. Only if you take it, in your body, then you know it's coarse. Or wind disorder.[7] You don't see the wind in the body; you can't find it with science. Not even the wind outside, you don't see it. You only see the leaves moving.

In other words, the only proof that Tibetan medicine has to offer, in regard to its basic theory, is subjective and experiential, rather than objective and visual, and thus in danger of being classified as mere belief and therefore false. The

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[5] In most older literature on the subject, the term *nyes pa* is incorrectly translated as "humour", evoking the ancient Greek meaning of bodily "juices". Men-Tsee-Khang doctors have therefore recently begun to translate *nyes pa* as "defective energy", which is closer to the intended meaning.

[6] Amla (Indian Gooseberry) is a fruit widely used in Tibetan medicine and Ayurveda.

[7] The diagnosis of wind disorder refers to the wind humor (*rlung*), and is usually applied to emotional or psychological symptoms.

challenge for Tibetan medicine, then, is to prove its concepts by the new, and not very suitable, standards of Western science, that is, by finding ways of making them visible through clinical trials. This, however, is where the second disadvantage becomes clear: as Jigme Tsarong pointed out above, to conduct such clinical trials requires funds that the Tibetan community in exile simply does not command. The playing field is thus uneven both epistemologically and economically, since, as Tibetan practitioners never tire of pointing out, science and biomedicine enjoy lavish funding. Although amchis admire biomedical efficacy, one of the most frequently made arguments is that if Tibetan medicine were to receive the same amount of funding as biomedicine, the two would easily be on a par. But apart from such an easy, hypothetical assertion of self-worth, the question arises, how do the Tibetan practitioners in exile—and the MTK—negotiate these epistemic and economic challenges posed by biomedicine and, more generally, modern science?

Ethics

The situation, I suggest, is best conceptualized not as a structural confrontation between modern science and traditional Tibetan medicine, but as a mutual engagement in which each reconfigures the other. In a somewhat different context, Langford (2002) treats Ayurveda "not taxonomically, as a type of medicine, but dialogically, as a strategic sign evoked in political and cultural manoeuvres" (11-12). Not only Tibetan medicine, but crucially also Western science can be conceptualized in the same way. As it turns out, this is exactly how Tibetan practitioners in exile strategically turn their disadvantage vis-à-vis Western science into a means not only to assert their own medical knowledge, but also to produce a distinct Tibetan identity for the MTK. Ethics plays a central role in this—mainly discursive—manoeuvre.

The manoeuvre begins with the proponents of Tibetan medicine assuming an active, rather than passive, role in their intention to help the world: instead of positioning themselves and their knowledge as (potential) victims of science and modernisation, Tibetan doctors in exile made clear that they have something valuable to offer to the world. Thus, in order to make their medicine more acceptable to the West, the very engagement with science is—although recognized as an imposed necessity—constructed as an ethical practice and a chance to increase the scope of Tibetan medicine globally. In other words, the potential gains of Tibetan medicine's engagement with science are spectacular enough to make science appear as an ambiguous but attractive means to achieve them. Remember, for example, Dr. Tenzin's vision of a Tibetan doctor winning the Nobel Prize for medicine in the next 20 years. The following conversation with Dr. Tashi, although more ambivalent and ironic than enthusiastic, further demonstrates this point.

SK: Then why do they [the MTK] do research? I mean, these great lamas discovered [the medicines], and since then they have worked for so many years, what do you need research for?
TA: Ah, yes. That's because now people need documentation, medical reports. They need paper, that's why! We don't have any doubts about our medicines. And also it's not necessary to create new medicines. We already have them.
SK: So why is documentation needed now?
TA: Because of Western medicine! Even you need this consent form to talk to me! Also when they develop new medicines in the West, then the patient needs to sign that it cured him. Somebody has to write a paper, for proof. So all people are asking for proof. Nowadays, people are very intelligent; they don't say "Great lama!" [makes a gesture of folding hands and bowing], they want proof, they want a report! Looking at the report, they say, "Oh, before 180, now only 100 – very good!" But I don't say that this is only a negative influence that comes from the Western doctors… It's also good. …
SK: Why is documentation good today?
TA: Because we need documentation now. We have enough medicines to cure all diseases. But what we don't have is documentation. We need it to present it to the WHO, so they will recognize Tibetan medicine as a great medicine! [laughs]

Science here is portrayed both as a strange epistemology that only believes in what it can see and needs written documents to establish the truth, and as a tool to legitimize Tibetan medicines and knowledge. Summing up the Tibetan standpoint, then, we could say that they see Western science as *both* cultural essence *and* neutral technology, effectively ignoring the dichotomy between the classical paradigm of science on the one hand, and its critics—Latour, Visvanathan, etc.—on the other. Although for the amchis I interviewed, this perspective was above all pragmatic, I argue that it should be taken seriously as a valuable critique of the more radical opponents of science.

The common line of argument of all contributors to *Science, Hegemony, and Violence* (Nandy 1988)—especially Nandy, Alvarez, Shiva, and Visvanathan—is that science is inherently violent, because of the six characteristics outlined above (mechanistic, requiring visibility, artificial, reductionist, capitalist, and hegemonic). The only answer to this vividly painted threat to democracy, the environment, and ultimately humankind itself, these authors imply, is to completely do away with science, preferably by replacing it with local or indigenous knowledges (cf. Harding 1998). What is noteworthy

here is that the argument reproduces the same notions of logocentrism, reductionism, vivisection, and triage based on obsolescence and progress, that the same authors rightfully critique. They thus posit a dualistic moral framework reducing reality to the two options of either good or bad. Science, identified through analytic vivisection as violent, is shown as bad, which therefore moves the authors to call for its replacement in the name of (an alternatively defined) progress. Simply put, Nandy et al. use science's strategies, as described by them, against science itself, thus leaving us with two possible conclusions: either the violence of science is so subtle that there is no hope of escaping it, or it might be put to good use, in which case it is not purely evil after all. The Tibetans show us that universal moral positions of good and evil are an academic luxury they cannot afford in their situation in exile, and that furthermore seem to be unsuitable for a productive engagement with the present. The portrayal of science as violent may very well be true, as many amchis agree, but dismissing science as evil requires that one ignores not only its pervasiveness in contemporary life, but also its considerable benefits and utility.

On a deeper level, the commonality of the contributors to *Science, Hegemony and Violence* is their reliance, in their interpretation of science, on what Foucault calls "domination", which they use in contrast to his concept of "power" (e.g. Foucault 1977; 2003: 229ff). Whereas domination usually takes more or less overtly brutal forms and is marked by a top-down flow of force that can be resisted and challenged from a position outside of it, power, in Foucault's work, is marked by its pervasiveness and subtlety. There is nothing outside the domain of power in this sense, but resistance and subversion are inherent to it. I suggest that worldviews and politics operating on the basis of a universal morality can be seen as based on an assumption of domination, whereas the pragmatism of the amchis is based on a recognition that power always also creates the possibility of resistance and subversion. Indeed, like their Ayurvedic colleagues in India (Leslie 1976; Langford 2002), MTK amchis creatively use science's own rhetoric and power to compete with it and establish international legitimacy for Tibetan medicine.

Power

For the Tibetans in exile, the fact that science has certain essential qualities does not make it unsuitable as a means for their own ends. Certainly, none of them regarded it—or modernity—as an existential threat to "traditional" Tibetan medicine. Indeed, the first use that science is put to, in any conversation, is comparative: it serves as a convenient "other", against which Tibetan medicine can be favourably defined. In this manoeuvre, the very power and predominance of biomedicine and science are subversively reinterpreted to

emphasize the uniqueness of Tibetan medicine, as this conversation with Dr. Tashi shows:

> SK: How are these Western scientists comparable to the great lamas then? Both find out a reason for why the plants can cure people.
> TA: In Tibetan medical texts it says that a certain fish—shellfish?—will cure a certain kind of cancer. These texts were written in the 8th century. They knew by the power of *ye shes* [Tib.: knowledge, wisdom, awareness]. But at that time, there was no modern science. Now, Western science comes to the same conclusions! Or for example amla, you know amla? Tibetan medicine says it helps diabetic patients. Now, Western nutritionists also say that amla has the power to activate the pancreas, which produces insulin. In Tibetan medicine, amla has the potency of coarseness. Diabetes is caused by fatty foods and too much sugar. The potency of sugar is smoothness. So we say that coarseness is the opposite of smoothness, so amla helps in diabetes.
> SK: So both say the same thing. Does that mean that scientists have *ye shes*?
> TA: No, no! But they do research. That's why they spend so much money on finding these small-small… you know… So many machines are necessary for that. But the great lamas don't need machines.

Similarly, Dr. Phuntsog told me:

> Before, in Tibetan medicine there were no microscopes, but the great masters found out just like that. It's amazing, unbelievable. They told exactly which powers the plants have, without any instrument. Now in the West, they make many new medicines, they are very intelligent, but it's different. They have so much support from machines… they do research, which plant is good for blood pressure, which one for diabetes. But the Tibetan masters knew much earlier.

The large funds and high-tech machines that Western science uses not just to conduct experiments and generate truth, but also to argue its own superiority, are here transformed into signs of actual inferiority. Western scientists completely depend on expensive instruments, the argument goes, without which they could not do much. Tibetan medicine, on the other hand, reached the same conclusions without any such fancy gadgetry already centuries ago. As Dr. Tsering remarked, "Many people think that science is linked to modern technology. As if without electricity, science is not working!" So how did the old Tibetan masters know the truth, without electricity, machines, and money?

The answer is *ye shes*, as Dr. Tashi specified: "In Tibet, there were great doctors, who had special powers to discover… *Ye shes*, it's a special power of mind. After meditation, they get this *ye shes*, and from that they know. These were great lamas."

According to these doctors, *ye shes* is the source of Tibetan medical knowledge, and can be acquired only through rigorous ethical discipline, like following the Tibetan Buddhist precepts, practicing meditation, and cultivating an altruistic mind. Indeed, for the Tibetans in exile I talked to, ethics and knowledge are inherently bound up with each other.[8] It is no surprise, then, that the amchis always ended up reducing the differences between modern science and Tibetan medicine—and generally between things Tibetan and non-Tibetan—to ethics. They clearly regarded not only Tibetan medicine's ethics, but by implication also its knowledge derived from *ye shes*, as superior to that of Western science.

This link between ethics and knowledge also underlies the second use (so far more discursive than carried out in practice)[9] that Tibetan practitioners in exile assign to science. Here, science is regarded as a practical means to prove the efficacy of Tibetan pharmaceuticals and knowledge and thereby legitimize them in a global context. By scientifically proving the efficacy of a drug that has been discovered through *ye shes* one legitimates, in the eyes of the Tibetans, not only the drug but also *ye shes* itself and thus the ethics that are linked to it. It is certainly not the case that the ethics of science (logocentrism, vivisection, objectivity, reductionism, etc.) clashes with the ethics of Tibetan medicine (portrayed as almost the exact opposite by the amchis), the powerful former violating the indigenous latter. Rather, they end up engaging each other in a mutual relationship where, contrary as they are, both ethics can be said to define, produce, and necessitate each other. Without science, *ye shes* and the whole domain of Tibetan ethics might simply be dismissed, by non-Tibetans, as belief. With science, on the other hand, the validity of *ye shes* and Tibetan ethics can potentially be proved and legitimated on the global stage. In return, the

[8] This is in contrast to most accounts of modernity, which posit a rupture between ethics and knowledge. Foucault (2003: 124) observed that until the seventeenth century, one had to be virtuous in order to know the truth, much like the Tibetan practitioners emphasize today. With modernity, however, the 'ethical subject' was severed from the 'truth-seeking subject' (Rabinow 1996: 137), so that one could be immoral and still know the truth.

[9] Although research is conducted on certain Tibetan medicines in collaboration with the MTK, it is as yet of very limited scope. The MTK research department mainly conducts quality control, but no clinical trials. Therefore, although discussing science as a practical means here, it very much remains just that: a discussion.

Tibetans using the language of science to achieve their goals reconfirm science's status as the global authority on matters of truth.

Magic

There is yet another interesting aspect to the portrayal of Tibetan ethics in opposition to scientific ethics, namely when one shifts from the Tibetan perspective to that of science. As mentioned above, the opposite of science and truth is normally defined as belief. However, if this "belief" turns out to be more efficient than simple explanations of placebo can account for, especially when it concerns non-Western practices, another term is given: magic. Does this make Tibetan medicine, based on *ye shes* and an ethics emphasizing the power of pure intentions, meditation, and mantras, susceptible to being defined as magic? Indeed, this was a concern of Jigme Tsarong:

> That's also the problem with our medicine: People want to make it magical. But it's *not* tantric, it's *not* magical! People only make it that way. Of course, if you say mantras and empower medicines, that works too. But that's a different thing; you can't prove that with science.

What is interesting in this statement is its ambiguity: Tibetan medicine's scientific nature is invoked in the same breath as the medical power of mantras, only to be immediately declared as fundamentally different. This difference between science and magic has been questioned by a number of authors, who have pointed out that science, beneath its guise of objectivity and disinterestedness, functions exactly like magic. According to Lévi-Strauss (1963) and Taussig (1987), the defining characteristic of magic is its openly stated aim of manipulating reality, in contrast to the opposite aim of science, which is to discover truth by simply "representing" reality without any interference. As Latour (e.g. 1993), Martin (1990), Haraway (1992), or Good (1994) among many others have shown, however, science manipulates reality through poetics, politics, social performance, and the power of symbols and language, just like magic does. Langford's above-quoted statement that science's most dazzling show—one could say its magic trick—is its illusion of objectivity, poignantly sums up these authors' arguments. If science and magic essentially do the same thing, their very existence depends on their self-representations in opposition to each other. In other words, science creates magic as its "other" and its existential raison d'être, just as magic depends on science to have any meaning itself (cf. Langford 2002).

Although magic is a problematic substitute for ethics, even if their relationship with science is the same, it is important to consider such a

substitution in this context. For if it is true that by engaging with science, Tibetan medicine produces its own "magic" for all the world to see—the legitimation of *ye shes*, and the counter-scientific identity of Tibetan medicine produced through discourse—then this is neither an accident nor necessarily a cause for concern. In fact, following Adams (2002; cf. Langford 2002), to appear as simultaneously rational *and* magical is to the advantage of Tibetan medicine, in that it must be scientific but at the same time satisfy Western Orientalist desires. The stakes are high in this manoeuvre, and the outcomes potentially ambiguous, as Langford's (2002) ethnography of Ayurvedic "quacks" shows: cleverly navigating the space between science and magic, these "quack" practitioners are at the same time highly successful and highly controversial. As we have seen, Tibetan doctors in exile claim that they desire neither controversy nor profits for profits' sake; their rhetorical claim is to help the world. If they manage to position Tibetan medicine not in the dangerous space *between* science and magic, belonging to neither, but *in both spaces simultaneously*, achieving a double legitimation, then the global expansion necessary to reach this goal of helping the world becomes a much easier task.

Knowledge and Intention

This leads us back from an outsider's fascination with magic to the Tibetan preoccupation with ethics. We have seen that not only knowledge, as epitomized by the concept of *ye shes*, but also the very essence of being Tibetan is inherently linked with an ethics of altruism (*kun don, phan sems)* and compassion (*snying rje*). In the context of the MTK, this link is expressed in statements like the following:

> An amchi's main quality is love and compassion. (Dr. Tsering)
>
> We don't have the MTK to make money… We're here to help people. (Dr. Tenzin)
>
> Biomedicine isn't like this, the pharma-companies are only making medicines to make money, not to help people. (Jigme Tsarong)

Such discourses fit in directly with the Tibetan doctors' engagement with science described above, in that they locate Tibetan identity in a certain ethics that can be contrasted to well-known critiques of big pharma, modern science, and the West at large. However, this strategy not only asserts the value of Tibetan medicine vis-à-vis science by switching registers from technical sophistication to moral goodness, but it also shifts Tibetan identity in exile from substance (*what* Tibetans do) to form, that is, *how* Tibetans act. After all, not

only biomedicine, but also Tibetan medicine is a very profitable business today; the difference, according to amchis, lies therefore not in profit-making per se, but in how—that is, with what intention (greed vs. the wish to be able to help more people)—the profits are made. Thus, as the discourses around *ye shes* show, being Tibetan (at least in the context of practicing Tibetan medicine) becomes primarily linked not only with a certain kind of knowledge but also distinct intention (*dgongs pa*). As the foundation of the MTK's Tibetan identity, knowledge and intention—that is, altruism—necessitate each other. The following juxtaposition of a passage on altruism from the *Rgyud bzhi*—the classical theoretical foundation of Tibetan medicine—and Dr. Tsering's comment on the ethical difference between Tibetan and Western medicine serves to highlight how the classical Buddhist connection between a certain truth and a particular altruism is today used to define what makes Tibetan medicine specifically Tibetan.

> Altruism entails having an altruistic mind of Enlightenment… [S]eeing [that the three realms are in the nature of] suffering, [having the wish to] benefit [sentient beings and having sincere] faith [in the Triple Gem], rather than cling [to notions of] love and hatred [towards others] as being good or bad, by means of even-mindedness [one comes to abide in the four limitless attitudes of] compassion, love, joy, and equanimity. … [O]ne should thoroughly examine [the application of therapeutics and treat the patients] without prejudice. By having such an attitude the patients will become easier to treat, many will recover and become one's friends.
> (Clark 1995: 224; brackets in original except for capital letters)

> TS: The goal [of Western and Tibetan medicine] is the same, to help patients, but the principles are different. There's the ethical side: We say there's no disease, it's all ignorance.[10] Western doctors say, there is disease, and it's dangerous, I might catch it myself… So there is a wide gap between the doctor and the patients. Almost as if they aren't the same human beings! The doctors wear masks, gloves etc., they don't want to touch the patients. That makes the patients feel bad, they think they have something dangerous. But we Tibetan doctors, we touch, we feel, we are the same. That makes the patients happier.

Thus, although ethics manifests as intentions, it implies a certain knowledge, as in this case about the truth that disease does not, in fact, have an independent

[10] Tibetan medical theory holds ignorance – of the true nature of the self and the world – as the root cause of all disease.

existence but is the product of ignorance (both in terms of aetiology and epistemology). It is the knowledge of a certain truth that not only generates good intentions but also determines (clinical) practice and, in the end, affects the patients' wellbeing. Knowledge, in this understanding, is not only a result of ethical practice, as described above in the case of *ye shes*, but it is also its precondition. Dr. Tashi explained this as follows: "If one has knowledge [through *ye shes*], then one acts in the right way. Before having this knowledge, it's not possible to know what's right or wrong." Hence, as long as the knowledge is right, the intention will be good and the resulting action will be beneficial—and "Tibetan". The redefinition of Tibetanness as an ethical practice constituted of these three factors (knowledge, intention, and action), which I have witnessed repeatedly in the Tibetan exile, provides the MTK with an identity flexible enough to adapt to the multiple requirements of exile and modernity. However, as Tibetan culture is redefined as a particular ethics, the MTK needs to prove both the underlying knowledge and the intentions in practice. This is where we return to science.

Regarding knowledge, I have argued in this paper that the importance of modern science in the amchis' discourses, and the ways they engage with it, can be explained by science's potential to prove and legitimize Tibetan medical knowledge, and hence Tibetan ethics. Here, the answer to how the MTK "preserves" Tibetan culture, and what this "Tibetan culture" is supposed to be, emerges. I have shown how, in its discursive engagement with science, the MTK produces a particular sense of Tibetanness, which has an ethics of altruism and compassion at its core. Carried out in practice, this engagement with science potentially validates this definition of Tibetan culture as simultaneously magical/oriental *and* modern/scientific, and therefore globally acceptable by proving the knowledge it is based on. As Tibetan medicine is internationally legitimized, and the reach of Tibetan altruism can flow unimpeded across borders, the intention of "helping the world" can be pursued. Having been conceptually established, this intention—the other aspect of the MTK's definition of Tibetan culture—now also has to be proved, both to the Tibetan community and to the world.

As many of the statements quoted above indicate, the MTK demonstrates its altruistic intentions by strongly emphasizing and publicizing its official status as a charitable organization rather than a business. Hence, while no information about the institute's considerable yearly profits is available, figures about the worth of free medicines given to the old, the poor, and the monastic population, and the MTK's annual donations to the Tibetan government in exile abound. Indeed, free medical camps are regularly organized all over India, and delegations of doctors providing free consultations and treatment anywhere from Kazakhstan to Kenya travel the globe. "Helping the

world" has its benefits, which the MTK is keenly aware of. On one hand, its explicit function is to garner international awareness and support for the Tibetan cause vis-à-vis China, the central issue of which is cultural survival. On the other hand, within the Tibetan exile community, the MTK's free medicines strengthen its dominant position in the exile Tibetan health care sector both by raising its prestige and by undermining potential competitors in the field of Tibetan medicine, who cannot afford the altruism of giving away their medicines for free or sending their doctors around the world.

Thus, the relation between the care for others and the care for the self becomes apparent: as far as the MTK is concerned, altruism and survival are not merely linked, but are two sides of the same coin. This means that one cannot think of them in terms of a means-end relationship, where, for example, altruism would be the means for survival, or—to use the opposite rhetoric sometimes employed by official exile-Tibetan propaganda—survival figures as the means for altruism. The fact that the MTK's altruism also serves the exile-Tibetans' political interests does not make it less genuine or authentic, nor are its policies and strategies somehow morally superior to others, just because they work under a register of altruism. In short, by propagating a certain ethics as "Tibetan culture", the MTK is involved not merely in carefully planned image politics, but also in the production of the modern Tibetan subject. It is true, as for example Lopez (1998), Huber (2001), or Adams (1996) argue, that the Tibetans are well aware of the advantages of living up to Western Orientalist expectations of saintly and mystical Buddhists. However, rather than interpreting this as mere "self-marketing" (Huber 2001: 367) behind which the "real" Tibetans hide, I suggest that the MTK's strategies described above are directed at Tibetans in exile at least as much as at outsiders. Their twin aspirations of survival and altruism, thus, entail a manipulation of others *and* self, or in other words, a reshaping of Tibetan subjectivity through interactions with others.

Conclusion

I began this paper with three problems: How does the MTK preserve Tibetan culture; what counts as Tibetan culture in the first place; and what does altruism have to do with survival? I argued that the MTK, in trying to preserve its own Tibetan identity in the face of its rapid modernisation, is involved in an active redefinition—or indeed production—of Tibetanness suitable for multiple diasporic contexts and inevitable socio-economic change. This redefinition has as its most important target not the West (though the West serves as the important 'other'), but primarily the exile-Tibetans themselves, who struggle to find ways of maintaining a distinct Tibetan identity in the absence of traditional markers such as territory, dress, or customs. The ethnographic material

presented above suggests that the "Tibetan culture" propagated and enacted by the MTK is centred on an ethics of altruism and compassion being part of the global political representation of the Tibetan Government in Exile. This ethics is characterized by specific knowledge and specific intentions. I have shown at length how this ethics—and in particular the knowledge constitutive of it—is defined, legitimated, and enacted through the MTK's engagement with modern science. This engagement is discursive and, to a limited extent, practical. In the practitioners' rhetoric, science serves as a convenient *cultural* other, that is, its cultural specificity is emphasized while its claims to universality and objectivity are denied. In other words, modern science is explained and interpreted through a Tibetan epistemological framework, reversing and undermining the usual explanatory role of science. While Tibetan culture is thus shown as valuable through discursive contrast and through incorporation into a Tibetan explanatory framework, in practice the MTK hopes to make use of science's universalistic claims in order to prove, legitimize, and expand the scope of its knowledge. In this way, science becomes a means to produce—or, in the MTK's parlance, "preserve"—Tibetan culture, which is presented as synonymous with an ethics based on Tibetan knowledge. The realization of the other constitutive parts of this ethics—intention and action—is contingent on the success of the MTK's engagement with science. Only in as far as Tibetan medicine is legitimized and accepted globally it can actually "help the world". Helping the world, finally, has as much to do with Tibetan cultural survival as with altruism, and the MTK is well aware of its financial, political, and social benefits. Altruism is therefore not simply a means for survival. Rather, their combination is the constitutive modality of the ethical practice that, in great part, forms the modern exile Tibetan subject.

In his later work, Foucault defined ethics as the care for the self *and* others (2000: 287ff). He called these techniques—aimed at self-formation through the interaction with others—"techniques [or technologies] of living" (2003: 108). We have seen that Tibetan medicine in exile is a technology of life in more than one sense: it is capable of saving or improving biological life in case of sickness; it also preserves culture by producing an ideal, modern Tibetan subjectivity. Ethics, understood as techniques of living, thus emerges as a useful conceptual tool to study the role of Tibetan medicine in exile in a way that avoids both naïve Orientalist idealizations and cynical critiques of Tibetan exile politics. It is the same tool that the MTK uses to combine survival and altruism in the difficult situation in exile, where the Socratic question that ethics pertains to—"How should one live?"—acquires particular importance.

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