


Introduction: Responding to Epidemic Outbreaks in Tibetan Contexts

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n March 11, 2020, with 118,000 cases and 4,291 deaths officially reported in 114 countries, the World Health Organization declared COVID-19 to be a global pandemic. Over the three years of the pandemic (2020–2023), there were approximately 765 million confirmed COVID-19 cases, which officially caused 7 million people to die and, including unreported deaths, the actual mortality is estimated to be around 20 million people worldwide.¹ Following the initial discovery of the virus at the very end of 2019, the Tibet Autonomous Region remained one of the few areas in the People's Republic of China without an officially recorded COVID-19 case, until an infected tourist arrived by train on January 24, 2020. Even so, over the course of January and February that year, prior to the declaration of a global health crisis by the WHO, the Tibetan communities of China, India, Nepal, and the worldwide diaspora began to compose, translate, and share instructions for responding to the spread of this new virus. Rather than taking the form of a unified response, Tibetan-language instructions for responding to the pandemic included a combination of public health directives, Tibetan medical instructions, and Buddhist advice, culminating in a complex dialogue between etiologies of, therapies for, and protections from the potentially deadly disease.² Taken together, this special issue integrates research on the

¹ The World Health Organization (WHO) declared the COVID-19 outbreak to be a public health emergency of international concern (PHEIC) on January 30th, 2020, and a pandemic on March 11, 2020. For announcements, see <<https://www.who.int/publications/m>>.

² For more studies on Tibetan and Himalayan responses to the COVID-19 pandemic, see Arya and van der Valk 2020; Craig et al. 2021; Cuomu 2020; Gerke 2020a, b, 2024; Kuyakanon and Gyeltshen 2022; Thubten Phuntsok 2020; Tidwell 2020; Tidwell and Gyamtso 2021; Tidwell et al. 2024; van der Valk 2024, as well as the

themes of outbreak narratives, medicinal compounds, ritual healing, and explanations of widespread disease in Tibetan and Himalayan communities, focusing on the roles of material and other non-human agents in times of crisis.

Reflecting the geopolitical fragmentation of Tibet in the twenty-first century, several different official statements were made about the COVID-19 outbreak in the Tibetan language. On January 26th, 2020, the Tibet Autonomous Region Tibetan Medicine Administration (Bod rang skyongs ljongs bod lungs gso rig do dam cus = Chi. Xizang zizhiqu zangyiyao guanliju 西藏自治区藏医药管理局) published a report using Tibetan medical terminology to explain the causes of the outbreak and provide instructions for treatment and prevention. The administration referred to the disease variously as the “novel corona virus” (*gsar thon tog dbyibs nad dug* ≈ Chi. *xinxing guanzhuang bingdu* 新型冠状病毒), “pulmonary heat disease” (*glo tshad nad*), and “febrile disease” (*nad rims*).³ More specifically, the report classifies SARS-CoV-2 as a “nyen fever” (*gnyan rims*), and it draws upon explicit passages from the *Four Tantras* (*Rgyud bzhi*) and the *Vase of Ambrosia* (*Bdud rtsi bum pa*) to provide methods for prevention and treatment. Approximately two weeks later, as described by Rigzin Sangmo and Barbara Gerke in their contribution to this issue, members from the Men-Tsee-Khang and the Central Tibetan Administration in Dharamsala, India, agreed that the rapidly spreading disease was both a novel corona virus and a *nyen* fever in Sowa Rigpa tradition. Taken together, these discourses represent COVID-19 as a “newly emergent” (*gsar thon*), “crown-shaped” (*tog dbyibs*), and “virulent disease” (*nad dug*) that should be prevented using personal protective equipment and odorous *rimsung* (*rims srung*) amulets.

Across each of the essays included in this collection, protection is of great concern. Indeed, even during the most challenging of epidemic outbreaks, it is generally the healthy who represent disease, explain its causes, and intervene to reestablish a salubrious normalcy. Barbara Gerke and Florian Ploberger take up the question of protection and immunity in Tibetan medical communities in exile, especially in response to the COVID-19 outbreak. With the distribution of “immune boosters” in Dharamsala and throughout the Tibetan diaspora more broadly, they wonder, what is immunity in Sowa Rigpa? From one perspective, they found, immunity refers to the strengthening of the body, something akin to supplementing the seven bodily constituents

many other articles included in Craig, Gerke, and van der Valk 2020; and Stanley-Baker, Yoeli-Tlalim, and Yang 2021.

³ Bod rang skyongs ljongs bod lungs gso rig do dam cus 2020: 3, 5; cited in Tidwell 2020.

(*lus zungs bdun* = Skt. *saptadhātu*) and especially the complexion (*mdangs* = Skt. *ojas*) of a healthy patient. In dialogue with these endogenous explanations of disease, Gerke and Ploberger explore how the collective distribution of therapeutic formulas as a preventive measure became a meaningful pandemic response.

Jan van der Valk found similar dialogues in anglophone online Sowa Rigpa platforms on COVID-19. In addition to instructions for preventing and treating endogenous as well as exogenous diseases of the body, however, van der Valk also highlights an emphasis on mental health in these English-language media of the early pandemic (2020–2021). By “psychologizing the pandemic,” proponents of Sowa Rigpa provided tools for recognizing and treating the seemingly endogenous trauma of the pandemic for individual patients on the one hand, while also engaging the exogenous spirit beings of the degenerate age on the other. Taken together, van der Valk argues, these Sowa Rigpa responses offer a set of partially overlapping yet distinctly “holistic” models for responding to widespread disease, placing emphases on distinct etiologies as well as bodily and mental experiences of disease.

The eruption of the COVID-19 pandemic also inspired scholars to explore instructions for treating and protecting from widespread diseases using textual sources. In her contribution to this volume, Carmen Simioli explores Tibetan instructions for creating theriac (*dar ya kan* < Per. *tiryāq*), a term whose etymology links East, West, and Central Eurasian medical traditions. Even beyond the specific instructions for creating theriac, Simioli also reflects upon Tibetan terms for protection, like “heroes” (*dpa’ bo*) and “champions” (*gyad* < Chi. *jie* 傑), which may also have parallels in the antidotes of West Eurasia that “heroically avert evil” (Gr. *alexipharmakon*). This essay builds upon previous work that has increasingly demonstrated the exchange of medicinal ingredients like myrobalan and musk along the trade networks of premodern Central Eurasia,⁴ while arguing that medical instructions and terminology also traveled along the so-called “Silk” or “Musk Roads,” even if the precise paths and mechanisms of these exchanges are difficult to determine.

In his contribution, Tony Chui connects the premodern and the contemporary with a study of Tibetan responses to widespread disease in early modern Tibet. Chui’s analysis of the *Extended Commentary* (*Man ngag lhan thab*) on the *Four Tantras* by the Desi Sanggyé Gyatso (Sde srid sangs rgyas rgya mtsho, 1653–1705) demonstrates a central concern for ritual protections from *nyen* disease. He focuses on the creation of a “wild boar” (*phag grod*) amulet

⁴ Akasoy et al. 2011; Yoeli-Tlalim 2021.

as a form of protection from fevers (*rims srung*), which continues to protect Tibetan communities from widespread disease down to the present. Indeed, as Rigzin Sangmo and Barbara Gerke also show in their report on responses to COVID-19 at the Men-Tsee-Khang in Dharamsala, the wild boar amulet continued to be produced in large numbers down to the official end of the pandemic in 2023.

Several of the contributions to this special issue are based on research that was presented during the day-long panel, "Responding to Epidemic Outbreaks in Tibetan Contexts," at the Sixteenth Seminar of the International Association for Tibetan Studies held in Prague in July of 2022. The IATS panel focused on the role of Sowa Rigpa in responses to COVID-19 and other epidemic diseases, involving prayer, mantra recitation, and deity visualization, as well as alchemical transformation, apotropaic amulets, and clinical interventions. The panel was organized by the three editors of this issue as part of a larger research proposal "Pandemic Narratives of Tibet and the Himalayas," for which we received funding by the Austrian Science Fund through the University of Vienna in October 2022.⁵ This issue is one of the published outcomes of this project, which aims to document the pandemic narratives of Tibetan and Himalayan communities, past and present, focusing on prophecies, Sowa Rigpa theories of infectious disease, protective pills, therapeutic recipes, and Buddhist rituals.

The 2022 IATS conference was one of the first international seminars on Tibetan Studies held following the initial outbreak of COVID-19 in 2020. Based on informal conversations, we estimate that a majority of the participants either officially or unofficially contracted the Omicron variant of COVID-19 during this superspreading event. As such, a subsequent workshop we held at the University of Vienna had to involve an online component, with some participants presenting their research from hotel rooms with ongoing fevers. Responding to widespread disease outbreaks, therefore, is not only the subject of academic conversation; it is also the lived experience of many engaged in these very conversations. With this special issue we wish to highlight the importance of documenting historical and contemporary responses to contagious diseases, recognizing that pandemics in particular leave lasting legacies that are difficult to grasp once they have passed. By examining Tibetan pandemic narratives, we want to inspire a broader understanding of how societies engage with health crises, both during their spread and in their aftermath.

One participant who was sorely missed at the IATS conference was the late Yangga (Dbyangs dga', 1964–2022). Yangga was the single greatest scholar of Tibetan medical history who wrote in a European

⁵ For project details, visit: <https://pandemic-narratives.univie.ac.at/>.

language, and perhaps in any language, for that matter. His doctoral dissertation, *The Sources for the Writing of the Rgyud bzhi, Tibetan Medical Classic* (2010), and subsequent English- and Tibetan-language articles and books redefined academic understandings of the *Four Tantras* and the early history of Tibetan medicine more broadly. Many of the studies included here, especially those focused on the *Four Tantras*, have undoubtedly benefitted from his life of researching and teaching. The news of his untimely passing at the age of fifty-eight devastated his friends and colleagues, as shown by the eulogies composed by Janet Gyatso and Yangbum Gyal. We, the editors, dedicate this volume of essays to his memory and legacy.

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