

University of Alberta

Medical Pluralism on Mount Everest

by



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ABSTRACT

This thesis presents an ethnography of medical pluralism among the Khumbu Sherpas at the Mount Everest base camp in northern Nepal. It also adds to preceding ethnographic surveys of medical pluralism in the Khumbu valley by describing the previously unrecorded coexistence of six distinct yet interrelated medical systems: Amchi, Ayurveda, Buddhist healing, Biomedicine, Popular medicine, and Shamanism. Complex pluralism is also reported at Everest base camp, where Ayurveda, Biomedicine, Buddhist medicine, and Popular medicine were in use in 2004. Medical pluralism at base camp is specifically examined through comparisons of the conceptions of the body and of space held by Sherpas and non-Sherpas. The result is a challenge to models of culture change as a unidirectional process that Westernizes previously bounded and stable cultures. The Everest base camp community is instead offered as a rich example of the creolization of medical culture.

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I must thank my parents John and Carolyn Callaghan. As children, many people are encouraged to study engineering, to become lawyers, or to “think about plastics”; mine, I think, are the only parents in the world who actually convinced their son to give up on medical school and get to work on being a writer. My father’s revisions of this thesis were incredibly thoughtful and careful, and delivered in record time; I have a long way to go to match his talent. Lastly, my grandparents Thomas and Elanor Mather have for many years been generally more interested in my travels and my research than anyone else, including, at times, myself. They have been an inspiration throughout my studies; this work is dedicated to them.

For Thomas and Elanor Mather

Note to the Reader

I have used real names, with permission, throughout most of this work; I do not indicate where I have used pseudonyms, and at times identify participants in conversations by only a single letter (I am identified as “M”). In a community as small as the Everest Base Camp, anonymity is an illusion; for any member of that community, the identity of another is relatively easy to deduce through interviews, team affiliations, nationalities, climbing routes, and so on. Conversely, anonymity is practically guaranteed in the Sherpa community at large by their naming system. In the Khumbu region, most Sherpas are named after the day on which they are born, as follows:

Monday: Dawa

Tuesday: Mingma

Wednesday: Lhakpa

Thursday: Phurba

Friday: Pasang

Saturday: Pemba

Sunday: Nima

These are usually modified with second names, such as “long living”(Tsering), or “devout” (Tenzing) or preceded by a name like “young” (Ang). Traditionally, Sherpas did not use surnames; it is now customary to use “Sherpa” as a surname for all official documents, when traveling abroad, &c. A bit of finite mathematics shows that the number of permutations and combinations of the above are rather limited. The result is that one invariably meets several Ang Nima Sherpas or Mingma Tsering Sherpas while in the Khumbu. Finally, and particularly important in discussions of health and healing, sick Sherpas sometimes have their names changed by Lamas as a part of the treatment process.

Elements of this thesis have been previously published. Some description of life in the Himalayan Rescue Association’s clinic appeared in *The Medical Post* (15 March 2005).

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PROLOGUE

The world is so empty if one thinks only of mountains. . . but to know someone here and there who thinks and feels with us, and though distant, is close to us in spirit - this makes the earth for us an inhabited garden.

-Johann von Goethe

This thesis is about medical pluralism at the southern base camp of Mount Everest, in the Khumbu region of Nepal. The Khumbu, an area marked by a great variety of medical systems, has experienced major socio-cultural, political-economic and ecological changes in the past fifty years as tourism and development projects have intensified. While the Sherpa people of the Khumbu have often been the subject of ethnographic research, their medical beliefs and practices have only been briefly explored (Adams, 1988; 1996); medical pluralism in the context of mountaineering – in which many Sherpas are employed – is unexplored altogether.

Since first becoming interested in studying the anthropology of medicine at Everest's base camp, I have bemusedly read the attempts of other academics to come to terms with the world of mountaineering. The anthropologists who have gone before me to look at the lives of people who work in the mountains have, frankly, tended not to understand why many people climb those mountains in the first place¹. The authors I cite most often as authorities on Sherpas, foreign climbers, and mountaineering generally, hold opinions that are frustrating to those who love the hills: Vincanne Adams questions the motives behind climbing Everest, and mistakenly credits Sir Edmund Hillary² with the now-famous answer, "because it's there!" (1996: 7); Sherry Ortner shakes her head at the sport's themes of "personal glory seeking [and] hypermasculinity"(1999: 9)³. They presume that Sherpas, on the other hand, only climb for money, or to satisfy the expectations that foreigners have of them. In Base Camp during the 2004 season, however, it was widely recognized among foreigners and Sherpas alike that a new generation of Sherpas was coming to the mountains because they love to. For these young Sherpas and foreign guides, spending time in the mountains is its own reward – the high salaries they can earn are an added bonus. To them, the many variations on the theme that mountaineers are spurred on only by vainglory or money are so far removed from the mountain experience as to be ridiculous.

I make the important exception here of James Fisher, an American anthropologist who has spent a great deal of time in the Khumbu and climbed extensively with, among others, Sir Edmund Hillary.

² This ironic rejoinder was actually offered by George Leigh Mallory, who was frustrated by yet another journalist asking why he wanted to climb Everest. It is usually misinterpreted, as by Adams, as being entirely sincere and equal parts Zen and Romanticism.

³ Unless the climbers are women, in which case Ortner argues that they are engaged in "gender-radical games of liberation." (218)

While many of the anthropologists I cite have speculated on why people climb mountains, they rarely bother to ask the climbers themselves. In his book *Beyond Risk*, Nicholas O'Donnell (1995) asks a collection of the sport's greatest figures why they climb. The answers are illuminating. The legendary Tirolean alpinist Reinhold Messner argues for a phenomenological understanding of the mountain experience. When asked "why climb?" he says:

There is no answer. If I asked you, "why are you breathing?" what would you say? For me there's no difference between climbing and living. If you sit below Taweche, and if you know that John Roskelly and Jeff Lowe climbed the northeast face in winter, you can feel something of what they experienced. Looking at this climb gives you an experience that is like the experience of looking at a painting. A good line on a good face is a work of art. It's like life. We live it, and afterward it's gone, but there remains something. There remains a line. (21)

Kurt Diemberger, noted as a filmmaker and climber, echoes Messner's ideas about creativity, and about climbing as a purely existential pursuit:

It's impossible to answer this question. It is answered by what you are doing. You are creating. You are thinking. You are feeling happy. You are feeling another person's friendship. It is simply life and you are experiencing it. (65)

Italian climbing pioneer Walter Bonatti is more lyrical, though his answer echoes the themes of the generation of climbers who came after him:

Why do people need to go to the moon or underneath the sea? Before us, Odysseus wanted to go beyond the outer limits of the known world, because man has always wanted to go beyond his limits; that's his condition. (81)

Nor are these opinions limited to European climbers. Tenzing Norgay, who along with Edmund Hillary is credited with the first ascent of Mount Everest, wrote in his autobiography:

I am a lucky man. I have had a dream, and it has come true, and that is not a thing that happens often to men. To climb Everest - which my people call Chomolungma - is what I have wanted most of my life. Seven times I have tried; I have come back and tried again; not with pride and force, not as a soldier to an enemy, but with love, as a child climbs to the lap of its mother. (1956: 21)

Each of these quotes rings true with my own experience. I am neither as skilled nor as experienced as these climbers, but I have some fluency in the language of the mountains. In this respect I hope to offer a new perspective to research on the topic: I understand life in the mountains, not only in an academic way but in an intuitive, visceral way. The more I privilege this visceral knowledge, the more I feel that etic assessments like Ortner's and Adams' are out of step with the lived reality of life in the mountains. So, although my research is not on mountain climbing *per se*, it is on the medical beliefs and practices of a mountain-climbing community. In order to learn about these things, I needed to move into that community and understand – rationally and intuitively – the attitudes, behaviors, interactions, and bodies that I saw there. I needed fluency in that community's language. An implicit argument throughout my thesis is that understanding the experience of life in the mountains – both theoretically and phenomenologically – is critical to situating medical pluralism as it is currently practiced at base camp.

I love being in the mountains, and have for as long as I can remember. The older I get, the more I suspect that this is because I was born in Sarnia, Ontario: a flat city ringed by farms in an area once flawlessly ironed by glaciers and backfilled by the Great Lakes. At the age of 10, I moved to southern Germany and was suddenly thrust into a topographical world – one in which

navigation demanded three-dimensional thinking and the horizon was occasionally interrupted by the jagged teeth of distant mountains. I made several trips into the heart of the European Alps, hiking and skiing in France, Germany, Austria and Italy. When I was 11 years old, my family traveled to Switzerland and I walked through a Pantheon of Alpine giants: I still treasure a picture of my family smiling before the ferocious Eiger Nordwand⁴, one of the deadliest faces in the world.

Since then I have traveled and climbed in the Himalayas, the Andes, the Australian Alps and the Rockies. The summits in these ranges are always anticlimactic compared with the climbs themselves. That is, to me climbing is fundamentally about *process*: I do not, as a rule, go to the mountains because of nor in spite of the risks, discomfort, or difficulty inherent to climbing. They are instead incidental to (but inextricable from) the entire experience of climbing itself. I share with the above-quoted climbers the conviction that while in the mountains we are ‘being in the world’ in the truest sense: living a life that is by turns mundane, harrowing and revelatory. The frustration I describe at the beginning of this chapter stems in large part from the disconnect between the world I have lived in the mountains and the one I have read about in the ethnographic record.

Of course, all of these answers to such a simple question - why climb? – may be ripe for deconstruction. It is true that none of the climbers quoted above – myself included – can answer that question in a cultural vacuum; we are all

⁴ ‘Nordwand’ means ‘north wall,’ and on the Eiger – as on many mountains in the northern hemisphere – the north face is the most difficult on the mountain. For this reason it is often referred to by its nickname, ‘Mordwand’, or ‘death wall.’

products of our age, and even if our values stand in opposition to the dominant culture, they are still informed by it. A great literature exists on this topic, and it bears close reading; without it we cannot critically examine the various forces – social, cultural, political, economic – that have shaped the desires of Sherpas and Sahibs alike. At this point, however, I would like to argue for a different reading of mountaineering.

Anthropologists with no experiential proximity to the world of climbing too often dismiss the activity: it is an outlet for vanity, a thinly veiled Freudian endeavor, or a meager cultural text, whose symbolic world is poverty-stricken and readily apprehended by even the most casual observer. Anthropologists are normally loath to offer these sorts of assessments of the practices they discover in the field; the lives of exotic, faraway tribes or the marginalized and underprivileged groups of our own societies are still handled with the kid gloves of cultural relativism. Why, then, is mountaineering – a richly symbolic and extremely important activity in the Khumbu region – treated as if it were little more than what John Fiske calls a “culturally denigrated form of entertainment”? (1992: 121)

Whatever the reasons, I have attempted here to privilege the voices of the climbers themselves. The aesthetic world of climbing is very real for those who go to the mountains, and their lived experience deserves to be taken every bit as seriously as the social theories we so often use to decode that experience. We must inevitably return to theories, but in this brief introduction, I hope that the

climbers - their experience, their passion, their ways of making sense of the world
- have at least briefly been brought to light.

METHOD

The truth is that the mountains are a place where you can find whatever you want just by looking, as long as you remember that they do not suffer fools gladly, and particularly dislike preconceived ideas.

-Louis de Bernières

James Fisher has remarked that “anthropological fieldwork is the sort of undertaking in which the theoretical scaffolding as well as the tools of the trade must be displayed along with the finished product” (1986:7). If this is the case, it seems wisest to begin with a survey of the context and methods of my research.

I argue that anthropology is the most human of the sciences: this is frequently perceived to be both its strength and its frailty. Its subject matter is the human world and it is engaged with that world as broadly and as rigorously as possible. But human beings – anthropologists – are also our discipline’s primary research instrument. As such, ethnographic data is generally presumed to be coloured by the biases of the researcher, as opposed to the more ‘objective’ hard

sciences. Latour and Woolgar have already thoroughly taken this perception to task, arguing that in any science, ‘truth’ is an actively created fiction rather than an objectively discovered absolute. As for the difference between the ‘hard’ sciences and anthropology: “the only difference is that *they have a laboratory*. We, on the other hand, have a text.” (1979: 247)

de Bernières’ quote is prescient here: the mountains are extraordinarily powerful landscapes in the appeal they hold for dreamers and romantics⁵. They are a landscape suited to the creation of truth: nearly anyone can find what he wants in the mountains. The experience of being in the mountains is emotionally and physically intense – it is in every sense a hyperbolic environment. I can see no immediate cure for this effect of the mountains on the imagination, nor can I see any way around the inevitable authoring of Latour and Woolgar’s ‘true fictions.’ Nor, though, does this mean that my anthropological endeavour is hopeless. Gone are the days of the ethnographer as omniscient narrator, so too are the readers who expect such an author; research conscious of its own subjective dimension is no longer presumed to be insufficiently rigorous. Hopefully by explaining my methods and by remaining ‘in’ the text as both researcher and author, I can make clear my subjectivity without lapsing into self-consciousness.

⁵ Robert Macfarlane, commenting on the many dreamers who have been drawn to Everest, writes “it is not only human imaginations over which Everest exerts a powerful pull. The mass of the Himalaya and the Tibetan plateau is strong enough gravitationally to attract all liquids in its vicinity towards it. Thus the surface of a puddle of water at the foot of the Himalaya will assume an irregular form.” (2003: 229)

Fieldwork

My research was conducted on two separate trips to Nepal, one in the spring of 2004 and the other in the winter of 2005, though I had also trekked to Everest in the winter of 2001. These trips both began with the jarring, beautiful flight from Kathmandu to the mountain airstrip at Lukla. This is the nearest that planes can approach Everest; the remaining journey requires a week to complete on foot. I knew that living at base camp – really just a gravel-covered glacier at 5300m altitude – would be arduous in many respects, but even the approach to base camp is extremely taxing. It is difficult to stress this aspect of the experience enough, though I will certainly try in the pages that follow.

In 2004, while at base camp and the nearby village of Gorak Shep, where I stayed for two weeks early in the season, I lived alone in my own tent. From time to time, I accepted invitations to eat meals with other groups on the mountain. In Gorak Shep, I occasionally bought meals from a lodge and ate them with other researchers and trekkers, otherwise I cooked and ate alone. I only left base camp twice to run to the weekend market at Namche Bazaar for supplies, a round trip of three days. During the days at base camp I wandered from tent to tent visiting friends, and passing time in conversation, drinking tea, and playing cards. My scheduled, structured interviews were relatively few compared with impromptu discussions that developed during these visits. This method of gathering data – essentially, classic participant-observation – was conscious rather than coincidental, and was, I believe, the best method at base camp.

Climbers in base camp are members either of private expeditions, similar to those on any other mountain in the world, or of guided expeditions. The number of people who pursue the summit of Everest either professionally or for recreation is small, and they form a close-knit – if not always harmonious – community. Clients on guided expeditions in 2004 paid on average \$50 000 (USD) for support from western and Sherpa guides on the mountain, and for logistical support to arrange everything from showers to cooking to delivering oxygen bottles to the highest camps on the mountain. The stakes for clients and guides, therefore, are high, and both are wary of ‘outsiders’ in their camps. They are generally annoyed with stargazing trekkers for whom base camp is a final destination rather than a starting point, and often shun these trekkers as vectors of disease. With large investments in such a lofty goal, the climbers can risk neither the distraction nor the possibility of getting ill. As such, it was crucial that I become an established member of the community – however peripheral – rather than appear as simply another pestering tourist.

In base camp, I tended to spend large amounts of time with the same individuals or small groups of people, rather than broadly surveying the whole community. Like any field researcher, I found certain people and groups more welcoming, easier to spend time with, or more interested in my project. Further, I often found myself at the mercy of my subjects; I could only speak with whoever was willing to speak with me. In particular there was a handful of teams in base camp who barred visitors altogether, and some Sherpas who, though friendly, shied away from specific questions or laughed them off. The resultant research is

therefore influenced not only by my own biases, but by those of the company I was able to keep. Regardless, I feel confident that I offer an accurate depiction of base camp as it appeared in 2004.

My subsequent research trip was in 2005, for six weeks across January and February. There were no climbing teams on the mountain at this time of year, and I was interested to see the Khumbu during the off-season. Most of my research was conducted during a stay at the Hillary hospital in Khunde with Dr. Kami Sherpa, who I had met the year before, and in surrounding villages. I had the opportunity to follow up with Sherpa friends I had met previously, and to develop a body of comparative material on the practice of Biomedicine in Khunde. On that trip, I was accompanied by two old friends: one a Swedish researcher in environmental physiology, and the other an Australian mountaineer. Though at times I explicitly excluded them from interviews where I thought their presence might disturb the process, it was quite helpful having them along: they looked at situations with fresh eyes and frequently forced me to consider questions I might otherwise have ignored.

Language

While planning my fieldwork, I made the decision not to learn to speak any local languages. Of course, I acquired the traveler's usual clutch of expressions *in situ*; my original choice not to acquire more pre-departure was informed by Devereux's notion of the "cost-benefit analysis of learning language" (1993: 44). Like most Master's-level projects, mine was relatively narrow in

scope, and the resources – including time – at my disposal, limited. I was fortunate in that most of the Sherpas involved with tourism and mountaineering (which is to say most Sherpas, period) have some degree of fluency in English and usually a few other languages as well. Still, like most other visitors, I occasionally found myself lapsing into what Hemingway called “that omission of syntax stupid people employ when speaking to drunken people or foreigners”(1933: 21) Also, though English is indeed the *lingua franca* on Mount Everest, as with the medical world I studied, pluralism ruled the linguistic world of the Khumbu.

Sherpas mostly speak Sherpa (a non-written language related to Tibetan) to one another in Base Camp; when speaking to other non-Sherpa locals (lower-status porters and laborers in the Khumbu are usually of other ethnicities, including Rai and Tamang; high-altitude guides are invariably Sherpa) Sherpas use Nepali. In both cases, though, their speech is peppered with ‘Mountaineering English’; it is common to hear “Camp One” or “South Col” in the middle of Sherpa conversations. Interestingly, many of these English terms are themselves borrowed from other languages. For instance, Anglophone climbers the world over negotiate *crevasses* (from the French) and *bergschrunds* (German), and Everest’s notorious Khumbu Icefall is topped by a broad valley known as the Western Cwm⁶ (from the Welsh).

⁶ The Western Cwm was named by George Leigh Mallory during the 1921 British reconnaissance expedition; Lord Hunt assumes this was “doubtless out of affection for his favourite Welsh climbing haunts” (1953: 14). Most dictionaries define a cwm as “a cirque” – *cirque*, of course, is itself appropriated from French.

Orthography has been a thorny issue for every ethnographer who has worked with the Sherpas, from the first research in the 1940's to the present. Since Sherpa is an unwritten language, there is inevitably a great deal of inconsistency in its translation. Fisher has lamented the fact that "no accepted convention exists for writing the language of a group as famous, well studied, and thoroughly documented as the Sherpas" (1990: xvii). As a result, there is variation even in the spelling of proper nouns: the name of one of the villages I slept in en route to base camp was spelled differently on each of the several maps I consulted, and Tenzing Norgay frustrated his biographer, James Ramsay Ullman, by offering several different spellings of his own name. I have used the most common spellings for ambiguous words, which are usually phonetic representations of Sherpa pronunciations rather than transliterations from written Tibetan. In some cases, Sherpas offered the correct English spelling of words, and jotted them directly into my notebook themselves.

The linguistic situation in base camp is compounded by the camp's international complexion: climbers from over a dozen countries were on Everest in 2004. I had occasion to sing Malaysian folk songs in Bahasa Malaysia, discuss the weather in Spanish with both Mexicans and Chileans, and alternate between French and English with Québécois climbers. So while Everest's population is quite small and in many ways homogeneous - most climbers are in their thirties and forties, financially well-off, fit, and typically extremely driven and goal-oriented - base camp is also an extremely diverse village, where pluralism of various sorts is the rule rather than the exception.

Following Ortner (1999:5-6) I tend to use the word “sahib” in describing nearly everyone in this text who is not Sherpa. This Indian term carries a great deal of colonial baggage, as it translates to something like “boss” or “master”. Ortner suggests that its use in anthropological discourse may still be valid, however. It is a convenient “one-word tag” for the large and diverse population on Everest, especially when used opposite the term “Sherpa”, which is also applied to a large and diverse group (1996:6). That is, the Khumbu Sherpas are not the only Sherpa group in northern Nepal. Further, the Sherpa name has been appropriated widely in Nepal, such that its ethnic denotation has been to some extent obfuscated. Nepalis sometimes introduce themselves as Sherpa when it strikes them as advantageous, particularly in connexion with the trekking industry: I hired a Rai porter from the foothills who introduced himself to me as “your Sherpa guide.” Reid (2003: 95) has remarked that almost every Sherpa tells the story of a tourist who has asked him “How long have you been a Sherpa?” a question in which the word ‘sherpa’ occupies a space somewhere between an ethnic category, a job description and a status term⁷.

Further, the word “sahib” maintains the distance between the Sherpas and “everyone else” in Base Camp in a clear way. To refer, for instance, to Sherpas as opposed to “westerners”, is inaccurate, since several teams on Everest in 2004 were Asian (including climbers from Malaysia, Korea and Japan). Moreover, sahibs always ate in separate tents and usually had their own Sherpa cooks who

⁷ Interestingly, Nepali Anthropologist Don Bahadur Bista points out that “the word ‘Sherpa’ is a relatively recent identifier. . . Before Sherpas were so highly publicized by mountaineering expeditions they introduced themselves to other societies as ‘Shar Khombo’ - i.e., the inhabitants of Shar-Khumbu.” (1967:162)

specialized in delicacies like chocolate cake and pizza⁸. Sherpas ate together and tended to stick with local fare like *dahl baht*, a mixture of rice, lentils, and curried vegetables. As I will discuss at length in subsequent chapters, food was not the only difference between Sherpas and sahibs in base camp: the differences of epistemology, and the ways in which these differences are played out in camp, are at the core of my thesis. By any measure, the distance between the Sherpas and sahibs in Base Camp is well-entrenched, and unavoidable to the ethnographic observer.

While in the field, I recorded information in a notebook, which seemed a much safer option than a computer. I often conducted interviews with only my notebook, particularly when I could tell that the presence of a microphone was making my interviewees uncomfortable. In these cases I simply jotted important points while talking, and tried to write down as much as possible from memory immediately afterward. On the other hand, some of my interviewees were mountaineering celebrities who felt quite at home in interview settings. When it seemed appropriate, I recorded my interviews digitally, on MiniDisc. The sound quality is generally quite good, though I was often recording in kitchen or communication tents rife with background noise. Upon listening to the discs at sea level, I realized that hypoxic interviews have a unique character: there seems to be great deal of giggling and laughter, speech is very deliberate, and thought processes delayed. I also discovered upon my return that a handful of my interview discs were blank. It is certainly possible that they were damaged in

⁸ A Malaysian climber told me with a smile that their Sherpa staff had learned to cook Halal food for the team's Muslim majority, and vegetarian for their single Hindu member.

transit, or by the harsh environmental conditions on Everest. Sadly, I think the simple truth is that they are the victim of human error; I likely forgot to press a button, or plugged something into the wrong port before an interview. This absentmindedness is one of the more benign perils of life at high altitude.

CONTEXT

Anthropologists have a number of advantages when addressing the general public, one of them being that hardly anyone in their audience has much in the way of independent knowledge of the supposed facts being retailed. . . . But it is, as most such things, also something of a disadvantage. . . . The anthropologist is faced with the unattractive choice of boring his audience with a great deal of exotic information or attempting to make his argument in an empirical vacuum.

-Clifford Geertz

This chapter offers a broad survey of the context in which I conducted my research. This survey gives not only a geographic and ethnographic description of the Khumbu, but a brief history of the region for the past several centuries. I argue that studying this history is crucial in understanding the Khumbu Sherpas of the early 21st century.

The Khumbu region sits on the northern border of Nepal, adjacent to Tibet. Its backbone is the Dudh Kosi river, which flows from Mount Everest in the north past Namche Bazaar in the south; the Khumbu valley through which the

river flows gives the entire region its name. The area is frequently grouped together with the Solu region, its lower-altitude neighbor to the south, and the smaller Pharak region that lies between them, and referred to collectively as the Solu-Khumbu. Fürer-Haimendorf has disputed this, arguing that the two regions are so distinct that they cannot be discussed “as a homogenous unit” (1984:2). Both are home to ethnic Sherpas, though the Khumbu region is more uniformly so, and is the region that features most prominently in the popular imagination: the Khumbu is home to several of the world’s highest peaks, to Buddhist monasteries, and to herds of massive, woolly yaks.

Mountains dominate the Khumbu, in every sense. They are home to the local deities, they create volatile weather patterns and present boundaries to political conflict, their altitude has wrought physiological changes in the locals⁹, and for at least the past half-century, the mountains have dominated the Sherpa economy. While Sherpas have traditionally thought of the mountains in very different ways from sahibs – particularly in that they saw no point in climbing mountains for recreation but rather preferred circumventing them by crossing over passes for trade (Reid 2003: 57) – the peaks have always deeply informed everyday life in the Khumbu.

Only about 3200 people live in the Khumbu – though an estimated 30 000 Sherpas live in nearby regions and in Kathmandu – and the area is sparsely populated. The growing season is short and soil conditions are poor, and farming

⁹I take it as a given that Sherpas have physiologically adapted to live at high altitude and are generally more fit (in the sense of having a greater capacity for work) at low pressure than most sahibs. This view is critiqued by Ortner (1999:63-65); I review this debate in the ‘Physiology’ section of the Literature Review.

is made more difficult by the high altitudes – no Khumbu village lies below 3000m. Therefore, Sherpa subsistence has always been mixed: between farming, herding, and trading, Sherpas eked out an existence that was stable but “far from idyllic” (Ortner 1999:5). More recently, tourism has taken over from trade and is the primary source of income for most households on the tourist trail. The role of tourism and of culture change generally in the Khumbu is discussed below.

Sherpa Arrival

The exact history of the Sherpas is the subject of some debate; currently the commonest assumption is that the Sherpas of the Solu-Khumbu migrated there from the Kham region of eastern Tibet roughly five hundred years ago (Fisher 1990: 181; Reid 2003: 56). Ortner (1989:12) fixes the departure from Tibet at exactly 1480, and the arrival in the Khumbu region over fifty years later in 1533. The reasons for this migration are unclear, though famine, feudal warfare and religious persecution are now accepted as possibilities (Fisher 1990; Ortner 1978). In his history of the Sherpas, Ngawang Tenzin Zangbu, the Abbot of the Tengboche monastery¹⁰, offers only that the migration occurred during “a time of great unrest in Tibet”; roughly agreeing with Ortner, he reports that Sherpas began migrating to the Khumbu 600 years ago. He also notes that the name “Sher-pa”, meaning “east-people,” is supposed to have been given to the first of

¹⁰ The Tengboche monastery, located between base camp and Namche Bazaar, is the most important monastery in the Khumbu region.

these migrants, Pachen Thimi; Zangbu writes that Pachen Thimi arrived in the Khumbu via the Rolwaling valley.¹¹ (Zangbu and Klatzel 2000: 4)

American Tibetologist Ian Baker has suggested recently that “when the Sherpa clans originally migrated from eastern Tibet, they followed prophecies of a hidden-land in the vicinity of Mount Everest.”(2004: 219) This theory has been supported by Tenzing and Tenzing (1991: 34) and less enthusiastically by Fisher (1990), among others. “Hidden-land” is Baker’s English translation of *beyul*, the term for the sacred places of Tibetan Buddhism where the physical and spiritual worlds overlap. These earthly paradises offer pilgrims a dramatically increased spiritual clarity, which in turn offers good health, happiness, and a refuge from troubles of the world (Zangbu and Klatzel, 2004). The idea that the Khumbu is home to a *beyul* is particularly interesting in light of this study. Whether the forces of ‘modernization’ at play in the Khumbu represent a blessing or a curse for the area is endlessly debatable: while some have lamented the arrival of television, and the erosion of traditional values, diet and dress, the Sherpas have become relatively affluent, healthy and well-educated in what is one of the world’s poorest nations,¹² and the Khumbu region remains protected from the civil war which has ravaged much of the rest of the country.

¹¹ The Rolwaling valley follows the Rolwaling Khola, a river that runs east-west perpendicular to the Dudh Kosi, west of the Khumbu.

¹² Nepal ranked 136/177 on the United Nations’ 2005 Human Development Index; literacy rates are below 50% and the life expectancy just under 61 years.
(<http://hdr.undp.org/statistics/data/countries.cfm?c=NPL>)

Early History

When the Sherpas arrived in the Khumbu, it was an uninhabited corner in a collection of small principalities that have since been united as Nepal. Set apart from the rest of the country in the mountains, the Sherpas were in many respects autonomous; indeed, it was over two centuries after their arrival before they would submit to the monarchy and begin paying taxes. Highly mobile traders unbounded by caste, and geographically and culturally removed from Nepal's Hindu majority, Sherpas – who are Buddhist and speak a Tibetan dialect – enjoyed an independence which by and large continues today.

This independence and geographical/cultural mobility allowed the Sherpas to emerge as successful traders, profitably plying the route between Tibet to the north and the Terai lowlands of Nepal and India to the south (Fürer-Haimendorf 1975: 2-3). The most common trade items were salt¹³ and wool from Tibet, and rice from the lowlands. This success in trade was crucial to Sherpa survival given the difficulties of subsistence and the scarcity of many resources in the Khumbu.

Everest

In 1841, the Surveyor General of India, Sir George Everest, recorded the location of a mountain he named "Peak B". Everest generally preferred to use local names for mountains when possible, but since the peak lay within the closed kingdom of Nepal, it had to be measured and assigned a name from a distance.

¹³The use of Tibetan rock salt among the Sherpas generated medical interest among early ethnographers in the area; mineral (rather than sea) salt contains no iodine, and iodine deficiency is believed to have contributed to the dramatically high incidence of goiter, cretinism and thyroid disorders endemic in the Khumbu. (Adams, 1996:91)

The first survey data of the mountain was taken in 1847, from 110 miles away; it was presumed shortly thereafter to be the tallest mountain in the world.

It was not until 1856, however, when all the available survey data was compiled and analyzed by Andrew Waugh and a team of Indian assistants, that Everest was given an official height. Waugh calculated it to be exactly 29 000 feet, but, worried that this figure sounded contrived or inaccurate, reported to the public that Everest actually stood 29 002 feet (8841m) high. He proposed that the mountain be named after his predecessor at the India Survey; to Sir George's consternation this proposal was accepted and "Peak B" – which in the interim had been designated Peak XV – became Mount Everest in 1865. Waugh's measurement – conducted with massive theodolites from long distances and calculated longhand – is less than ten meters off the current standard of 8850m, derived from a satellite transceiver placed on the summit by a National Geographic team in 1999. (Gillman 1993: 48-52)

It was not long before interest developed in climbing Everest. The closed borders of Nepal and Tibet (the summit of Everest lies between the two, with Tibet to the north and Nepal to the south) meant that approaching the mountain from any direction would be forbidden¹⁴. In 1920, the Dalai Lama opened his borders; the British launched an expedition the next year. They returned in 1922 and 1924; the first two expeditions were unsuccessful, and on the third George Leigh Mallory and Andrew Irvine disappeared near the summit. Whether or not

¹⁴ This did not stop a number of people from donning disguises and traveling both countries; the most famous of these is probably Heinrich Harrer, who described his journey in *Seven Years in Tibet* (New York: Tarcher, 1997).

either climber reached the top has been the subject of great speculation and debate since¹⁵.

At this point, that Nepal's borders were closed was moot; the British expeditions had studied the approach from the south (Nepali) side of the mountain and deemed it impossible. It was on the British Reconnaissance Expedition of 1921 that Mallory, climbing from the Tibetan side to a ridge west of Everest, peered into Nepal and became the first climber to see the Khumbu Icefall, a massive section of fractured, moving ice that tops the Khumbu glacier and guards the entrance to the southern flanks of the mountain. Shortly thereafter, he wrote in a letter to his wife:

we looked across into the Western Cwm at last, terribly cold and forbidding under the shadow of Everest. . . we have seen this Western Glacier and are not sorry we have not to go up it. It is terribly steep and broken. . . From what we have seen now, I do not much fancy it would be possible. (cited in Messner 2001: 28)

In 1950, American climbers Bill Tillman and Charles Houston scouted the southern approach and offered the same conclusion: politics notwithstanding, the western glacier was “an impossible barrier” (Gillman 1993: 60).

Only months after Tillman and Houston's trip, the Khumbu region was changed forever. Tibet closed its borders and all subsequent attempts from the north were indefinitely postponed. Almost simultaneously, the royal family of Nepal was overthrown, and the country's borders opened: once again, climbers were on Everest almost immediately. In 1951, a British reconnaissance

¹⁵ The debate is too complex to discuss at length here, except to say that conclusive proof – that Mallory and Irvine did *or* did not summit – is still lacking. A high-altitude forensic anthropology has developed out of this debate, and in 1999 a research team found Mallory's excellently preserved body near the summit. Analysis proved inconclusive (Anker, 1999).

expedition grappled with the ferocious “western glacier” Malory had described to his wife¹⁶, failing to reach the top. A Swiss expedition in 1952 climbed clear through the Icefall, but also turned back at 8595 meters (Lambert in Gillman 1993: 67).

Finally in 1953, over a century after Sir George first mapped it, Edmund Hillary and Tenzing Norgay stood on the summit. That they ascended from the south is extremely important in the mountain’s history: their route via the Icefall and the South Col has subsequently come to be regarded as the ‘easiest’ way to the top and now receives several times more traffic than any other route on the mountain, particularly from guided commercial expeditions.

It is difficult to overstate the importance of the events of these few years – and particularly their sequence – in understanding the Khumbu region today. Christophe Von Fürer-Haimendorf has argued that had these events unfolded differently, the impact on the Khumbu could have been “catastrophic.”(1975:3, see also Van Spengen 2000:12-14) The closure of Tibet’s borders and its invasion by China in 1959 effectively shut off the northern trade routes that were crucial to Sherpa survival¹⁷. While Sherpa men had for years migrated seasonally for “coolie” (portering or labouring) work in Darjeeling, India – the traditional staging post for Everest – the changes in border policies now meant that all subsequent expeditions had to pass through and climb from the Khumbu. Mountaineering was brought to the Sherpas’ backyard and rapidly grew as a viable source of income.

¹⁶ The “western glacier” is now known as the Khumbu Icefall.

¹⁷ Tibet was re-opened to foreign climbers in 1979; the Chinese, however, made attempts on Everest from Tibet in 1958 (joint Russian/Chinese expedition), 1960 and 1975.

The Khumbu Since the first Ascent of Everest

After the first successful climb of Everest, changes came rapidly to the Khumbu region. The Sherpas had been cultural and geographical intermediaries for centuries between nomadic Tibetan Buddhists and agricultural Sanskritized lowlanders. Indeed, Fisher has argued that among the Sherpas “the customary commonsense distinction between ‘tradition’ and ‘change’ is ultimately untenable. Rather there is, and always has been in Sherpa society, a ‘tradition of change’” (1997: 64). Still, while the Sherpas have for centuries mixed with their disparate neighbors, borrowing aspects of their cultures while remaining distinct, it is difficult to consider these processes to be wholly analogous to those that would come in the second half of the twentieth century.

After summitting Everest with Tenzing Norgay, Hillary felt indebted to the Sherpas and wondered if there was some way he could repay them for their friendship and assistance in his Himalayan climbing. He explains: “I was brought up to believe that if you had a chance to help people worse off than you, you should do it” (Hillary 2003: 38). By the 1960’s, his climbing career had slowed and Sir Edmund began to channel tremendous energy into development projects for the Sherpas through the Edmund Hillary Trust. In 1961, the Trust’s first project was to build a school at Khumjung. Hillary did this at the request of Sherpa friends, who famously remarked “our children have eyes but they cannot see” (Hillary 1964: 3). According to an informant in Khumjung, during the schoolhouse project Hillary and his crew were struck by the poor health status of the locals, and began to research the possibility of building a hospital at the

nearby village of Khunde. While building the school, however, the Trust had been frustrated by the logistical difficulties of construction in an area more than one week by foot from the nearest road. These logistical difficulties demanded a solution, and the decision they took accelerated cultural, economic and ecological change in the Khumbu more rapidly than they could have imagined.

The solution came in 1964, when the Hillary Trust built an airfield in the Solu village of Lukla to facilitate the transport of construction materials for future projects, and particularly the Khunde hospital. Interestingly, it was anthropologist James Fisher who assumed directorship of this project on Hillary's behalf, from measuring the land, brokering its purchase, and "buying ten rupees' worth of chang [a local beer] to celebrate the closing of this real estate deal" (Fisher 1997: 30).

After the completion of the landing strip, the Trust quickly built the clinic at Khunde, and twenty-six more schools. The airstrip made these projects infinitely easier and allowed for accelerated development in a region without roads or wheeled vehicles of any sort. Various authors have stressed that building the schools before any other major development allowed the Sherpas what Tenzing and Tenzing call "breathing space in which to prepare mentally and culturally for the ways of the west" (2001:190; see also Fisher 1991: 38-46). Hillary and Fisher have both claimed, perhaps naïvely, that they had not anticipated that the airstrip would increase tourism. Flying to Lukla, however, brings tourists within one day's walk of Namche Bazaar, whereas the traditional overland route requires a jarring 12-hour bus ride and 8 days of challenging

trekking to arrive there. In retrospect, it seems obvious that the Lukla airstrip dramatically altered life in the Khumbu region (Fürer-Haimendorf 1984: 65). In 1964, the year the airstrip was built, twenty tourists arrived in the Khumbu; by 1998, that number increased to 22 826 (Luger 2000: 19).

Tourism came to dominate the local economy in short order. Fürer-Haimendorf discovered as early as 1983 that over half of the families in the village of Khumjung were involved in the tourist trade (1984:64). He describes the village of Namche Bazaar as having changed tremendously since his last visit to include fifteen guest houses in which “tourists sleep in large dormitories, [with] wooden cots but little else.” (1984: 85) In the intervening years, Namche has changed again, to such an extent that Fürer-Haimendorf might not even recognize it. Visitors to Namche in 2005 have a wide variety of lodges to stay in, but the most common type offers private rooms with comfortable beds, and some have indoor plumbing. Tourists and locals alike can change money at a branch of the Nepali Rastriya bank, check their email, play pool at the pub, or buy pastries at ‘Herman Helmer’s Backerei und Conditerei’. This development has in places occurred at the expense of the landscape; deforestation and pollution are serious problems in the Khumbu and have been the subject of a growing body of research in recent years.¹⁸

While tourist groups arrived in large numbers to admire the peaks from below, Everest itself remained for many years the playground of a small, well-funded international elite. Though mountain guiding had been a profitable

¹⁸ See for instance, Byers, A. “Contemporary Human Impacts on Alpine Ecosystems in Sagarmatha National Park, Khumbu, Nepal.” *Annals of the Association of American Geographers*, Vol.95, pp.112. March, 2005.

profession in Chamonix since the mid-18th century (MacFarlane 2004: 77), Swiss guides were traditionally employed to help inexperienced visitors up relatively easy climbs, or to lend local knowledge to visiting climbers. Everest and other high peaks like it were considered far too demanding for any climber who needed a guide, nor were any guides willing to accept the massive risks of guiding clients into the “death zone” above 8000 meters. As such, the Sherpa staffs on expeditions were usually considered ‘porters’ rather than guides *per se*. This changed in 1984 with the first guided ascent of Everest. Dick Bass, the millionaire owner of Utah’s Snowbird ski resort, hired professional guide and film-maker David Breashears to help him to the summit. Bass ultimately climbed the highest point on each continent, a quest known as the Seven Summits.¹⁹ Suddenly, Everest was big business. Bass has remarked, with typical candour, that “at first the professional climbers were pissed. . . [but] when I see guides now, they hug me, because the Seven Summits made the mountain-guiding profession. It *made* them!” (Bass in Barcott, 2002:132).

In 1987, the government of Nepal repealed regulations which limited the number of climbers allowed on any given route each season, and the mountain was inundated. Since guided clients almost always use the South Col route (rather than climb from the Tibetan side), the Nepali government was able to collect large permit fees from multiple commercial groups each season. This brought ever-increasing traffic – of humans, helicopters, and yaks – through the

¹⁹ Bass was in a race to be the first, but was beaten by Canadian Pat Morrow. Pat Morrow also narrowly edged out Reinhold Messner to become the first to climb what some consider the “true” seven summits, where “Australia” is expanded to “Oceania”, replacing the pedestrian Mount Kosiusko with Indonesia’s challenging Carstenz Pyramid. At least half of the commercial clients I met on Everest hoped to climb the Seven Summits.

Khumbu, and an ever-increasing demand for Sherpa staff on the mountain. The debate over the ethics of guiding swelling numbers of inexperienced climbers on so deadly a peak reached fever pitch in 1996, when several commercial teams were caught in a storm high on the mountain and eight climbers died²⁰.

Everest Today

Reinhold Messner's 1978 ascent of Everest without supplemental oxygen was one of the highest-profile expeditions the mountaineering world has ever seen; his team, however – which was the only one at base camp that season – totaled a modest 30 people, including climbers, Sherpas, and kitchen staff. (Wetzler 2001: 72) Like Namche Bazaar, base camp has changed at a remarkable rate, and grown to such an extent that it bears little resemblance to the village of twenty-five years ago. Despite the minimalism of purists like Messner, helicopters, generators and huge staffs on Everest have become the norm. Today, the quiet austerity Messner enjoyed in camp is not only unfashionable but impossible: Everest base camp is a booming seasonal community of close to 500 people.

The population at base camp can be roughly divided into Sherpas and sahibs. 'Sherpa' is a confused term at base camp, and worldwide. Ethnic Sherpas, through many years of political maneuvering on expeditions, have leveraged themselves into a position of privilege: they exclusively work as high-altitude "guides" on the mountain, the highest-paying, most prestigious job on

²⁰ A series of books, most notably John Krakauer's *Into Thin Air* (New York: Villard, 1997) and Anatoli Boukreev's *The Climb*, (New York: St. Martin's Press, 1998) have emerged from the debate.

Everest. Sherpas too old or young for actual climbing work may serve as porters on the lower slopes of the mountain (from base camp to camp two, for instance) or as high-ranking cook staff. Other general staff are often referred to as “sherpas” as well, though this is a job description rather than an ethnic one (I use the lower-case to designate the difference). Other ethnicities have been largely pushed out of the higher-paying jobs and work primarily as low-altitude porters (from Lukla to base camp) or as lower-ranking staff, such as ‘kitchen boys.’ It should be noted that these jobs are reserved almost exclusively for men; the only job which seems to fall primarily to Sherpa women is driving yak trains to and from base camp to deliver equipment and supplies.

The sahib population in base camp is stratified by divisions of labor. “Western Guides” are usually the most respected and powerful members of the community, and their opinions are sought on issues of medicine, climbing, weather, and base camp politics. These guides are all seasoned professionals, most of whom – though not all – have summited Everest themselves; they and their guiding companies often specialize in the seven summits and spend each year on the circuit between Everest, Kilimanjaro, Denali, Aconcagua, the Vinson Massif, the Carstenz pyramid, and Mount Elbrus²¹.

On Everest, guides usually lead teams of up to eight “clients”: recreational climbers who pay to be guided on the mountain and provided for in base camp. Clients on Everest in 2004 paid in the range of \$50-60 000 (USD) for these services. The average group of eight would feature six or seven male and one or

²¹ These are the highest peaks in Asia, Africa, North America, South America, Antarctica, Oceania and Europe, respectively.

two female climbers. An ideal commercial team on Everest might consist of eight paying clients, two or three sahib guides, a *sirdar* or head Sherpa, twelve to fifteen climbing Sherpas, a client's cook and a Sherpa's cook, two kitchen boys, a sahib base camp manager and a doctor.

Another type of climber at base camp is the "professional" climber; they are neither clients nor guides but privately-sponsored athletes who often attempt new routes or challenging variations of old ones. These professionals climb either alone or in teams, though it should be noted that even solo climbers usually hire climbing Sherpas as assistants, and always hire Sherpas as base camp support staff.

Lastly, there is the category of non-climbing sahibs in base camp. These include doctors, base camp managers (who co-ordinate the efforts of the various staff members) and technical advisors, media attachés to high-profile expeditions, spouses, partners, friends, and researchers such as myself. In 2004, there was a Canadian medical team conducting a pharmaceutical trial at base camp, an American atmospheric scientist conducting meteorological research, and an American university team studying cognition at high altitudes. This category is well-established enough that being a non-climber in camp is unexceptional; researchers (as a category rather than as individuals) are generally well-received. For the sake of completeness I will make a brief note here on one other group in base camp who fit none of the above categories comfortably: the National Park representatives attached to each team. These representatives are putatively assigned to climbing expeditions to ensure that the former abide by park

regulations, especially concerning waste management and climbing permits. In practice, they work (at best) at arm's length from their teams; being (almost always) middle-class Hindu bureaucrats from Kathmandu, they do not readily fit into the firmly entrenched sahib-Sherpa dynamic at base camp. As a result, the National Park representatives usually spend their time together, making no secret of their distaste for the cold and altitude, and frequently leave camp altogether well before the end of the season. The place of these outsiders in base camp is interesting and bears further study.

The living conditions at base camp are marked by an odd combination of austerity and luxury. Many teams while away the time watching movies on generator-powered laptop computers, though all food is cooked over dirty kerosene burners in tarpaulin-topped kitchens. Teams invariably devise elaborate machinery to produce hot showers, though toilets are simply 120-litre equipment barrels, dropped on the glacier and surrounded by four flimsy nylon walls. The altitude makes walking from tent-to-tent taxing, and temperatures at night hover around -10 Celsius. Satellite telephones now allow for connection to the outside world via phone, the internet and email, but the sense of isolation in camp – amid colourless desolation and surrounded by vertiginous peaks that constantly shower avalanches down their slopes – is still palpable.

For those who have spent prolonged periods at base camp, memories of the place tend to the romantic or the cynical. While David Breashears recalls:

I went outside my tent around 4 a.m. I just stood there, with the prayer flags flapping in the gentle breeze. There was a pretty good moon, and I could see ice glistening thousands of feet above on the West Shoulder. I could hear the pops, the creaks, the rumbling of

the ice underfoot and all around. It reminded me that the place was alive, that it was dangerous, unpredictable. . . I could feel the timelessness of this patch of rock that's Base Camp, the ephemeral nature of our existence. . . (Wetzler 2001:121),

the Briton Allan Burgess offers:

I don't know why anybody wants to particularly hike there. It's still a physical wasteland. It's ironic, because if you look at Hindu and Buddhist pilgrimage sites, usually they're places where water, air, fire, and earth all come together. There's some significance. But the Western shrine is Everest Base Camp. The pilgrimage is, like, rusted tin cans and strung-out egos. (*ibid*)

I ultimately found base camp neither as depressing nor as enlightening as these accounts suggest, though I can sympathize with both to some extent. If I had any romantic ideas about what life would be like there, I was quickly relieved of them, but it was also an excellent place to conduct research. During my stay, Everest base camp was a small and contained community, with a language I easily understood and a very distinct set of habits, beliefs, modes of production, and social structures. It seemed in many respects similar to the ideal field sites of classic anthropology.

LITERATURE REVIEW

The Khumbu must be the most surveyed, examined, blood-taken, anthropologically dissected area in the world.

-Sir Edmund Hillary

Before leaving for Nepal, my work began in earnest at the library. To friends it seemed incongruous for someone who would study Everest to bury himself in books. But mountaineering is “the most literary of all sports,” (Barcott 1996: 65) and medical anthropology is a rapidly expanding field; between the two I had a great deal to read before I left. Indeed, it is customary to begin ethnographic work on the Khumbu region with some sort of apology for having contributed to the supposedly great entropic pile of research on the area. Kurt Luger, in *Kids of Khumbu*, offers a variation on the old academic joke that the region is so over-analyzed that the typical Sherpa family consists of a mother, a father, two children and an anthropologist. (2000:7)

However, while the Sherpas are the subject of a large body of writing, current accounts of medical pluralism in the area and critical investigations of Sherpa involvement in mountaineering are few, as are investigations into the relationships between Sherpas and foreigners more generally (Adams 1996: 31). Further, considering the rapid rate of change in the Khumbu, most academic depictions of Sherpa culture quickly become outdated. I was continually surprised by how little attention had been paid to how the Sherpa medical world has been affected by the processes of culture change and how these changes played out in the worlds of mountaineering and tourism. Further, considering the degree to which medicine is embedded in – or indistinguishable from – Sherpa daily life, it seems unusual that medical beliefs and practices should not be more analyzed. In personal communication, Vincanne Adams, one of the most prominent ethnographers of the Sherpas, confirmed that these areas remain largely unexplored in academic literature.

I argue, then, that in some respects the body of academic literature on the Sherpas is wanting. Stories of high adventure on Everest – over 1500 people have stood on the summit – are extremely common, and bookstore shelves are flush with accounts written by celebrities, survivors, and record-setters of every stripe. Each of these stories gives at least a fleeting description of Sherpas, a group of trusty helpers invariably possessed of equal parts good humour and otherworldly strength, perpetuating the consumption of an image of Sherpas by a popular culture who know almost nothing about life in the Khumbu. For the purposes of this study, it is also worth mentioning that these accounts of Everest climbs also

usually include an account of the bold expedition doctor – a stoic, rational hero every bit as stereotyped as ‘the Sherpa’.²² Considering the enormous volume of popular material, and the depictions of the characters usually contained therein, the body of critical, engaged literature is comparatively small.

Ethnography

In this section, I survey the work of the four most important contributors to the ethnographic record of the Khumbu Sherpas: Christophe von Fürer-Haimendorf, James Fisher, Sherry Ortner, and Vincanne Adams. This survey also includes brief discussions of other authors, including relevant anthropological studies in nearby regions of Nepal, as well as the deep body of physiological research on the Sherpas and the debates which have arisen around it.

The earliest descriptions of the Khumbu came to the west from the British in the late nineteenth century. Ortner describes this intense period of Colonial expansion and Orientalist exploration evocatively:

Geographers in the Himalaya were peacefully measuring elevations, naturalists studying plants, and assorted observers making ethnographic observations; Orientalists were studying Eastern religions, particularly Buddhism, in the name of the spiritual improvement of the West, and mountaineers were exploring and climbing mountains in the name of both science and sport. (2000:28-29)

The early mountaineers noticed that the Sherpas they hired as porters were better adapted to cold and high altitudes – and, importantly, usually carried better

²² Doctors are as guilty as anyone else of perpetuating the stereotype; Kenneth Kammler’s *Doctor on Everest* (Guildford: The Lyons Press, 2002) is the exemplar in this field.

clothes and equipment – than most other ethnic groups. General Charles Bruce, the British army officer who organized several Himalayan expeditions, noted:

All the higher valleys have excellent porter material, but the clothing of the different districts varies considerably. . . The Bhutias (Thibetans) are generally much better fitted out in this respect, and have a great power of resistance to the cold.²³
(1910:28)

Dr. A.M. Kellas, who conducted physiological research on several trips to the Himalaya, championed the Sherpas in his writings:

Really they are the most splendid fellows. . . Of all the different types of coolie, the writer has found the Nepalese Sherpas superior to all the others. They are strong, good natured if fairly treated, and since they are Buddhists there is no difficulty about special food for them – a point strongly in their favour at high altitudes. (1913: 36)

Ortner has pointed out the tone of paternalism in these early accounts of the Sherpas, and the expeditions that produced them. (1999: 83) The accounts by Bruce and Kellas, however, presage what would become a standard way of talking about Sherpas. In that era, most foreigners who met Sherpas were mountaineers and tended to echo Dr. Kellas in describing the Sherpas as strong, affable “splendid fellows”; this popular conception of the Sherpas has proven very durable.

It was a full decade after Hillary and Norgay climbed Everest that the first anthropologist visited the area intent on a comprehensive study. This original ethnographer of the Sherpas was Christophe von Fürer-Haimendorf. His frequently-cited *The Sherpas of Nepal: Buddhist Highlanders* (1964) was the first in-depth ethnography of the Sherpas, and was followed by *Himalayan Traders* in

²³ Bhutias (also sometimes spelled ‘Bhotias’) is an Indian term for Buddhists; Sherpas are included in this category.

1975. The latter book is less concerned with the Sherpas in particular than with the variety of ethnic groups – including Sherpas – trading the in northern Nepal/southern Tibet borderlands. These works are primarily descriptive: where they are cited today, they are usually used to describe the now-lost appearance of the Solu-Khumbu a generation ago rather than for any sophisticated theoretical content. I largely agree with Vincanne Adams' brief and pointed assessment of Fürer-Haimendorf's early works:

in the tradition of most British Social Anthropologists of his era, he seems to have had two aims. First, he was interested in documenting a Himalayan peasant life he thought might disappear. . . second, [he] looked to the Sherpas to demonstrate the utility of a structural-functionalist approach to Ethnography. (1996: 28)

Adams pays mixed compliments here: for even if the theoretical approaches Fürer-Haimendorf uses are dated, his “salvage” work is still helpful in understanding the Khumbu region in the middle of the twentieth century, and in providing material to anchor synchronic analyses.

While he was undoubtedly the product of his age of anthropology, Fürer-Haimendorf is rightly praised by most subsequent students of the Khumbu for his utterly exhaustive research and rigorous attention to detail. As a source of raw data, his early work remains unparalleled; his devotion to the minutiae of daily life rendered slimmer ethnographies from the same period, such as Hans Axelsen's *The Sherpas of the Solu District* (1977) bankrupt by comparison. Indeed, forty years later, *The Sherpas of Nepal* remains useful as a single-volume reference on everything from kinship and religion to animal husbandry and crop use in the Khumbu.

Following the publication of *Himalayan Traders* in 1975, a new generation of researchers began work in the Khumbu. *The Sherpas Through Their Rituals* (1978) was Sherry Ortner's first major book on the area; she has since become, alongside Vincanne Adams, the Sherpas' most prominent working ethnographer. Although it was published only three years after *Himalayan Traders*, Ortner's book is the product of a new generation of anthropologists and shows substantially different research priorities and theoretical dispositions. In *The Sherpas through their Rituals*, anthropological theory is prioritized over purely descriptive ethnography. Ortner's theoretical approach is largely informed by her mentor, Clifford Geertz (she has since edited volumes of criticism on Geertz²⁴): the very title of *Sherpas Through their Rituals* suggests the book's Geertzian project of 'reading' the Sherpa world through an in-depth analysis of the 'texts' of Sherpa religious culture. Vincanne Adams has critiqued this approach, arguing that Ortner's analysis is too grounded in Western social theory and not adequately engaged with local literary sources (1996: 29). Ortner continued to work in Nepal and published *High Religion* in 1989. This book is primarily a historical analysis of the Sherpa monastery system; Ortner's discussion of Sherpa habitus and treatment of Sherpa religious culture as practice follows Pierre Bourdieu.

Culture Change

Although by the 1980's tourism was flourishing in the Khumbu, research on the area ignored the processes of culture change and the dynamics of the

²⁴ *The Fate of Culture: Geertz and Beyond*. Berkeley: University of California Press, 1999.

sahib/Sherpa relationship until 1984. In that year, Fürer-Haimendorf returned to the Khumbu and published *The Sherpas Transformed*. This book again eschews complex theory in favour of more plainly observational ethnography; it offers a dismayed look at the changes confronting the Sherpa culture the author once knew. Fürer-Haimendorf is unequivocal about the “transformation” he observes: the Khumbu region and the people in it, he argues, have been changed for the worse. It is worth quoting his book at length:

Anthropologists are supposed to give impartial accounts of the people they study, uninfluenced by the values of their own society and their personal likes and dislikes. I am conscious, however, that it is difficult to follow this rule when re-studying a people one has learnt to love and admire. During my early fieldwork among Sherpas I had succumbed to their charm and had come to regard their society as one of the most harmonious I had ever known. I admired their gaiety and friendliness, their tolerance and kindness towards each other, and the piety which urged them to divert large parts of their scarce resources to the establishment and maintenance of religious institutions, and the creation of architectural monuments which not only served their spiritual needs but also added to the attraction of a scenery of unparalleled magnificence. In writing about the present situation in Khumbu, I cannot veil the feeling of disappointment and sadness to see this seemingly ideal society and life-style transformed by the impact of outside forces which disrupted the delicately balanced social fabric and undermined the traditional ideology that had dominated Sherpa thinking and conduct for countless generations. Happiness is a phenomenon difficult to measure, but my subjective impression is that the Sherpas I knew in the 1950's were happier than they and their descendants are in the 1980's. (1984:xi)

Adams cites this same passage in sharply critiquing Fürer-Haimendorf's “romantic nostalgia” and inability to see the Sherpas as participants in their changing world rather than disappearing relics (1996:31-32). Generally speaking, I agree, though I also recognize that early ethnographers of the Khumbu would have experienced a very different world from the one I experienced during my

visits. By way of situating myself among these researchers, my own father had not yet been born when Furer-Haimendorf made his first trip to the Khumbu, and I was still short of my first birthday when Ortner made her first trip. That is to say that my observations and interpretations will necessarily be very different from the researchers who have gone before me; the region is changing rapidly and I have only ever had first-hand experience of the Khumbu of the early 21st century.

With the publication of *The Sherpas Transformed*, the focus of anthropological research on the Sherpas began to change. Much of the subsequent literature – and particularly that written by Vincanne Adams, Sherry Ortner, and James Fisher – deals with the question of culture change. Indeed, the question of whether and how the Sherpas have been “transformed” – and what exactly constitutes transformation – is at the core of some of these writers’ texts. For instance, although Ortner discusses these concerns only briefly in *High Religion* (1989), they come to the foreground in her next major work, *Life and Death on Mount Everest* (1999).

Life and Death on Mount Everest is, like *High Religion*, structured as a sort of ethnohistorical survey. In this case, the subject is the involvement of Sherpas in mountaineering, primarily but not exclusively on Everest, and on how the relationship between Sherpas and sahibs in that context has developed. As discussed in the prologue, Ortner’s antipathy toward mountaineering and many of the people who participate in it is obvious at times, but the book nonetheless offers an insightful reading of an extensive body of literature. *Life and Death on*

Mount Everest breaks importantly from Fürer-Haimendorf by treating culture change as an ongoing process in which the Sherpas have been actively involved:

One may think of mountaineering as having had an “impact” on the Sherpas, but one may also think of it. . . as providing ways for them to transform and remake their own society at least partly in terms of their own agendas. (Ortner 1999:5)

Although I agree with Ortner’s suggestion that the Sherpas have played an important role in changing their society rather than simply watching it change – and certainly prefer her understanding of the process to Fürer-Haimendorf’s – I feel that Vincanne Adams, in *Tigers of the Snow* (which I discuss below) ultimately offers a more nuanced and satisfying treatment of the relationship between sahibs and Sherpas, particularly with regards to the world of health and healing.

James Fisher, an American anthropologist, first visited the Khumbu as a Peace Corps volunteer in the 1960’s. He travelled widely in Nepal and produced ethnographic work based on those experiences²⁵; he also befriended Sir Edmund Hillary and participated in several of Hillary’s development projects and climbing expeditions. For the purposes of my research, Fisher is a frustrating author: though he was a skilled and enthusiastic mountaineer, he never approached the activity as an anthropologist. Instead, where climbing does enter his writing, it is more as a distraction from his ‘real’ work: a highly descriptive, narrative and personal ethnography rooted in applied development work.

In *Sherpas: Reflections on Change in Himalayan Nepal* (1990) and “Has Success Spoiled the Sherpas?” (1991), Fisher is wary of modernization but

²⁵ *Trans-Himalayan Traders*. Berkely: University of California Press, 1986.

ultimately more optimistic than Furer-Haimendorf. He also views the process rather unproblematically, offering what Adams calls “a straight story of modernization” in which traditional beliefs and practices are either kept alongside of or displaced by new Western ones (Adams 1996:33). As noted above, my own research, and that of Ortner and Adams, suggests that the process is substantially more complex than Fisher assumes. It is perhaps for this reason that Fisher considers that the changes happening to the Sherpas will not ultimately “spoil” them. He argues that because schools were built before any other large-scale development projects (and before the arrival of popular tourism), the Sherpas were well prepared for the impending changes in the Khumbu:

The schools are the crucial link between tradition and modernity because they have enabled the Sherpas to exploit the forces of change. . . while tourism knocked the Sherpa economy off center, the schools brought change but also gave Sherpa society the tools to maintain its cultural equilibrium. Coming before tourism, the schools bought the Sherpas time. (1990: 172-173)

Read from Adams’ critical perspective, Fisher’s and Furer-Haimendorf’s books might be considered to document a crisis not of the Sherpas but of their ethnographers. That is, Fisher and Furer-Haimendorf are ultimately less concerned with the dynamics and trajectory of culture change in the Khumbu itself than they are concerned with the gap between the Khumbu as they presently find it and the Khumbu as they remember it.

Vincanne Adams’ *Tigers of the Snow and other Virtual Sherpas* followed Fisher’s *Sherpas* in 1996. Adams’ is the most theoretically sophisticated work on the Sherpas, and a text I return to frequently in my own work. At the core of *Tigers of the Snow* is a consideration of the construction and consumption of

Sherpa identity by both Sherpas and sahibs, a process Adams depicts as ongoing and extremely complex. She suggests that this identity is “virtual” – created and re-created actively by all involved, constantly in circulation, and born at least as much of ‘desires’ as reality. She states from the outset that *Tigers of the Snow* is

not directed at refuting or confirming other ethnographies – that is, I do not say that other representations of Sherpas are true or false. I want to show that the whole notion of Sherpas, hitherto taken for granted in most ethnographies, is troublesome (1996:33).

Although Ortner argues that Adams “vastly overprivileges the effect of sahib perspectives” (1999:58), I think Adams’ imagining of the processes of culture change are accurate and apply most suitably to what I saw at base camp. Given the direction of much anthropological and other scholarship, it is likely that questions of Sherpa identity and the construction of ‘Sherpa-ness’ will become more important as tourism and development initiatives continue to grow. Future research will increasingly have to grapple with these issues, and will have to include a self-conscious dimension cognizant of Adams’ suggestion that Sherpas are “both real *and* distilled reflections of the desires that produce them.” (1996: 23)

Medical Anthropology

The literature dealing with medical anthropology in the Solu-Khumbu region is limited. Of the above-mentioned ethnographers, Adams (1996; 1988) is alone in treating Sherpa medical belief and practice at any substantial length.

Stacy Leigh Pigg has collaborated recently with Vincanne Adams²⁶, and also writes on Nepal. Pigg generally focuses on large-scale public health and development issues, and much of her work in Nepal focuses on HIV and AIDS in the lowland majority population. “Acronyms and Effacement” (1995) speaks more generally to medical development programs in Nepal, arguing that in attempting to translate local medical belief into the language of international development projects, local meanings are invariably lost.

Robert Desjarlais produced *Body and Emotion* in 1992, a phenomenological account of the aesthetics of Tamang religious practice. The Tamang and the Yolmo Sherpas, among whom Desjarlais conducts research, are ethnic groups native to regions near the Khumbu; I revisit Desjarlais later in a discussion of Shamanism in the Khumbu. The extent to which *Body and Emotion* and related articles are applicable in the Khumbu region, however, is debatable. The primary difference between the Khumbu Sherpas and those two groups – indeed, between most other ethnic groups in Nepal – is the extent to which they have recently been involved tourism and development. For the purposes of this thesis – particularly in describing medical pluralism in this changing context – this distinction between the Tamang or Yolmo and the Khumbu Sherpas is crucial.

Physiology

In contrast to medical anthropology, there is a tremendous amount of physiological research on the Sherpas. The medical fascination with Sherpa

²⁶ *Sex in Development: Science, Sexuality and Morality in Global Perspective*. Durham: Duke University Press, 2005.

bodies dates back to the earliest Himalayan expeditions (Ortner 1999: 58), when sahibs considered ethnic Sherpa porters to be stronger than other porters and began to investigate the reasons for this strength. Sahib perceptions of Sherpas' remarkable fitness, good humour, friendliness, and apparent willingness to endure hardship and risk their lives for foreign employers (as in the descriptions by Kellas and Bruce above) combined to create the enduring image of the 'ideal' Sherpa that both Ortner and Adams have discussed thoroughly.

Subsequent generations of researchers have continued to investigate Sherpa bodies for clues about their fitness in low-pressure environments; many social scientists have (rightly, I believe) objected to the Orientalist preoccupation of such research with Sherpas as an exotic 'race' born to climb. While Adams takes the Sherpas' climbing acumen for granted but questions their motives for climbing (1996:6-7), Ortner flatly states that Sherpas are not necessarily better adapted to high altitude, and that claims to the contrary "have not been established with any certainty." (1999: 63) Instead, she argues that the Sherpas excel at high altitudes due to their "drive", and cites physician Charles Houston's conviction that "willpower, motivation, and spirit are probably more powerful spurs to summit Everest." (*ibid*)

She cites quite selectively, however, for while Houston is an experienced climber (who, with Tillman, scouted the Khumbu Icefall) and a highly respected altitude researcher, even a cursory review of scientific literature produces reams

of studies documenting differences in Sherpa brain metabolism²⁷, cardiac metabolism²⁸, work capacity at sea level²⁹, spirometry values³⁰, ventilatory response³¹, cerebral protection from hypoxia³², as well as heart size, lung capacity, and general morphology³³. In light of the extant research, it seems absurd to deny that centuries of life at altitude have left the Sherpas extremely well adapted to low pressure environments, and, further, that this adaptation has served them very well in the career of high-altitude mountaineering and had a profound effect on the modern history of the Sherpas of the Khumbu region.

Regardless of the arguments for Sherpa physiological adaptation, their refutation in favour of a superior Sherpa “spirit” is logically flawed. Although I have chosen in this thesis to problematize ‘scientific’ research, and although Orter is justified in her critique of the tone of many scientific appraisals of Sherpa bodies, it must be considered equally problematic to attribute Sherpa success to superior “spirit.” Discussions of ‘race’ are rightly controversial in the social sciences; Ortner’s argument – that Sherpas are physiologically identical to sahibs, but succeed thanks to their “spirit” – merely trades one objectionable popular

²⁷ *Journal of Applied Physiology*, 81(3): 1355-61, 1996 September. The authors call the “Sherpas and other peoples indigenous to the Tibetan plateau the most exquisitely hypoxia adapted of all humans.” see also: *The Proceedings of the National Academy of Sciences of the USA*. 93(3):1215-20, 1996, February 6.

²⁸ *Journal of Applied Physiology*. 79(1): 222-8, 1995 July. (The authors observe a preference for glucose in the cardiac tissue of Sherpas.)

²⁹ *Medicine and Science in Sports and Exercise*. 29(7): 937-42, 1997 July. (Work capacity here is discussed with regards to VO₂ Max; Sherpas showed increased values compared with acclimated climbers from the lowlands.)

³⁰ *Respiratory Physiology and Neurobiology*. 132(2): 223-32, 2002 August 30.

³¹ *Respiratory Physiology*. 113(1): 57-64, 1998 July. (Specifically, the authors notice a stronger apneic hyperventilatory response - that is, increased expiration of CO₂ - during work.)

³² *Clinical Science*. 90(1): 81-5, 1996 January. (The authors posit a mechanism of protection from damage to cerebral tissues due to prolonged exposure to hypoxia.)

³³ Ashcroft, Frances. *Life at the Extremes*. London: Flamingo, 2001; p 35. (Ashcroft notes greater lung capacity and heart size, as well as shorter, rounder stature.)

assumption for another. This argument eschews the commonly-held image of the Sherpa as a dynamo of superhuman strength in favour of the equally common image of the Sherpa as a Buddhist adept whose ancient, enigmatic religion endows him with remarkable abilities.

My own interpretation of Sherpa climbing prowess lies between these extremes. In citing Charles Houston's conviction that "spirit and willpower" are most important in climbing Everest, Ortner adds that this willpower may be fueled by the opportunity to earn money and escape the rigors of life in one of the world's poorest countries. In short, Sherpa society increasingly esteems high-altitude fitness and climbing skill, and mountaineering work has long been both a culturally validated and economically rewarding pursuit. This same confluence of environmental and socio-economic factors has been posited as an explanation for Kenyan dominance of long-distance running.³⁴ This combination of factors reminds us that, as ever, we can neither claim "nature" nor "nurture" as solely responsible for a complex set of traits. In the case of both Kalenjin marathoners and Sherpa guides – representatives of a relatively small socio-economic and geographic niche who have come to dominate their respective sports despite fierce international competition – dominance is both the fortunate result of a series of coincidences of topography, political economy, social structure and culture, and the earned outcome of a tremendous amount of hard work, often pursued in the absence of other viable career options.

³⁴ See for instance the work of Tim Noakes, including: "Why do Africans Run so Swiftly?" *South African Journal of Science*, Vol. 94, no. 10. Nov/Dec 1998.

Conclusion

Hillary's weary assessment that the Khumbu must be the most examined area of the world is hyperbolic, but only slightly. I met several different researchers in base camp and in nearby villages in 2004, and the village of Gorak Shep now has a permanent structure (an incongruous steel and glass pyramid set amid the rocks 15 kilometers from Everest) to house visiting researchers and a collection of their instruments. Still, there are significant gaps in the ethnography of the Sherpas, and these gaps will grow as the area is increasingly involved in the process of globalization. In particular, future ethnographers will have to address how Sherpa culture (like most world cultures) is becoming creolized. With this in mind, I consider my own thesis first and foremost an ethnography of the Sherpas, but more specifically of the world of Everest base camp. I am less concerned here with developing theory than with continuing the ongoing project of Sherpa ethnography.

MEDICAL PLURALISM

Treat a thousand dispositions in a thousand ways.
-Ovid

In this chapter, I survey the various medical systems of the Khumbu valley generally, then Everest base camp specifically. The first section of this chapter offers a general overview of the medical systems I found across the Khumbu; the second details how those systems were manifest on Everest in 2004. I suggest that there may in fact be more medical systems – six, by my count³⁵ – in use by Sherpas in the Khumbu than previously described in ethnographic literature. (See table 1.) Though not all six systems are represented in base camp, even that small community offers a broader variety of medical systems than I had anticipated.

The result of my survey is a challenge to the models of Biomedicine as a necessarily dominant component of globalization in pluralistic societies, and of

³⁵ Namely, they are: Amchi, Ayurveda, Biomedicine, Buddhist healing, Popular medicine, and Shamanism. I capitalize the names of each system for the sake of consistency.

plural medical systems as hegemonic. Instead, I argue that Sherpas enjoy access to a variety of healers and report varying patterns of recourse to medical care which seem ultimately rooted in personal preference and pragmatism: if any one medical system appears more popular in a given community, it is more because of convenience and deep-rooted personal relationships than any sort of dominance inherent in that system. Even in base camp, Biomedicine is prominent but has become integrated with other protective and healing practices rather than displacing them altogether.

Medical System	Practitioners	Locations
Amche	Amchis	Namche Bazaar, base camp in 2003
Ayurveda	No formal practitioners in the Khumbu; school children	Kathmandu, Namche Bazaar, other towns with returning schoolchildren
Biomedicine	MD's, trekkers, tourists	Namche Bazaar, Khunde, base camp, Pheriche, etc.
Buddhist Healing	Monks, Lamas, Rinpoches, Gyeshis	Most Khumbu villages, base camp
Popular Medicine	Laypersons	Khumbu villages, base camp
Shamanism	Lhawas, Minungs, Do-log-mas	Most Khumbu villages

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Table 1: Medical Epistemologies of the Khumbu region.

I define medical pluralism as the coexistence, in a single community, of multiple medical systems, each with their own ways of imagining the body, illness, and healing. Barbara Parker calls these “an internally consistent system of thought concerning the nature and composition of the humanly relevant universe” (1988:920); I refer to them as ‘medical epistemologies.’ A distinct medical epistemology should not only offer etiologies and nosologies, but unique prescriptions for therapy as well. By this definition, the Khumbu is certainly marked by pluralism; so, I will argue, is base camp, albeit to a lesser extent. As a concept, medical pluralism has certainly been the subject of critique. It seems obvious to suggest that Shamanism and Biomedicine, for instance, present a patient with two very different medical epistemologies. Less clear, however, is how to label the often dramatic differences between versions of a single medical system in different locales: Payer (1988) has documented such differences between German, French, English and American Biomedicine, and Nordstrom has observed that “Ayurveda emerges as a plural medical system in itself” when examined in foreign contexts. (1988: 479)³⁶

Michael Lim Tan has suggested that descriptions of medically pluralistic societies may inadvertently and inaccurately categorize medical systems as static, rather than presenting each in a diachronic and inter-related manner: “can we continue to presume that we are dealing with discrete categories or are we looking at pluralistic and transitional systems . . . how diverse can be the sub-elements of a

³⁶ Specifically, Nordstrom refers to the significant differences between the Ayurveda practiced in India and that in Sri Lanka.

medical system and still constitute a single system?” (1989: 45) The semantic debate over medical pluralism and the resultant confusion of terminology and concepts has yet to be resolved; Irwin Press (1980: 56) citing Cobb, suggests that the term “plural system” should refer to a single, “paradigmatically consistent” medical system – such as Ayurveda or Biomedicine above – whereas “*pluralistic* system” should refer to “multiple-paradigm” communities, including, for instance, the Khumbu.³⁷

The question of what constitutes a discrete ‘medical system’ is especially problematic in contexts where the Cartesian divide between body and mind is not prevalent. When no emic distinction is made between social, religious and medical acts – or when the body is imagined as more social than personal, or more natural than mechanical – the task of delineating the jurisdiction of “medical systems” becomes complicated. As a result, labeling systems themselves is difficult, as is elucidating the differences between them. This issue is particularly relevant in the Himalaya; my designation of six independent medical systems in the region artificially portrays these six systems as discrete and internally stable, which they are not. Presenting them as such is an organizational tool to facilitate critical reflection rather than the final word on the matter.

Some critical medical anthropologists have used Marxian and Foucauldian analyses to question the power dynamics and hierarchies they consider to be inherent in medical pluralism. Even within a single medical system, social stratification may affect access to care. Various observers, perhaps most notably

³⁷ Keeping Press and Cobb’s nomenclature would leave us in the unfortunate position of having to refer to the Khumbu’s “pluralistically plural” medical system.

Paul Farmer³⁸, have remarked that the poor, oppressed and marginalized invariably have different access to medical care: their traditional medicines are frequently denigrated in the name of ‘progress,’ but their access to ‘modern’ care (usually, Biomedicine) is usually restricted and the quality of that care substandard. I will engage the critical medical anthropologists’ views of medical pluralism below; generally speaking my findings contradict the prevailing views of the school of neo-Marxian critical medical anthropology. It is also true that my study was more ethnographic than political, and there is certainly room for the study of the dialectics of power (as in Ortner’s work, for instance) to be applied to the medical world of Everest base camp.

Medical Systems in the Khumbu

In 1988, Vincanne Adams studied medical pluralism in the Khumbu and concluded that three distinct medical options existed for patients in the area. Adams named the three categories Orthodox healing (including monks, lamas and Amchis), Unorthodox healing (all varieties of Shamans) and Biomedicine. (1988: 506-509) I have identified six; I consider Buddhist healers – including scholars (*gyeshis*), monks (*lamas*) and *rimpoches* (abbots) – to be separate from Amchis, who do follow a Buddhist tradition, but employ entirely different theories of causation in diagnosing illness and prescribing treatment. Adams does not include Popular medicine or Ayurveda in her ethnography at all. To better explore the interplay of these systems, I offer a brief survey of them here.

³⁸ See especially: *Pathologies of Power*. Berkeley: University of California Press, 2001.

Biomedicine

There are a variety of problematic names for the system I call 'Biomedicine', and their usage has long been debated in anthropological literature. (Brown 1998: 7; Worsley 1982) "Cosmopolitan" medicine is rightly critiqued for its exclusive connotation of sophisticated metropolitan contexts, particularly inappropriate in a discussion of Everest base camp. I have previously explained my preference for the word "sahib" over "Westerners"; the same logic applies to my refutation of the term "Western medicine." The medical system to which I refer here is now so global a phenomenon that the term "Western" is simply inaccurate. I prefer the term "Biomedicine" because I feel it avoids value-laden connotations of progress (unlike "Cosmopolitan Medicine" or "Modern Medicine") and rightly grounds medical beliefs and practice in the western scientific epistemology from which the biological sciences issue.

Biomedicine first began to arrive in the Khumbu with the earliest climbing expeditions, which invariably featured at least one doctor and frequently medical researchers as well. During these expeditions, it was common for team doctors to conduct impromptu clinics in villages they passed through en route to base camp. This tradition has continued to the present, with trekkers and climbers of varying qualifications frequently dispensing medicine and advice to Sherpas along the tourist trail. The Himalayan Trust's hospital, built in Khunde in 1964, was the first permanent biomedical clinic in the Khumbu; it remains today. An American non-governmental organization, the Himalayan Rescue Association, has also opened a well-equipped clinic in the village of Pheriche (a stop on the tourist

route to Everest), but it only operates during peak tourist seasons, with the mission of treating tourists and Sherpas involved in the tourist industry. Further, a number of under-equipped and short-lived government- and charity-funded “Health Posts” have opened and shut in the area over the past two decades; they are essentially dispensaries and not staffed by medical doctors.

The Biomedicine available to locals through the Khunde hospital would be considered “primary care” in biomedical discourse: the clinic has no surgeons or any other specialists, it has limited laboratory facilities, and only recently hired a nurse. The clinic has long emphasized sustainability over development, and as a result the “primary care” model has changed little over the years. This approach must be considered successful: in a country marked by political upheaval, extreme poverty and a long list of abortive development schemes, the Khunde clinic has, according to its head Physician, Dr. Kami Sherpa, remained open longer than any other in Nepal.

The clinic is generally operated by two physicians and three or four support staff. The head doctor is Sherpa, as is the staff; the other physician is a volunteer from New Zealand or Canada, the founding nations of the Edmund Hillary Trust. It deals mostly in outpatient consultations (and associated diagnostic and laboratory work, plus dispensing medication), but also has three inpatient beds. Most local women deliver their children at the clinic, and visits for trauma are relatively common; the physician in charge also told me that he has seen an increasing amount of mental illness in recent years. For the tourists who visit the clinic, the most common complaints are upper-respiratory infection

(dubbed the “Khumbu cough”), gastroenteritis, and symptoms of Acute Mountain Sickness.

Interestingly, Dr. Kami reported to me his patients from Khunde village, who visit the clinic more often than people from outlying villages, are increasingly savvy and demanding consumers of Biomedicine. He explained:

Physical examination is really important here now. People feel like. . .if one of our health care workers takes someone into the clinic, let’s say someone comes in with a headache, and they give them paracetamol, they won’t be happy. They won’t be happy if they’re not examined, like blood pressure, or whatever. The people really appreciate when they’re examined properly, when you take a long history, the extensive history of the illness, and examine thoroughly.

This suggests that if there was a time when the Sherpas of the area accepted Biomedicine uncritically, it has now largely passed.

Shamanism

In this thesis, the word “Shaman” refers to a group of practitioners whom I consider to share a medical epistemology. Most of my Sherpa informants also referred to these various practitioners collectively as “Shamans” or “witch doctors.” The Sherpa Shamanistic tradition is essentially similar to the classic Siberian Shaman (after Levi-Strauss³⁹) in that it involves an adept who must negotiate in the nether world “on behalf” of his patient with the forces responsible for the latter’s illness. According to Adams, there are three types of Shaman in the Khumbu, each of which specializes in different procedures. *Lhawas* are the most roundly capable healers, capable of divination, possession and of appeasing

³⁹ See Levi-Strauss, C. *Structural Anthropology*. New York: Basic Books, 1963.

the spirits with offerings; *Minungs* are not capable of possession; *Do-lag-mas* are women who have the power of divination. It is important to note here that while Shamans deal with witches (*pem*) and ghosts that are considered a part of the local landscape, monks deal with the demons and deities of the vast Nyingmapa Buddhist pantheon.

In “Yolmo Aesthetics of Body, Healing and ‘Soul Loss’” (1992), Robert Desjarlais offers a detailed description of the healing practices of a Sherpa Shaman. While his description comes from the Yolmo and not the Khumbu Sherpa, the two groups are both geographically and culturally contiguous. Still, the literature is divided on the exact role and activity of Shamans in Sherpa culture. Fisher argues that “the shaman’s goal is more to determine the cause of illness than to cure it” (1997: 61), whereas Desjarlais paints a vivid picture of a Shaman who must carefully “reconstruct the corporeal mosaic, organ by organ” (1992: 1113).

Shamanism is still a viable method of healing in most Sherpa communities, though some interviewees reported to me that there were fewer and fewer Shamans in the Khumbu. Shamanic care can also be expensive, involving – as does Buddhist healing – the hosting of rituals and associated requirements of hospitality. Hospitality is an extremely important cultural value among the Sherpa, and hosting a ceremony in one’s home also means having to feed and otherwise provide for all the attendees for the duration of the ceremony. Dr. Kami Sherpa, the head doctor at the Khunde clinic, reported that he occasionally treated the Shaman of Khumjung, an adjacent village; the Shaman also

occasionally performed healing ceremonies at the clinic's in-patients room. It is also important to note the Sherpa adage that Shamans and monks are "ritual brothers," (Ortner 1988: 67) frequently referring patients to one another; in this regard Shamans may be considered important in fostering pluralism in the Khumbu.

Sherpas were often vague about the conditions under which they consult a Shaman, usually offering that the Shaman was simply 'another option.' While Desjarlais (1992) portrays Shaman as responsible for treating cases of soul-loss, Sherpas rarely name their medical conditions *before* consulting a medical practitioner (Adams 1988: 507), and the list of symptoms which Sherpas told me merited a trip to the Shaman included general pain, stomach problems, and malaise. Nor was a preferred pattern of recourse evident: responses ranged from "I am visiting [the Shaman] first, then going to the hospital" to "You only go to the Shaman if you might be dying. Otherwise you go first to the clinic."

Buddhist Medicine

The central tenet of all Buddhist healing could be loosely summarized in the belief that to be a healthier person, one must be a better Buddhist. When ill Sherpas seek Buddhist care, they consult *lamas*, *gyeshis* (monks) or *rimpoches* (abbots). These adepts will usually make diagnoses based both on a history from the patient and from a consultation of the calendar – the day a person was born (and the timeline of their illness) will suggest different courses of action. They often prescribe a schedule of prayer or offerings their patients must complete to

enable healing; this may include *puja* ceremonies⁴⁰ but also frequently requires the sick to participate in activities such as local trailbuilding efforts, or the construction of schools and monasteries. The Nyingmapa Mahayana Buddhism that prevails in the Khumbu features a pantheon of deities which has been carried over from pre-Buddhist Tibetan traditions (Adams 1996: 133). In this tradition, healers must occasionally carry out ceremonies on behalf of the ill to address unbalanced relationships with deities and demons, who may never be completely banished but only lived with in better or worse ways (ibid, 135).

More important in this study is the knowledge which learned monks have of herbal medicines. Before beginning an Everest expedition, Sherpas visit the Tengboche lama – the head monk of a major monastery between Namche Bazaar and base camp – to ask for a blessing and receive a small sachet of a blessed herb called *chillap*. It is likely that every Sherpa on Everest carries a sachet of chillap with him; the mere presence of the blessed package is auspicious, but chillap may also be consumed as a treatment for minor respiratory or digestive complaints. Some younger Sherpas on one team told me that they did not carry chillap; when I asked that team's sirdar, he told me "I know all of them are carrying it." Indeed, one Sherpa friend who told me "I cannot believe in [Shamanism or Buddhist healing] in the twenty-first century" also reported without hesitation that he would bring chillap if he were climbing on Everest. In this respect, chillap may be somewhere between a Buddhist medicine and a folk medicine, or indeed may call into question the validity of such distinctions between medical systems.

⁴⁰ *Puja* is actually a Hindi term, but like many others it has been appropriated by Sherpas. It refers to any religious ritual (Ortner 1999: 334 n32); in base camp it refers both to the 'puja altar' and to the 'puja ceremonies' celebrated there.

Many interviewees couched their use of Buddhist medicine in terms of luck. For example, consulting monks in advance of any major undertaking (from expeditions to building new houses to traveling abroad) was considered an effective means of shoring up luck. After an injury, Buddhist healing seeks to address the bad luck which caused the accident; this may go some length toward explaining Sherpa dissatisfaction with Biomedical etiologies. One Sherpa I interviewed pointed toward the interesting relationship between Biomedicine and Buddhist medicine, remarking that monks often tell patients

“Your luck’s gone down,” so that’s why you need to perform a puja or some chanting at the monastery or whatever – to bring up your luck. We understand both. If two people are there, and one got sick – why? You can say immunity, maybe their immunity is down? But still, why is immunity down?

Buddhist healing is popular among Sherpas, and while the availability of Shamans has decreased in recent years, Buddhist healing has benefited greatly from the recent upswing in the strength of the monastery system. Influxes of foreign cash have helped rebuild and expand traditional monasteries, which train many young Sherpa men even if they intend eventually to marry and lead a secular life (Fisher 1997: 59-60). On this matter, Adams’ notion of the ‘ideal’ Sherpa might be useful in understanding how foreign investments in modernization and in the maintenance of certain traditions have been shaped. As Adams suggests, Buddhism is an integral part of the sahibs’ image of ideal Sherpas (1996: 125), but goiter, smallpox and high infant mortality are not.

Popular Medicine

“Popular medicine” is a term suggested by Chrisman and Kleinman (1983) for treatment administered by patients themselves, or their friends and families, outside the network of formal, professional medical care. Kleinman’s terminology came after Bichmann (1979) suggested the term “domestic medicine,” which he similarly applied to self-treatment or to that administered within a household. In this thesis, “Popular” medicine remains more accurate, since the informal medicine used by Sherpas at base camp is used outside of both their physical houses and (usually) their kinship networks as well.

In the Khumbu, the two commonest Popular medicines are garlic and ginger. Their curative and protective properties are widely held to be potent, and every Sherpa I spoke with reported using them in a variety of situations. For example, one interviewee elaborated on some of the specific uses of ginger:

You know, ginger is a very good medicine. You carry it with you when you walk through cemeteries, and it protects you from ghosts. When you’re cooking chicken, if the meat is a little old, it’s OK if you add ginger. In the villages, often, you go to a Shaman and he gives you ginger.

He added that, although he knows how to prepare ginger himself, it is normally his wife who brews ginger tea when he has a cold. Interestingly, North American Popular systems have also penetrated the Khumbu via Sherpas who have traveled extensively abroad: one Sherpa who I spoke with who had spent time visiting climbers in the United States suggested that the best cure for the flu is “chicken soup and a hot bath.”

Garlic is generally considered by Sherpas to aid in acclimatization during periods of rapid ascent to high altitude, a property which has become all the more important since tourism and climbing began drawing more Sherpas to the mountains. During an interview with a Sherpa friend at base camp, he asked if I had any advice or medication for a Sherpani (female Sherpa) relative who had arrived in base camp that day to drive a yak train to Lukla. "She came up too fast and didn't eat any garlic," he explained. He added that although

[biomedical] doctors are best for altitude problems, in the villages we take garlic. If it's strong, you rub garlic [on your temples, throat and forehead] and put it under your nose. It gets in your breath and the problems go away.

Interestingly, many sahibs in the area also use garlic for altitude, some at the suggestion of naturopathic doctors. These people reported that garlic has an affect on blood, promoting good circulation by "cleaning" or "thinning" it.

Kleinman, Eisenberg and Good have suggested that in North America between 70 and 90% of illness episodes are diagnosed and treated in the "Popular" sector (1978:251). I venture the preliminary suggestion that the same might be true of the Khumbu region: although many aspects life were medicalized in the area immediately surrounding the Khunde clinic (the chief physician estimated that 99% of the childbirths in Khunde took place at his clinic), every person I asked reported that many minor illnesses were treated with Popular medicine at home.

Amchi

Amchi is a humoral medical system from Tibet, whose basic philosophies resemble those of Ayurvedic medicine, and, to a lesser extent, Traditional Chinese medicine (Parker 1988: 921). The name 'Amchi' refers both to the medical epistemology and to its practitioners. The process of diagnosis resembles that of Biomedicine; Amchis (sometimes referred to as doctors of Tibetan Medicine) usually identify disorders after taking a patient history, performing a physical exam, and often an analysis of urine, stool, or phlegm. Amchi stresses balance – both social and personal – and physicians may prescribe changes to diet and behavior or perform a number of physical procedures (including acupuncture and minor surgeries) to restore a patient's balance. Amchi is first and foremost an herbal system, however, and the practitioner's first recourse is generally to herbal preparations he creates himself in consultation with ancient Tibetan texts.

Amchi has been a more intermittent presence in the region than Biomedicine, and certainly more so than Buddhist healing or Shamanism. This is because Amchis have invariably been Tibetan rather than Sherpa, and the lag between one Amchi leaving a village (or dying) and another crossing the border and taking his place can be long. As one informant explained:

K - um, Amchi is like . . . it came from Tibet, and if you look back at the history of Amchi in the region, you see that there was Amchi at one time for a few years, then it was gone, then another Amchi came, stayed around for a couple of years. So the current Amchi, he's tried to set up a clinic in Namche and establish his own practice down there. He's been there for 4 or 5 years, and what I've heard is that he's found it very hard to get recognized by the Nepal Medical Council, which makes it very hard to practice, but otherwise he's. . . there's other small-scale short-term organizations trying to start a practice, but he's the only full-time

Amchi. But we had several Amchis in the past. So Amchi is. .well, it's kind of new - no, it's not really new, it may be that there was an Amchi before the hospital was here, but there's no continuity there. They were not there permanently.

M- So there's never been a village with one Amchi for many years.

K - No. And most of the Amchis - I think almost 100% of the Amchis were Tibetan, they weren't Sherpa or local people or anything

In the valley, recourse to Amchi was limited primarily by access and convenience. Several informants lamented that the Amchi required patients to make many return visits over the course of treatment, whereas almost all other healers offered treatment in a single visit; this would make treatment extremely burdensome for those who lived a great distance from the Amchi. Further, Amchi is considered – along with all forms of healing other than Biomedicine and Popular medicine – to be expensive. One well-off Sherpa lodge owner reported that despite his reluctance to pay for care, he had visited the Amchi in Namche Bazaar, but only after exhausting other treatment options.

Ayurveda

Ayurveda, which had previously not been identified as a medical option in the Khumbu by ethnographers, is an increasingly popular option among some groups in the area. My informants suggested that Ayurveda is being brought to the region not by tourists or development projects, but by children who had moved to Kathmandu to attend private school. Seasonal emigration to the capital for work has become very common, and among affluent Sherpa families sending children to private school there has become the status quo.

During one interview, a Sherpa lodge owner related to me that part of the popularity of Ayurveda among younger people was attributable to concerns about the long-term side effects associated with Biomedicine:

M-Do you think young people are more likely to use western medicine, or does everybody use it?

P - I think so. But you know, there isn't . . .we're not using the Amchi's medicine, because there is no Amchi here. But once the Amchi's here, you know [we would use it]. . . because there's this younger generation who believe in . . .they don't believe much in western medicine, because of side effects and all that. . . the younger generation's like. . .I mean, it's good for short term, but in terms of long-term. . . that's what the beliefs are. They try not to use it too much.

M- Really? And they prefer to use the Amchi instead. . .

P - yeah, the Amchis, or just herbal stuff. . .Ayurvedic stuff. . .

He went on to speculate that one day traditional medical systems – particularly Amchi and Shamanism – may shrink to such a point that the Khumbu's pluralism disappears: “it could be Ayurvedic, it could be western. One will take over.” Hopefully the role of Ayurveda in the Khumbu will be the subject of future research. Not only does the presence of Ayurveda add to the complexity of the Khumbu's medical pluralism, it raises important questions about the nature of “globalization.” Where it was generally assumed among ethnographers such as Fisher and Fürer-Haimendorf that the result of development projects and increased tourism would be a gradual “westernizing” of

the Khumbu, none anticipated the increased presence of Indian or Nepali⁴¹ culture.

Medical Pluralism in Everest Base Camp

Everest base camp appears, from the outside, to be the sort of place where Biomedicine should flourish. Helicopters land to pick up patients, generators power satellite telephone consultations with medical, meteorological and tactical specialists the world over. It is a village obsessed with technology, built for anxious, intensely self-conscious⁴² climbers, many of whom are extremely interested in and well-informed about the biomedical principles of altitude physiology, infectious disease, and first aid. Even the most obvious outward signs of Sherpa culture – namely, the bright prayer flags strung all over camp – have become to some extent more symbolic of mountaineering than of Tibetan Buddhism: New Zealand guide Guy Cotter underlined just how ubiquitous the flags have become when he related to me that “you see those flags in Antarctica on Vinson trips now. . . hell, I nearly tripped over some on the summit of Mount Cook⁴³ a while ago!” In spite of outward appearances, however, I found that while Biomedicine was certainly the most widely used medical system at base camp, it was by no means the only system. In fact, I found that pluralism flourished, and discovered evidence to suggest that an even broader pluralism

⁴¹ It is important to re-state here that Nepal is the only officially Hindu nation in the world; although Sherpas may carry Nepali passports, I mean for “Nepali culture” here to refer to the Hindu, ‘sanskritized’ majority.

⁴² Self-conscious in the literal sense of having heightened bodily-kinesthetic awareness.

⁴³ The Vinson Massif is the highest summit in Antarctica; Mount Cook is the highest summit in New Zealand.

would be tolerated and actively supported by Sherpas and sahibs alike, were more options available.

Along with Biomedicine, Buddhist and Popular medicine were very common at base camp. Amchi was not actively practiced at base camp in 2004, but, curiously, had been very popular there the year before. Ayurveda was marginally popular at base camp; Ayurvedic preparations were taken less as specific treatments than as general tonics. I anticipate, however, that the popularity of Ayurveda will increase in the coming years. I found no evidence of Shamanism being (or having been) practiced at base camp.

Biomedicine

The Biomedicine to which Sherpas have access at base camp is invariably short-term primary care, usually delivered by physicians with a background in wilderness medicine, trauma, and emergency care. One doctor I interviewed summed it up: “medicine at Base Camp is all about putting out fires.” For instance, suspected bacterial infections – and nearly every respiratory or digestive complaint in camp is considered bacterial – are treated early and aggressively with one full gram of ciproflaxin⁴⁴, twice the standard dose at sea level.⁴⁵ Doctors and climbers alike agreed that this approach was necessary, because time was limited and schedules subject to ever-changing weather. “Everyone wants to be better yesterday,” reported one doctor, “when the weather clears they need to

⁴⁴ Ciproflaxin is the trade name for a powerful broad-spectrum antibiotic – systemic fluoroquinolone – that is frequently prescribed in Canada and abroad for a wide variety of bacterial infections from diarrhea to anthrax.

⁴⁵ Though their estimates of prevalence varied dramatically, all the Biomedical doctors I interviewed agreed that ciproflaxin-resistant infections were increasingly common in the Khumbu.

be able to go. It's an odd situation where people actually *don't* want a day off work." The Sherpas I spoke with agreed that Biomedicine was the best climbing-specific medical option in base camp, since traditional medicines had no provisions for dealing with altitude-related illness⁴⁶. It is also true that Sherpas "don't want a day off work" due to illness, though their reasons are different from those of sahib climbers. An issue that emerged in several interviews was that, depending on the team they work for, Sherpas are often reluctant to complain of illnesses for fear of being told to stay in camp to recover while missing lucrative climbing opportunities.

It was widely acknowledged among sahibs – both climbers and doctors – that the Biomedicine they had brought to Nepal was an inferior version of that which they enjoyed at home. American guide Jim Williams, who has been working in Nepal annually for the past fifteen years, remarked that

Western medicine here is intermittent and short-term. These big, fancy expeditions come through, but there's no follow-up; continuing care is impossible. Lots of these [Sherpas] have a great trust in Western medicine, but they're getting a poor version of it.

It is true that none of the clinics at base camp had any facilities for laboratory work, nor did any have nurses on staff. Of course, the scope for "continuing care", assuming a patient fell ill at the very beginning of the season and stayed until the end (without being fired or sent home, which is likely), is two and a half months at the absolute longest.

⁴⁶ One Sherpa told me flatly: "Lamas cannot do anything for altitude sickness."

Popular Medicine

Sherpas frequently use Popular medicine of various sorts at base camp. Garlic and ginger remain in common use, and tea was often described as curative, as one *sirdar* told me:

M- What do Sherpas do when they're sick in base camp?

L-Maybe they go see the expedition doctor if they've got one like [our team], but if it's something minor like a headache, they drink tea.

Unique to base camp, however, are a set of extremely important herbal preparations which blur the lines between medical systems. These seemed to be carried and used by every climbing Sherpa; when some younger Sherpas denied having these preparations, their *sirdar*, or Sherpa team leader, later told me this was not the case: all of them carried the herbs.

Chillap, according to the Sherpas I spoke with, was the most important and widely used herbal medication at base camp. Vincanne Adams offers the (transliterated) Tibetan spelling of “byin slabs” and explains that the name “means ‘blessing’ and specifically refers to the pills that lamas make with many ingredients and tantric blessings and give out as blessings.” She also suggests that Amchis can make these pills. (Vincanne Adams, personal communication) In interviews, Sherpas reported that chillap was an effective medication – and frequently their first choice – for non-altitude-related minor illness at base camp, including the flu, headache, colds and coughs.

In addition to chillap, Ortner notes that “virtually all climbing Sherpas carry with them rice blessed by lamas (or, in a pinch, rice over which they

themselves recite a blessing) to sprinkle to the gods in times of serious danger” (1999:130). She cites reports from two expeditions which mention this practice, but offers no name for the rice. My own research – including suggestions from literate Sherpas – leads me to believe that it is called *chhangne*, though it came up in conversation far less frequently than chillap⁴⁷. It also appears that chhangne serves a very different purpose from chillap, offering protection from the gods in potentially dangerous places or situations (of which there are many on Everest) rather than treatment for specific conditions.

Chillap and chhangne obfuscate the distinctions between the medical systems discussed in this chapter. Chillap begins as an herbal preparation offered either by Buddhist practitioners or Amchis, but in some senses “becomes” Popular medicine at base camp. That is, because the product is not actually prescribed for specific conditions nor administered by the healers themselves, chillap at base camp is in some sense self-treatment for self-diagnosed illness. Prior to major climbing expeditions, visiting the Tengboche monastery to receive chillap and chaangne, and a general blessing for the entire team, has become a routine for Sherpas.

Amchi

In 2003, a Nepali-Indian army expedition attempted Everest from the South Col in spring. In an era when so many teams of so many nationalities visit the mountain, the most interesting aspect of their expedition to me was their team

⁴⁷ Adams is unfamiliar with this product, which is apparently specific to mountaineering, but offered the spelling “Chaang ne” and a possible linguistic (and botanical?) relationship with the rice used to make “chaang,” the local beer. (Personal Communication)

doctor: a Tibetan Amchi. He was reportedly quite popular with Sherpas from many teams; at least part of his popularity – according to Sherpas and sahibs alike – is attributable to the fact that the Sherpas could communicate with the Amchi in their native language. In fact, those groups whose camps were adjacent to the Nepali-Indian Army camp would frequently eschew their own (sahib biomedical) doctors to visit the Amchi instead. This practice only appeared problematic for the expeditions insofar as the Amchi's treatments conflicted with the beliefs of Biomedicine. The base camp manager of a commercial team related to me the only occasion she had to interact with the Amchi in 2003:

. . . we had one of our Sherpas came down with, a, midseason had frostbite on one finger. And our folks at Camp Two had had a look at him and sent him down right away, and he'd just come down and I was looking at him a little bit, and they were feeling comfortable going over and "let's have the Tibetan doctor look at it." And I hadn't met the guy, so he's right next door, so we walked over there to see him, and it was a nightmare.

This guy starts looking at his. . . at [the Sherpa's] finger, and it was like the first joint of his finger that was turning dark, and this Tibetan doctor starts massaging the thing, starts destroying any cell structure he ever had in there, absolutely the . . . worst thing he could've been doing to this thing, and starts talking right away about "oh, you'll have to go back down to, either Namche or Kathmandu, and they're going to have to cut the end of this off.

And I'm going, "Oh my God, get us out of here as fast as possible," and so we got outta there, and I talked to [the Sherpa] right away afterwards, and said "Do NOT let anybody do any cutting," and we got it bandaged up really well, and took care of it ourselves.

The Sherpas I spoke with in 2004 said that they would gladly visit an Amchi again if there were one in camp, particularly since it would be the expedition who paid for medical care and not the patients themselves. When I

asked a Sherpa if Amchis were expensive, he gave me a wink and said, “not at base camp.” An Amchi would likely be just as popular in the future; though whether an Amchi might be less popular than, for instance, a well-trained monk or a Sherpa biomedical doctor is debatable. The only reservation was that Amchi treatments are relatively slow compared with biomedical ones. As one Sherpa told me, “with doctors, you get some pills, take them tonight, and maybe tomorrow you’re better. With Amchis, you maybe take something for two months!”

Ayurveda

Ayurveda was present in base camp, though only informally and on a very small scale compared to the other systems discussed here. During a lunch with several Sherpas in their dining/kitchen tent, I noticed a jar labeled “Authentic Ayurveda – Chyawanprash Awaleha”. I asked about this product, and learned that it was being taken by one Sherpa (who was attempting a summit climb) and three Newari⁴⁸ girls who had trekked to base camp for a one-week stay ostensibly in preparation for a climb the following year. Interestingly, the label on the jar was written in (broken) English and couched much of the product’s curative powers in the language of Biomedicine. I recorded the label in my notebook:

It has anti-oxidant properties, and strengthens the body’s internal defense system – the immune system. Thereby, protecting you from everyday infections, cough and cold, stress etc. In addition, it also enhances your stamina along with general well being.

⁴⁸ The Newars are a Hindu group; the three girls in question were well-off Kathmandu urbanites.

During a mealtime conversation with these girls about the differences between Ayurveda and Biomedicine, I cleaned my hands with an alcohol disinfectant lotion before eating and offered the bottle to the girls absentmindedly. Hand-cleaning is a sahib ritual in the Khumbu and in base camp, and disinfectant bottles are ubiquitous and shared wherever food is served. The girls chided me for this, however, and exclaimed:

G- There's no bacteria up here! It's too high!

M- What makes people sick if there's no bacteria?

G- Altitude. . .and dirty hands.

G2-If you use this antibacterial stuff too much, you get used it.

G-And you get skin problems instead of stomach problems!

(laughs)

It seems likely that Ayurveda will continue to grow in prominence in base camp, as the current generation of Sherpa children exposed to the system begin to head to Everest. However, the fact that the Indian/Nepali Army team chose an Amchi rather than Ayurvedic expert as their team medical practitioner suggests there are political or practical concerns which may prevent larger-scale, more formalized practice of Ayurveda from reaching base camp. The popularity of Ayurveda in the Khumbu and base camp is extremely interesting and – outside of this brief report – completely unstudied; I hope it will be the subject of future research.

Other Medical Practices in base camp

In addition to these formal medical systems, some individual Sherpas and sahibs availed themselves of other medical systems; I describe two examples here that do not fit comfortably into any other category in this chapter. The same base camp manager who took her frostbite patient to visit the Amchi explained to me that she later began to give that patient a homeopathic treatment of her own:

C- And actually that was an interesting case because I had a homeopathic that I started giving him that did some amazing things for the . . . for his finger.

M- Really?

C- It started turning around the frostbite, it had started turning dark and it started turning light almost white again, and uh he's back again with us this year and his finger is completely perfect – you'd never know anything had happened.

M- What was is that you gave him?

C- It was Agaricus. Homeopathic agaricus⁴⁹. And uhhh, I haven't had too much of a chance because we usually don't have too much in the way of frostbite going on, and this was just a particularly bad day up at the South Col⁵⁰, they were doing carries, and I think there were about 8 or 10 Sherpas who came down from different groups that had frostbite that day.

I spoke with one American team leader whose base camp manager had traveled to camp with his girlfriend. When one of the sahib climbing guides complained of a sore back, the girlfriend set to work on treating him:

she did some acupuncture on him. He had a backache, I think it was, a neck ache or backache, and she was doing acupuncture. . . I

⁴⁹ I did not pursue the specific medication further at that time; subsequent research suggests that this was probably *Agaricus Muscarius*, a mushroom indicated in naturopathy for variety of conditions, including frostbite.

⁵⁰ The South Col is a feature on southern side of Everest, a plateau that is usually used as one of the last camps before the summit push from the standard Nepali route (usually known as the "South Col route").

actually filmed a little bit, with my little Sony Handycam. It was pretty interesting watching, she had a little kit there and everything. . . she's a trained Acupuncturist back home – that's what she does. She's . . . I think she's getting her . . . she's going to be a physician's assistant, so she's going back to school in Utah. She's pretty keyed into it, I mean. . . she studied . . . like in Japan, stuff like that. But it's a pretty funny village here, you've got a westerner giving eastern medicine to a westerner.

M- In the east.

According to my informant, the acupuncture was successful; the guide went on to summit Everest that season. As an individual example, this anecdote illustrates well what I consider the prevailing attitude toward medicine among many at base camp: although sahibs are biased toward Biomedicine and deeply dedicated to its epistemology, essentially any treatment, process or prescription that eases pain and facilitates climbing is welcomed by Sherpas and sahibs alike. This open-minded attitude toward treatment, interestingly, contrasts greatly with the rigid approach toward the prevention of illness, which I describe in later chapters. Further, these examples illustrate the extent to which medical pluralism flourishes among the various ethnic groups at base camp, despite outward appearances to the contrary.

Conclusions

Parker has suggested that the arrival of Biomedicine in the Khumbu and its settling into place in the extant medical system was a process marked by “accretion and super-imposition.” This theory is in opposition to those imagining Biomedicine as a dominative system whose arrival results from (or helps establish) a toehold for a hierarchical capitalist political economy. For Parker,

though, this accretion is typical of Hindu-influenced social systems and is “to some extent pan-South-Asian, but particularly elaborate. . . in the Hindu-Buddhist interface area near Nepal’s northern border” (1988: 919). Thus it can be argued that medical pluralism in the Khumbu is not a transitory state but the normal state of affairs in the region, an outward expression of a system in which change takes the form of the aggregation of alternatives rather than the effacement of tradition. For these reasons, it is difficult to reconcile what I found in the Khumbu with some models of medical pluralism. Ethnographers in the school of Critical Medical Anthropology – including Ida Susser and other neo-Marxian analysts – consider medically plural systems to be necessarily hegemonic, in that “Biomedicine enjoys a dominant status of heterodox and ethnomedical practices.” (1997:10) Rather than co-operation or a complex integration of diverse medical systems, Philip Singer argues that the so-called “therapeutic alliance” between traditional medicine and biomedicine is simply “new colonialism.” (1977:32) Although Appadurai – reading Said – has already thoroughly critiqued similar neo-colonial arguments⁵¹, my own research also shows a normally healthy, dynamic therapeutic alliance among various healers in the Khumbu that cannot accurately be described as ‘colonial.’

My observations also contradict Fürer-Haimendorf’s and Fisher’s predictions of culture change in the Khumbu region. Although some aspects of Sherpa life (including subsistence patterns, dress and diet) have indeed changed to become more “Western,” in the medical world of the Khumbu, pluralism rules.

⁵¹ See especially “Disjuncture and Difference in the Global and Cultural Economy.” From *Theory, Culture and Society* (7), 295-310.

Biomedicine in particular and sahib culture generally have not been the amorphous engines of domination that some assumed, nor has cultural change been an assimilating force that “happens to” the Sherpas rather than interacting with them. Bibeau has urged a break from such outdated models of culture change, arguing for “schemes that adhere less to notions of internal adaptation and transformation and more to ideas of exchange and interpenetration.” (1997: 22)

In my opinion, the frequent recourse to Biomedicine I observed at base camp and in the valley seemed to be due to practicality and convenience rather than hegemony. This confirms Parker’s observation of Nepal in 1988 that “patterns of consultation [with various healers] are guided both by pragmatism and familiarity.” (1923) Similar patterns have been observed elsewhere; Finkler’s study of pluralism in Mexico concludes that

unlike academicians, who regard the two healing regimens as diametrically opposed and in competition, the people who seek treatment do not distinguish the profound epistemological differences between sacred healing and biomedicine. In the search for the alleviation of pain, pragmatism prevails. (1994: 119)

While medical pluralism is less marked in base camp than in the valley, it seems that Sherpas are more committed to Biomedicine in practice than in belief. Sherpas still use chillap and Ayurvedic preparations on the mountain, and still employ a broad range of medical systems when they return home from expeditions. I conclude, therefore, that Biomedicine does not necessarily carry authority among the Sherpas at base camp; it is instead a tool – and frequently a crude one at that – that usually offers the quickest and cheapest solutions to

immediate, career-threatening illnesses. Sherpas ultimately seem willing and eager to try to any medical system, and readily combine systems with seemingly incompatible epistemologies. Although Biomedicine is considered the best option for altitude-related illness, it certainly does not have a monopoly on healing in base camp, and seems to play a limited role for Sherpas in the prevention of illness. For this reason I do not think Biomedicine will come to dominate either in the Khumbu generally or at base camp in particular. Indeed, I believe that the accretion and interpenetration of alternatives will continue in both places.

BODIES IN BASE CAMP

The human body is the best picture of the human soul.

-Wittgenstein

I have surveyed the variety of medical systems in base camp; I will now examine how medical epistemologies are embodied in base camp. In this chapter I argue that a great deal can be learned about how Sherpas understand health and healing by examining how they live in their bodies at base camp, and by contrasting this with an examination of the bodily dispositions of sahibs in base camp. Throughout, I argue that, although they generally assert that Biomedicine is the best medical option for treating most illnesses in camp, Sherpas live in their bodies in ways which do not suggest deep dedication to a Biomedical epistemology. Instead, reported beliefs in the efficacy of Biomedicine are checked against Sherpa dedication to 'traditional', and inherently pluralistic, medical beliefs, and bodily dispositions that generally run counter to Biomedical

notions of health, particularly contagion. Sahibs, conversely, are above all dedicated to biomedicine, and, I argue, in some respects a traditional model of biomedicine at that. It may be an anthropological cliché to say that Sherpa bodies in base camp are sociocentric and sahib bodies egocentric; it is also, by and large, accurate. I hope to stop short of depicting a set of neatly dichotomous or polar opposites, however. As is often the case in base camp, these two categories are frequently ambiguous and commingled.

Living in Bodies at Base Camp

It is difficult to overstate the immense *physicality* of daily life at base camp. At over 5300m, no permanent human settlements exist higher than base camp anywhere in the world, and current research in environmental physiology suggests that base camp is near – or even above – the highest altitude to which humans can permanently adapt.⁵² This means that all people living at base camp must struggle – at least to some small extent – with the altitude. Since many Sherpas are born and raised at altitudes relatively near to that of base camp and enjoy superior adaptation to low pressure, they are more at ease; many sahibs, however, feel uncomfortable throughout their stay. To those who have never visited the mountains, it is difficult to exaggerate the centrality of this aspect of life at high altitude: although I acclimatized well, what I noticed most about my body in base camp was just how much I noticed my body.

⁵² It is generally agreed that the highest permanent human settlement in the world is La Rinconada, Peru, whose maximum elevation is 5100m (West 2002: 401). West suggests that some semi-permanent mining communities have existed at higher elevations. More recently, Fedarko has reported that some Indian and Pakistani soldiers involved in border disputes on the Siachen glacier occupy posts just over 6000m (Fedarko 2003: 55).

For lowlanders traveling to 5000 meters, sleep is often fitful, meals are unappealing, slow to eat and difficult to digest, and physical activity is exhausting. The most obvious physical challenge at base camp, though, is the simplest and most elemental human action at sea level: breathing. Respiration becomes a conscious, labourious exercise at high altitude, and anyone familiar with the unique discomfort of Cheyne-Stokes⁵³, or 'periodic', breathing understands what happens when the inhabitants of base camp 'forget to breathe'. The result of all of these things, for me, is a dramatically increased awareness of the body.

Many visitors to high altitude find eating difficult. Food often seems less flavourful at altitude, and because of the lower boiling points of liquids at lower pressures, food often takes on a different consistency as well. Even with delicious, well-prepared food, indigestion and nausea are extremely common. On this matter Sherpas and sahibs are split; Sherpas often pride themselves on their coarse and spicy diet at base camp, whereas sahibs tend to cautiously eat whatever they are sure they can digest and, as a result, invariably lose weight. It is important to note that many of the Biomedical doctors I spoke to, however, cited acid reflux⁵⁴ as one of the commonest complaints among their Sherpa clients; they universally attributed this condition to Sherpa diets.

⁵³ Cheyne-Stokes syndrome is defined as alternating periods of apnea (or very shallow breathing) followed by hyperventilation. Practically speaking, it involves sensations of suffocation followed by gasping for breath; Cheyne-Stokes is often very disturbing for observers, who might think that their tent-mates have died or are suffering a heart-attack.

⁵⁴ Most Sherpas refer to a constellation of problems including what Biomedical doctors call 'acid reflux' by the term 'gastric' (ie., "If you have a gastric, you should drink some tea.").

The climactic extremes of sunlight and temperature are important at base camp, and are embodied in different ways by Sherpas and sahibs: during each of my trips to Nepal I have returned from the mountains with my hands blistered from what one doctor referred to as ‘sun poisoning’; I also had a melanoma removed from my scalp following my trip in 2005. The thin atmosphere at base camp exposes its inhabitants to high levels of ultra-violet radiation compared to sea level, and the snow and ice reflect the sun so effectively that pale skin burns extremely quickly. While sahibs generally shield themselves from the sun, some Sherpas actively seek out sun exposure, and in particular while climbing above base camp. According to a doctor at the HRA, this is because the tell-tale climber’s sunburn (a deeply tanned face save for the area around the eyes covered by glacier glasses) is a status symbol in Khumbu villages, indicating, as it does, a prestigious climbing job in the mountains. This doctor suggested that it is primarily young men who are interested in this prestige; older climbers generally wear sunblock and otherwise protect themselves. Chris Fletcher reports the same phenomenon among young Inuit men in the Canadian north, among whom a similar tan pattern confers prestige by indicating that its wearer has recently been “out on the land” (Personal communication).

A Visit to the Himalayan Rescue Association

In April of 2004, I made a visit to the Himalayan Rescue Association’s camp on the northern edge of base camp. I intended to visit a few friends, and to arrange for formal interviews later in the week with two doctors. It was a

relatively warm and comfortable day, the sun shining powerfully and the cold mountain wind was barely noticeable. During that visit, I encountered a group of Sherpas I already knew and a group of sahibs I soon befriended; the ways in which we interacted reveal very different conceptions of the body that I elaborate on in this chapter.

The path I took to their camp that day led me first past the HRA's puja altar; the next thing I saw was a group of Sherpas sitting on a collection of smooth, flat rocks in the middle of camp, playing cards. They welcomed me and asked me to join them. High-stakes cards were a base camp favourite among young Sherpas; one of the HRA's doctors told me that at least one of the players involved the game I was watching had accumulated such a gambling debt that he would likely be giving away almost all of his climbing salary at the end of the season.

I sat cheek and jowl watching the game with a few Sherpa friends; there were no sahibs outdoors. The young men displayed their friendship and kinship ties openly and physically: many sat arm-in-arm or held the hands of their friends, and I was offered many handshakes and pats on the back. I shared my earphones so that we could listen to music, passed around photos of my friends and family, and was offered tea from the communal thermos. After the card game, they invited me to eat lunch with them, where we sat as close as we had outside, plates on our laps. To the Sherpas, physical closeness and social closeness were inextricable: I was literally and figuratively drawn into the Sherpa social, cultural and spiritual world through my body.

Walking out of the dining tent, I encountered a group of Canadian medical researchers who had just arrived in camp; they asked if I would be interested in participating in their project. I was very interested, and agreed immediately to sign consent forms and begin. The group was conducting a pharmaceutical trial, and over the course of the week I ingested a veritable smorgasbord of drugs, including L-arginine, acetazolamide, and Viagra. Right away, the group showed me into their medical tent and began gathering data. My heart rate and pulse oximetry were then measured at rest and at work ("work," in this case, consisted of walking laps of a tiny track cut into the glacier), and the team fitted me with a cuff to check my blood pressure, drew blood to stain slides and measure my haemoglobin count, and took a series of ultrasounds of my heart. The sahibs never touched me without latex gloves on, and had created an impressive laboratory within which to test me, given the conditions. I lay on a stretcher plastered with electrodes while I was analyzed by the team, who stood over me on the far side of a desk, watching monitors and discussing the data. My body was an object to be closely watched and carefully handled, a machine capable of work subject to knowable (if complex) parameters. It was also, however, capable of contagion, potentially a vector of disease and vulnerable to infection: aside from these medical protocols and a few handshakes, I was never touched by another sahib in base camp.

These two encounters reveal two very different conceptions of the body. I argue in this chapter that Sherpas and sahibs embody their biomedical beliefs in base camp; the differences in their bodily dispositions suggest different medical

epistemologies. For my part, I was equally “seduced” (to borrow a term from Vincanne Adams) by both conceptions of the body: after weeks of interactions with sahibs characterized by hygienic paranoia, I welcomed the friendship the Sherpas communicated to me through their closeness; I was also fascinated to be under the high-tech gaze of the sahibs⁵⁵.

For sahibs, the end result of all these physiological pressures is the development of what I call hyper-self-consciousness. The daily experiences of living in one’s body are no longer taken for granted: not only does the physical environment of base camp make daily life difficult, but climbers know that the trip to the summit – which looms large in everyone’s mind, but is ironically not visible from base camp – will make even greater demands of their bodies. Sherpas, by comparison, are extremely socially conscious, and their bodies become extremely important in creating and maintaining social bonds and practicing moral behavior. In this sense, both Sherpas and sahibs embody exaggerated versions of their cultural values surrounding health: Sherpas seek to preserve and protect their health by maintaining social networks and Buddhist morality, while sahibs believe that avoiding contagion is paramount. I once put this question to Jim Williams, a noted American guide who has extensive experience in Nepal: “What do Sherpas do when they get sick?” He replied:

It depends on the illness. Most Sherpas don’t experience illness like us. Most foreigners get the shits for an hour and they think

⁵⁵ There were several other Biomedical research projects in base camp during the 2004 season: Researchers also peered into my eyes with ophthalmoscopes and ultrasound (to determine the effects of altitude and medication on ocular pressure), swabbed climbers’ cheeks for DNA samples (in an attempt to discover whether genes played a role in sahib climbing success rates) and gave climbers thought and speech exercises to measure cognitive functioning at various altitudes.

they're going to die. But if it's just diarrhea, most Sherpas will just forget about it and get on with their lives.

Sahib Bodies

Emily Martin depicts American popular conceptions of contagion and immunity in the United States as having changed a great deal since the 1940's and 50's. During that period, germs were considered the primary threat to individual health, and "the most important defense was strictly preventing the entrance of any germs into the body." (1994: 25) Appropriately, the body was frequently depicted as a castle or fortress, whose integrity depended upon its ability to keep 'invaders' at bay. (ibid 25-27; 34-35) As scientific research into the function of the immune system intensified, the popular image of the body changed correspondingly:

In arresting contrast to the 1950's body, the interior hidden behind its protective layer of skin, the 1990's body, as depicted on the cover of [the popular journal] *Science*, has no skin at all on its torso. The protective skin has been stripped away to reveal gleaming white lymph nodes (under the arms and in the groin), key places where immune cells are trained and mobilized. (ibid 37-28)

As Martin describes it, the body becomes part of a network; consistent with the concurrent rise of similar themes in technology and economics, including 'flexibility' and 'interactivity', the model of the body as a fortress is supplanted by one in which the body 'interacts' constantly with its surroundings, communicating in order to balance health. I argue that in base camp, the former model dominates conceptions of the body among sahibs. The subtle network image of the body's immune system interacting with the outside world has not yet

replaced the enduring image of the isolated, vulnerable body enveloped by a layer of protective skin (and, at base camp, several layers of high-tech fabric).

I have suggested that sahibs become hyper-self-conscious at base camp, and are intensely preoccupied not only with the details of their own climbing plan but with the functioning of their bodies. This is because a malfunctioning body is considered one of the few things that can completely derail a summit attempt. While poor weather, for instance, often passes, and logistical and material concerns are confidently attacked with the considerable wealth and technology at the disposal of most climbing groups, a bout of serious illness or an injury almost always requires evacuation.

Sahibs' intense concern with the body, I argue, can be understood as first and foremost a concern with the permeation of bodily boundaries. That is, sahibs are hyperaware of their eating and drinking, their breathing, their digestive functions, and of the threat of infection. This preoccupation with the 'ins and outs' of their bodies colours many aspects of life in base camp, and is probably the dominant factor shaping interpersonal relationships and, as I discuss in the next chapter, the organization of space in base camp⁵⁶. It is also typical of a naturalistic medical epistemology in which "people are supposed to live and die subject to known, measurable natural forces, not subject to mysterious moral agencies." (Douglas and Wildavsky 1982:49) That is, avoiding illness, for sahibs, has no real moral dimension but is almost purely mechanical.

⁵⁶ This may suggest itself to some as ripe for Freudian analysis; I leave that project to another researcher.

Most foreigners at base camp are perpetually hyperaware of their health, and so every cough, every creaking joint, and every trip to the toilet is watched carefully. Since perfect health is still no guarantee of a summit, climbers also gauge their physical fitness carefully. As we will see in the next chapter, sahibs go to elaborate lengths to ensure that they are properly trained for the summit attempt, not only at home but in base camp itself. And, because of the inevitable competition for sponsorship dollars, media exposure, and clients, many people at base camp are watching their neighbors' bodies almost as closely as they watch their own. A common topic of conversation among sahibs in base camp was which teams were "looking strong" and which were not, and what their projected schedules might be given their relative strength.

Sherpa Bodies

In contrast with sahibs, Sherpas in base camp are not especially preoccupied with their bodies, but become extremely socially conscious. Vincanne Adams stresses that in pre-Buddhist Tibet, relationships within the network of spirits and deities who controlled the natural world were seen as the primary source of health and wellness (1996:133). In some sense, the same may be said to be true in base camp; Sherpas still consider the spirits and local deities to be an important factor in their health, and imagine their bodies within a network of social and spiritual relationships rather than in isolation. These beliefs are not often explicitly articulated by Sherpas in interviews, but are, I believe, embodied by them nonetheless.

Sherpas are openly demonstrative of their friendships and use bodies to articulate social and kinship networks in camp. As Adams remarks, “illness is related to Sherpa social values. Hospitality and responsibility for the welfare of others, especially kin and friends, are among the predominant values in Sherpa society. Illness can signal rifts in normative social relationships or behaviors” (1988: 509). It is unsurprising, therefore, that Sherpas eschew the sahib preoccupations with hygiene and contagion in favour of physical and social closeness with friends and family. Rather than spending their time in training, Sherpas spend time visiting other camps.

There is also a moral dimension to Sherpa bodily dispositions in base camp. Aside from their obvious and overt concern for right behavior on the mountain, Sherpas invariably walk around puja altars and prayer flag-poles on the left. This pattern holds true across the Khumbu; an example of religious devotion and respect that in many cases appears more visceral and unconscious than considered and deliberate. Further, many Sherpas at base camp drone prayers⁵⁷ throughout the day, not only while at the puja altar but while tinkering with equipment, cooking food, or walking from place to place.

Responsibility and Ownership

As sahibs monitor their bodies carefully, and Sherpas monitor moral behavior and social networks carefully, complex dynamics of responsibility develop over bodies in base camp. The question of exactly who is responsible for whose bodies is important but extremely complicated.

⁵⁷ Krakauer (1997:48) has remarked that the drone of Sherpa prayers and the hum of generators were the two constants in the background noise of his stay at base camp.

Most teams assign responsibility for everyone's bodies in base camp to expedition doctors. In the absence of (and sometimes, in addition to) expedition doctors, any member with formal training in Biomedicine assumes or is given this responsibility during medical emergencies. I spoke with an American physician who was not working as a doctor but climbing as a commercial client in 2004. He expressed relief that he did not have to work as a doctor for his team but could instead be "a member only", which allowed him to sidestep the "tension" inherent in a dual role. He explained that this role not only absolved him of a duty to assist (except in emergencies), but also relieved his team of their potentially awkward obligation to remunerate him for services rendered. This notion of obligation also arose in our discussions about medical care for Sherpas. He acknowledged that "it would be great if we had more traditional care" at base camp, but also wondered aloud if expeditions – who are, after all, the Sherpas' employers – weren't legally required to provide biomedical care for their staff.

The issue of legal responsibility raised by the above doctor was commonly mentioned in base camp. Sahibs often couched these relationships in the language of human resource management: since team leaders were employers, they were responsible for providing certain things to their employees, including medical care. This relationship is complicated by the fact that on some teams, it was not sahibs but experienced sirdars who hired the Sherpas; in this regard the sirdars were on equal footing with sahib team leaders.

Sherpas assume a great deal of responsibility for sahib bodies by acting as their guides above camp. The connection between Sherpa guides and their clients

could not be more direct nor more richly symbolic: they are tied together by a rope. Beyond their duties as climbing guides in the classic sense, Sherpas also work as de facto high-altitude porters, ferrying their clients' supplies to a series of camps up the mountain. Sahibs universally consider themselves to be held in great debt to Sherpas; all the sahibs I spoke with, including extremely talented climbers who had made multiple summits, offered some variation on the idea that "Everest is the Sherpas' mountain"⁵⁸.

Further, Sherpas assume a degree of moral responsibility for the base camp population. They erect prayer flags and puja altars, and conduct regular puja ceremonies to ensure that the inhabitants of base camp are in harmony with local deities who have the power to adversely impact on a climb. These practices are the result of an epistemology highly respected if not actually shared by most sahibs, though the protection they offer is for the benefit of all: performing these rites is a commonsense precaution against illness and injury for everyone on Everest.

CONCLUSIONS

I have demonstrated here some of the ways in which Sherpas and sahibs live in their bodies differently in base camp. Insofar as medical epistemologies can in fact be written on the body, this suggests that Sherpas and sahibs hold very different beliefs about illness and healing. While sahibs' behaviors suggest a dedication to a classical Biomedical epistemology, Sherpas most definitely do not,

⁵⁸ This quote came from American Pete Athans; he has summited more times than any other sahib and is perhaps the most highly respected sahib expert on climbing and guiding Everest. In 2004, he was working as an advisor for a Greek team.

which demands a reconsideration of the appearance of Biomedicine as the dominant medical epistemology at base camp. Indeed, the evidence taken from observing bodies in base camp (and, in the next chapter, the organization and use of space in base camp) offers a new way of thinking about medical pluralism there. That is, reports of beliefs gleaned from interviews or data gathered from studies of the popularity or prevalence of Biomedical care in the area must be tempered with a more phenomenological understanding of how medical beliefs are embodied.

SPACE IN BASE CAMP

A whole history remains to be written about *spaces* – which would at the same time be the history of *powers* . . . from the great strategies of geopolitics to the little tactics of habitat.

-Michel Foucault

Thus far, I have argued that medical epistemologies are embodied by Sherpas and sahibs in base camp; in this chapter I expand this argument by suggesting that medical beliefs are similarly written on the landscape of base camp itself. I have already discussed the “great strategies of geopolitics” that have had so tremendous an impact on the complexion of the Khumbu region; here, I concern myself with the “little tactics of habitat” that shaped base camp in the spring of 2004. Tents are the primary ‘habitat’ in base camp: below I identify the four main types (kitchen, dining/mess, communications/medical and personal tents) and suggest that their different uses by sahibs and Sherpas issue from two very different sets of beliefs about illness, wellness and the protection of the body.

I also briefly examine the role of public spaces and *puja* altars in the base camp landscape, and particularly how they too are related to epistemologies of health.

Traditionally, space has been neglected as a topic of study in anthropology. Space is taken for granted as the ‘setting’ of ethnographic episodes, or uncritically painted as nothing more than “where people do things.” (Rodman 1992: 640) Recently, however, a body of work in the social sciences has concerned itself with a more nuanced analysis of the uses and meanings of space. As in medical anthropology – a field experiencing similarly rapid growth – this work ranges from the lyrical (see for instance Chamberlin and Basso) to the deeply theoretical (including Ingold)⁵⁹. In studying space at base camp, I cite those authors who have insisted, in Margaret Rodman’s words, that “places have multiple meanings that are constructed spatially.” (1992: 641) That is, the spaces around us are not inert but are active factors in the ongoing human process of meaning-making and meaning-reading. It is important, particularly in a context as culturally pluralistic as base camp, to emphasize that the meanings built into places are not fixed or necessarily singular but indeed, as Rodman argues, multiple: to miss this is to risk oversimplifying the division and uses of space and depicting space as a “metonymic prison that incarcerates locals” (Appadurai 1988: 36).

In this chapter I present a somewhat simplified version of an extremely complex landscape, and offer my own readings of that landscape. I am primarily

⁵⁹ In the former category, J. Edward Chamberlin (2003) and Keith Basso (1996) both write beautifully evocative stories about the connections between landscape and culture; in the latter, Tim Ingold (1995) omnivorously samples a broad and deep body of theoretical work in describing the feedback relationship between humans (and animals) and the land.

interested here in how the medical beliefs of sahibs and Sherpas become manifest in the physical world, how their respective medical epistemologies affect how they see and shape their space. In presenting this argument I necessarily contrast ‘Sherpa’ and ‘sahib’ space, and the beliefs imprinted on those spaces. I am wary of oversimplifying space, however: as with the medical systems I described in the discussion of pluralism, these different uses of space are not bounded, nor are they mutually exclusive. The distinction between Sherpa and sahib space is set in relief in this chapter, though there is in fact a great deal of overlap between them in base camp. In this respect base camp can be considered “a single physical landscape [that is] multilocal in the sense that it shapes and expresses polysemic meanings of place for different users.” (Rodman 1992: 647)

Alpine Ascents International

I found an example of the differences between Sherpa and sahib spaces near my own tent shortly after I arrived on Everest. One of base camp’s most successful and respected commercial expeditions, Alpine Ascents International (AAI), had its camp established near mine. I spent the majority of my time at base camp with this team, with both their sahib and Sherpa members, many of whom participated in interviews with me. Outside their dining tent was a small crater, perhaps fifteen feet across and at most a few feet deep. Early in the season, it was dry; as the season progressed and the days got longer and warmer, the pit filled with water and became a pond. This inconspicuous contour on the

rolling landscape of the Khumbu glacier suggested itself to the seasoned climbers in the group as a perfect place for training.

Early in the season, AAI's sahib guides laid an aluminum extension ladder across this basin; above it they stretched a pair of parallel ropes as handrails and a single rope as a safety line into which a harness could be clipped. They had their clients practice walking across the ladder, wearing heavy plastic boots, crampons, and loaded rucksacks. The ladder was meant to simulate one of the many that span the shifting crevasses of the Khumbu icefall⁶⁰; teams usually make several acclimatization trips above base camp before their summit push, and sometimes retreat altogether in bad weather, meaning climbers usually pass through the icefall many times during a season. AAI's lead climbing guide, an American, would watch over the climbers with the mindful eye of a coach as they lumbered across its rungs. "By next week, I want you to be able to do this with your eyes closed!" he would say, only half-joking.

Some distance up the tiny stream which fed this pond with melt from the glacier, the Sherpa staff of Alpine Ascents also had a project beside their dining tent. Using a handful of expedition jetsam, the Sherpas had cobbled together a water-driven *mani* wheel. A mani wheel is a drum upon which is written the Buddhist prayer *om mani padme hum*, which translates roughly to "hail, jewel of the lotus." Inside the wheel, the same prayer is written many hundreds of times over on a tightly rolled piece of paper. Portable mani wheels are carried on a handle and fitted with a weight on a tether to help spin the drum around a vertical

⁶⁰ According to Ang Nima Sherpa, head of the National Park's team responsible for maintaining a route through the Icefall (known as the Icefall Doctors), there were roughly 59 ladders in the icefall mid-season in 2004.

axle; larger wheels may be mounted on bearings on the walls of monasteries or altars, or driven by waterwheels on rivers. In each case, the wheels are meant to be spun clockwise, with each revolution of the wheel multiplying its prayers. (Zangbu 2000:47) The wheel built by the Sherpas of this particular expedition was fashioned from an empty tuna tin. The paper label had been removed and the mantra written on the tin with a felt-tipped pen; a length of hose connected to a makeshift funnel driving a wooden paddlewheel turned the drum. This was an ongoing communal project for the Sherpas, who from time to time would have to de-ice the paddles or shoo away the birds that poked curiously at the wheel.

Why should the same landscape suggest itself to two such different uses? It is true that these projects were to some extent simply hobbyhorses borne of the long periods of downtime in base camp. I argue, however, that they also exemplify the very different beliefs Sherpas and sahibs have about bodies and health, and how those different beliefs shape the space in base camp. The Sherpas designed the mani wheel to ensure the heavenly protection of climbers through devotion to the gods; sahibs used the ladder in the hope that fit, trained bodies would be most successful on the mountain. Put differently, health in one case is achieved through an intimate relationship with destiny, in the other, through control.

Camp Organization

Though I generally treat Everest base camp as a single community in this work, it is not a 'community' in the strictest sense of the term: it is composed

entirely of self-sufficient camps of individual expeditions who only rarely share resources and never share camp space. Instead, Everest base camp may be considered typical of a new sort of community: it is seasonal, and has no history outside of mountaineering; its ethnic, linguistic and religious composition is extremely heterogeneous.

Early in the season, before the climbers arrive, teams send groups of Sherpas to stake claims to sections of the glacier on which to place their camps. Clearing camp sites on the glacier is very hard work, involving clearing rocks from the uneven surface of the glacier and chipping away at the underlying ice to create even tent pads for the entire team. As such, the most desirable campsites are sometimes those requiring the least amount of work to create and maintain, and the paths connecting camps inevitably follow the path of least resistance. However, creating sites is also a political activity. Krakauer, for instance, (1997: 52) recounts the jockeying of teams to get into positions on the glacier early in the season. It is generally assumed that while a position too high on the glacier exposes teams to a higher avalanche risk, those too far downstream may find their drinking water contaminated by waste runoff from camps above.⁶¹

The average camp consists of small individual tents for all team members (Sherpas sometimes share personal tents; sahibs never do, unless they are married or otherwise particularly want to share), separate kitchen and dining tents for Sherpas and sahibs, a latrine and sometimes some sort of shower, and usually

⁶¹ This seems to have been a greater problem in years past; Alan Burgess paints a grim picture of conditions in the early 1980's: "Our stomachs were just riddled. We didn't have filter pumps or iodizing. We were swallowing antibiotics like candy." (Wetzler 2001: 48) Expedition staffs now generally fetch water from common holes with 'safe' sources; campsites are now coveted for aesthetic reasons as much as for hygiene.

separate tents for communications and medical equipment (see figure one). Almost every camp – and certainly every major camp – had its own puja altar, erected by that team’s Sherpa staff at the beginning of the season. Puja altars are the literally the spiritual nexus of a camp: the altars are chest-high stone constructions with a tall pole planted in the middle – prayer flags radiate from the top of these poles in several directions.

Although camps are usually self-sufficient, relying on the periodical delivery of supplies by pre-arranged yak trains or cargo helicopters, only two teams in 2004 had actually designed their camps to be closed off to non-members. The first was a group making a feature film who roped off the perimeter of their camp area early in the season – their compound came to be known as “Hollywood”; the second, a team whose leader was engaged in ongoing personal and legal disputes with others on the mountain, had placed their camp at a distance from the rest of the group and across a large pond, making access awkward. This difficulty of access was perhaps secondary to the fact that most visitors – myself included – were unceremoniously kicked out as soon as they arrived. Otherwise, the teams in base camp lived side-by-side, and to the untrained eye it was in some places difficult to tell where one team’s camp ended and another’s began.

Although all other camps were by design ‘open’, with trails running through them and no marking of boundaries, mobility between camps was in some ways limited. That is, most sahibs rarely left their camp, except to attend to medical, technical, or political matters. A few of my interviews were interrupted

when a visitor peered through the door to ask, “can I borrow an ophthalmoscope?” or “does anyone have any dental cement we could use to repair a bridge?” Similar visits are made to ask after radio, telephone or internet problems, though more rarely. Though most teams have ‘summit parties’ after successful climbs, the single biggest gathering in base camp is usually a meeting held early in the season to determine climbing schedules and emergency protocol – a process grudgingly accepted by most involved as necessary given the large and diverse crowds who now climb Everest each season. Sherpas, on the other hand, move far more freely from camp to camp. Sherpas’ visits to other camps are predominantly social in nature; they are generally much less preoccupied with equipment but are very keen to visit friends and relatives at other camps. When they are unable to go visiting, Sherpas often send greetings with a third party: “say hello to my uncle Tsering at the Swiss expedition!” As a sahib with high mobility (a rarity in base camp), I was occasionally employed in this capacity by Sherpas and sahibs, delivering their greetings and weather reports, respectively.

Symbolic Organizations of Space

Beyond the physical organization of base camp are the symbolic organizations of space held by the people who live there. Sahibs, I argue, imagine space as a series of concentric circles (see figure 1).

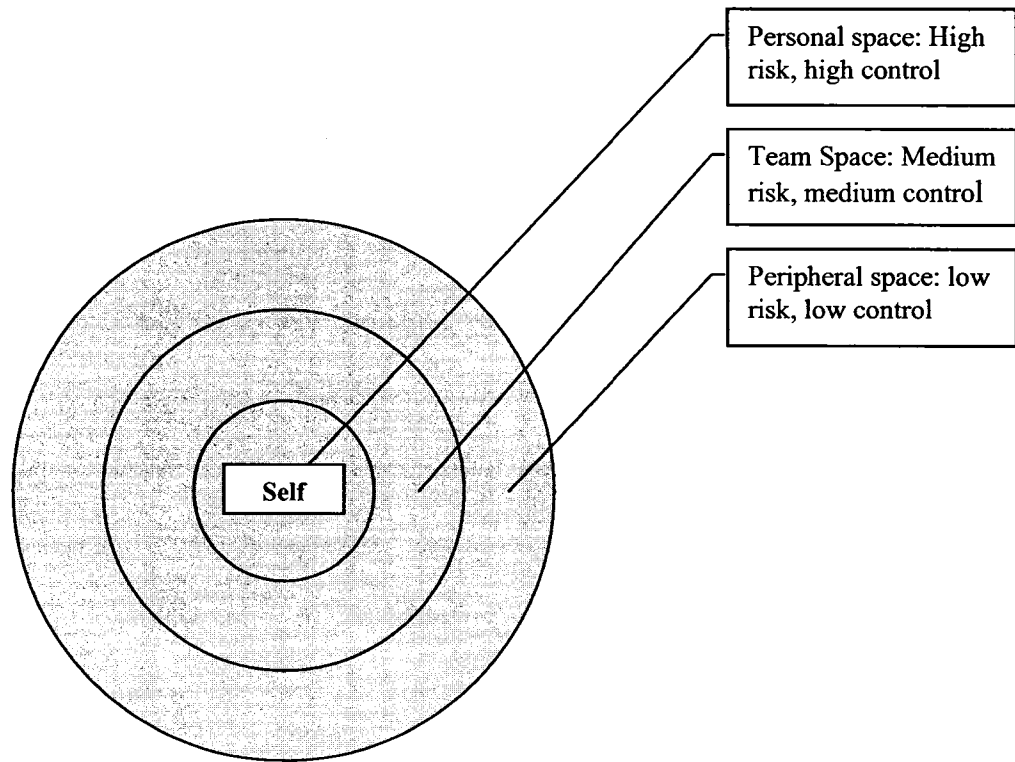


Figure 1: Sahib conceptions of space in base camp

The outermost space is base camp itself – it is largely unregulated by sahibs and considered the least dangerous space. Closer to the individual are the sahib's own expedition's spaces, particularly the dining tent. The final level of space organization – the most intimate, regulated, and dangerous space – is the personal tent. The only space closer to the individual is the body itself, though, as I discuss below, the personal tent is in some ways synonymous with the body. In this model, tighter circles correspond to a higher risk of penetration of personal space. Sahibs are deeply concerned with transgression of these boundaries, and organize space to control these transgressions as much as possible. At the outer level, the comings and goings of tourists, yak trains and other peripheral traffic in

base camp are of only passing concern to most sahibs – an annoyance but not a danger. In the dining tent, the risks – and the controls – are greater. Self-consciousness is greatest in the personal tent. Everything that moves in and out of the body is watched: breathing, eating, drinking, digestion, evacuation are all subject to scrutiny for potential health risks and clues about bodily function.

For Sherpas, on the other hand, base camp is, like most other villages, girded by networks of social relation and obligation, and animated by the deities who inhabit the local landscape. The Sherpa individual, therefore, is better imagined as part of a series of overlapping networks: the spheres of hospitality, of health, and spirituality, for instance, are inextricably linked, as are personal and social spaces (see figure 2). As a result, space is organized in ways that facilitate socializing and hospitality, and used in accordance with Buddhist rules of conduct. Unlike in the sahib imagination, moving through space does not necessarily entail an increased exposure to risk; instead, it allows increased access to different aspects of the base camp network, which, though interrelated, have a different nature. The puja altar is less social and more spiritual, for instance, and the dining tent is the opposite. The differences between these spaces are differences of degrees rather than kind; all, however, are enmeshed.

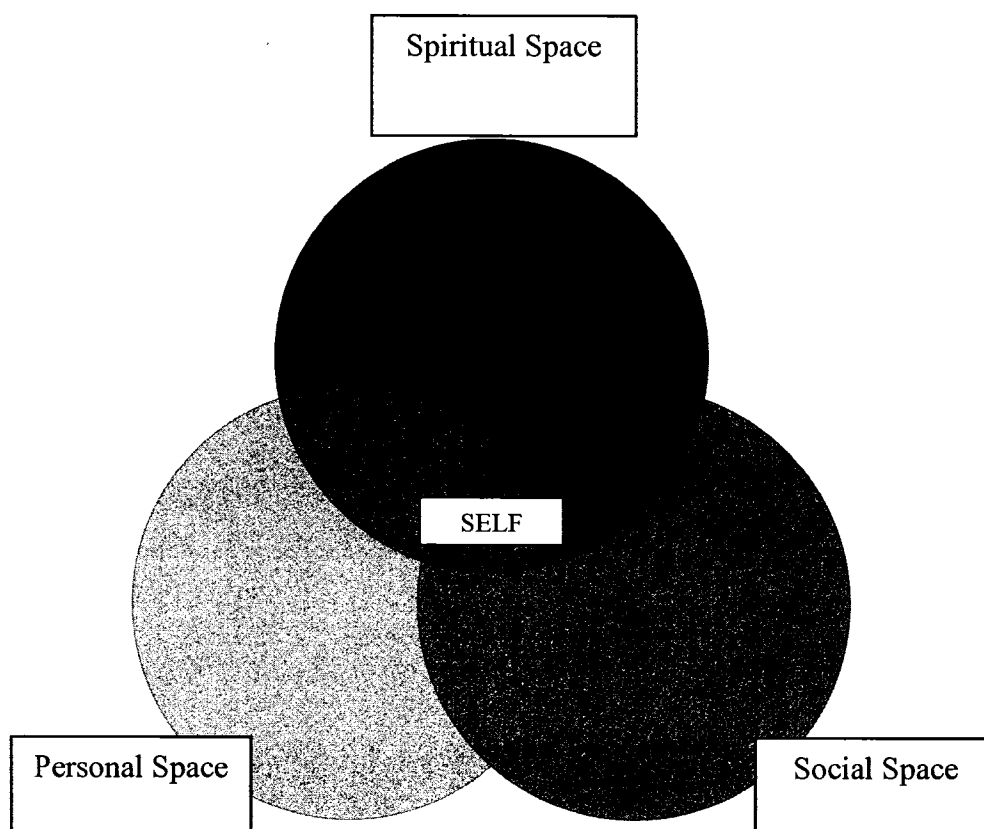


Figure 2: Sherpa conceptions of space in base camp

Tents

There are no permanent buildings at base camp, due in large part to the constant shifting of the Khumbu glacier. There are also very few materials with which to build even temporary structures, and the labour involved in construction projects at such altitudes is incredibly taxing. Further, the Khumbu has no wheeled vehicles, and cargo helicopters find themselves dangerously close to their operational ceiling at base camp. However, the climactic extremes of the

Himalaya are such that shelter is of course a necessity. Tents, therefore, are the primary unit of spatial organization in base camp. Below, I discuss the four main types of tent at base camp: dining tents, kitchen tents, communications/medical tents (I consider the two in the same category), and personal tents. I argue that the division of space in base camp quite richly reflects the epistemologies of those who live there, and that an analysis of how tent space is imagined and managed reveals these epistemologies.

Dining Tents

Dining tents are the largest structures at base camp; they are often built with short stone walls and floors and ceilings of sturdy tarpaulin, though some teams opt to carry large A-frame or hangar-style tents to erect in camp. Certainly the most elaborate dining tent in 2004 was Hollywood's, lined with plastic windows, floored with Tibetan rugs, and guarded by a blackboard announcing the day's menu items. The food on offer also varied widely: in my own tent, I ate reconstituted soups, noodles, and tinned tuna, and when visiting Sherpa friends ate rice and curries almost exclusively; while visiting with Hollywood's sahib cook, she confided in me her disappointment that a Hollandaise sauce she had attempted the night before had failed to set⁶².

It is important to note that Sherpas and sahibs almost never eat in the same tent; further, their food is normally prepared in separate kitchens by different cooks. When I asked Ellie, base camp manager for AAI, the reasons for this

⁶² This cook was actually an American restauranteuse and chef. The only woman and the only sahib working as a cook in base camp, she was related to one of the expedition's lead climbers.

practice, she answered with a typically pragmatic managerial voice: it was nearly impossible, she said, to create a space large enough for all the members of an expedition to comfortably eat together at once. The one time that all of this team's members – Sherpas and sahibs alike – gathered indoors was for their summit party following the climbing group's safe return to base camp. I was present at this party, and agree with Ellie's assessment: the party tent was so crowded that people sat on one another's laps or the floor. When I asked a Sherpa friend about the rationale for separate dining tents, he answered "because they eat soft food and we eat hard food – they cannot go together!" Sherpas generally seemed to prefer having their own tents, with the consensus among my interviewees being that dining with other Sherpas was simply more relaxed and comfortable. My impression was that both Sherpas and sahibs sought to recreate the eating arrangements they were accustomed to at home, which may also explain why they felt out of place eating with one another.

It is rare, but not unheard of, for sahibs to eat in Sherpa dining tents. This seemed especially common among base camp staff who were left behind while the climbing team was on the mountain. In such cases, pragmatism again prevails: it is simpler for the 'skeleton crew' to eat in one tent than to be spread across two. In particular, Ellie and the doctor of another team remarked that they took their meals together with the remaining Sherpa staff in such situations. These two women reported that they enjoyed the experience, particularly as a way of getting to know their Sherpa team members better, and as a source of companionship or commiseration when the rest of the team was high up the

mountain. (I was also invited to meals in both Sherpa and sahib dining tents, and I comment on the marked differences between them below.) The mobility between dining tents, however, appeared to me to be unidirectional: while sahibs could take meals in a Sherpa dining tent, I never observed a Sherpa eating in a sahib tent.

Biomedical theories of contagion and hygiene deeply informed sahib organization of space at base camp; this was perhaps most obviously evident in their dining tents. The sahib dining tents of most teams were rectangular, with long tables lined by plastic lawn chairs running down the middle. The tables were constantly stocked with chocolate, sweets, and hot drinks in an effort to encourage members to keep up their body weight. Appetite loss was considered both an inevitable and a deleterious effect of altitude that leads to weight loss, energy loss and sickness; sahib team leaders, therefore, considered it urgently important to provide their clients with tremendous amounts of appealing food.

At the door of every sahib dining tent was a hand washing station, including a basin and pail of water (with a spigot, to create a sort of sink), as well as soap and an alcohol disinfectant. Dining tents are imagined as hygienic 'safe-houses,' isolated by their canvas walls from the uncontrolled dangers outside: the dining hall is designed to be impenetrable to germs, whose unchecked presence in an area reserved for eating would be considered catastrophic. It makes sense, then, that the entryways to these tents – the breeches in their protective membranes – are heavily guarded.

Sherpa dining tents, by contrast, usually center around a single stone platform, draped with a tarpaulin and fashioned into a table; the plan is generally more square than rectangular. Sherpas sit on benches fashioned from stone, and usually eat with plates on their laps rather than the table. This resembles the eating arrangements in the Sherpa homes I visited in the Khumbu, where meals are taken in the kitchen and the hearth is central rather than a table. In their tents, Sherpa dining tables were usually covered in so many seasonings and relishes of various sorts (the most popular and potent of which is *khursani* – a spicy chili pickle) that eating on the table would be crowded. Sherpa dining tents are usually inclusive of kitchens, whereas sahib dining and cooking tents are always separate. This meant that eating in Sherpa tents was usually noisy and fragrant, with conversations pitched above the din of kerosene cookers. It took me some time to adapt to the fumes these cookers produce: I tended to feel light-headed after ten or fifteen minutes in a kitchen tent.

Kitchen Tents

Before creating western delicacies for finicky climbers, the most important task of a sahib cook and his kitchen staff was maintaining hygiene. Sahib climbers and staff were extremely sensitive to breaches in aseptic protocol, which includes everything from boiling water sufficiently to kitchen boys with suspected or manifest illnesses serving food. Maintaining a good diet is a priority on any expedition, but this mission is complicated on Everest by the fact that almost nobody cooks his or her own food. That eating in base camp was such an

important and possibly dangerous endeavour for sahibs meant that ‘sahib cooks’ – particularly on major expeditions – were usually veterans in a highly respected position.

For Sherpas, the dominant value of the kitchen tent is hospitality rather than hygiene, and the most important rules for the daily operations of the kitchen are Buddhist rather than biomedical. In accordance with Buddhist doctrine, Sherpas consider it dangerous to slaughter animals on expedition (Ortner 1999: 128-130) and to burn garbage in base camp. Craig VanHoy, an American guide, related an anecdote from an expedition on which the Sherpa staff had forbidden the burning of garbage in base camp. This rule was observed strictly until the climbers had returned successfully from the summit and the expedition prepared to leave camp. After burning what garbage they had left behind, the team was struck by a ferocious storm during the trek out. The Sherpas then offered this as proof of the importance and efficacy of their protocol.⁶³ The great social value Sherpas place on hospitality is undiminished in Sherpa kitchen tents, and guests of any sort have tea – at the very least – continually pressed on them for the length of their stay. As with sahib kitchen protocol, ignoring these rules constitutes for Sherpas not simply a breach of routine or regulations, but a wanton invitation of risk in an already extremely dangerous environment.

⁶³ Such stories are actually fairly common; Ortner offers one of her own in *Life and Death on Mount Everest* (1999: 130).

Communication/Medical Tents

I consider communication and medical tents to fall under one category, although they serve very different purposes. Most expeditions have a separate tent for their communications equipment, which is bulky and often quite temperamental. Teams use radios for communication on the mountain itself, satellite telephones for urgent communications with the ‘outside world,’ and fax machine and internet-equipped computers for correspondence, news and weather updates. All of this machinery is powered by complex arrangements of solar panels and generators, which themselves often require maintenance and repair.

Not every expedition has a medical tent, however, and not every expedition travels with its own doctor. Though doctors and medical researchers were traditionally an integral part of expeditions – in part because they usually attracted funding in the form of research grants – several expeditions in 2004 did not have trained biomedical doctors on staff. In 2004, the Himalayan Rescue Association (HRA) was in its second year of operating an open clinic at base camp. The HRA’s mission is to provide ‘neutral support’ – expert and dedicated medical services for climbers that allow the teams to concentrate on climbing. The HRA decided this was necessary in part because the administration of complex and often dangerous biomedical care in base camp often fell to ‘team medics’ with little or no formal training.⁶⁴ The presence of the HRA was also welcomed by the members of commercial expeditions who also happened to be

⁶⁴ This was a source of tremendous concern for the doctors at the HRA in 2004. One explained to me that her “biggest fear” in base camp was the iatrogenic problems caused by climbers with “mail-order medical degrees”.

medical doctors; their awkward position of being both paying clients and serving occasionally as team doctors was alleviated, at least in base camp, by the HRA.

Medical and communications tents are in some ways a 'place apart' from the other spaces of base camp. Medical tents were the preserve of 'real' doctors rather than those with "mail-order" qualifications; the only other people invited in were team leaders, who might choose to attend to very serious medical emergencies. In such situations, each attendee (doctor, patient, leader) confers legitimacy on the others and the space itself. Similarly, the communications tent was normally frequented only by techno-savvy sahibs; the only Sherpas to use the space were sirdars, who use the radio to discuss scheduling and strategy with climbing leaders on the mountain. The ties these spaces have to sahib techno- and medical culture are obvious, and the tents are generally the reserve of expert sahib technicians and the most privileged invitees.

Personal Tents

The structures used as "personal tents" at base camp would be familiar to campers as 2-person, 4-season backpacking tents. They are small, brightly-coloured, and usually branded with sponsor's logos. Sherpa and sahib personal tents are usually clustered around their respective dining tents, though their exact location is dependent on the topography of the glacier. The tents may also move throughout the season as the glacier moves and melts, making some pads unstable. Most personal tents are lined with a thick foam sleeping pad and the massive down-filled sleeping bags that are standard at base camp. Personal

effects – like books, radios and music players, and duffels of clothing – fill what little space is left.

It is assumed by most sahibs that the only reason for sahibs to share a personal tent would be to have sex. Again, the permeation of personal boundaries comes to the fore: crossing the threshold of one's personal tent is equated with penetrating the physical body. I learned this first-hand when I unself-consciously shared my tent with an American researcher on my first night in base camp. I thought nothing of it, since the alternative was a long trek through the snow back to the village of Gorak Shep. A month later, friends at camp offhandedly mentioned that they had assumed she and I had been romantically involved.

Curiously, sahibs – who are generally concerned with hygiene and the integrity of bodily boundaries to the point of obsession – are entirely accepting of sex at base camp, whereas Sherpas – though their banter often involves innuendo and sexual jokes – are not. When I explained to my friends that I had not slept with the American researcher but instead had only offered to share my tent out of a sense of collegiality or the 'spirit' of camping, they seemed slightly disappointed, though they continued ribbing me about the subject with raised eyebrows and knowing glances for some time.

Sex on expeditions has been discussed by other Khumbu researchers: Ortner (1999) examines the gender dynamics between male Sherpas and female sahibs; Adams (1996) imagines sex between sahibs and Sherpas as the ultimate sahib involvement with a romanticized, eroticized Other. Wetzler (2001: 119-

122) treats sex in base camp less critically, but far more candidly, offering quotes from Sherpas and sahibs:

Ngima Kale Sherpa: When we arrive at Base Camp, before the climbing begins, we have to make a puja ceremony to please the gods. People think that Mount Everest is a big rock, but it's not just a rock. We believe that Mount Everest is a god. If you're lot of shitty job doing there, lot of things happen, you know? If a girl and boy stay together in tent, then something bad will happen. Sometimes people will break their legs. Sometimes Sherpas get killed. . .

The sahib climbers he interviews seem oblivious to the concerns of their Sherpa staff, and depict sex as an athletic challenge and a distraction from the tedium of life in base camp.

Neal Beidleman: You know, it used to be information that was the most coveted item from the real world. Now the big thing everybody craves is young female climbers. No price can be put on their worth to the lecherous, tongue-dragging, testosterone-riddled male climbers.

Heidi Howkins: It's not a difficult thing to pull off, even up higher on the mountain, as long as you have supplementary oxygen. I mean, you've got down sleeping bags and down suits. And the confines of the tent is no big deal. It's more the... uh...can you do it? I'm pretty sure I know who holds the altitude record now. I'm not saying. But let's just say this couple made it happen at the South Col, at 26,200 feet.

For Sherpas, personal tents, beyond their use for sleeping, changing and so on, are not primarily a sexual space but a social one. While sahibs are extremely reluctant to receive guests into their tents (except in the very particular and keenly sought-out circumstances described above), Sherpas frequently visit one another in personal tents. I conducted interviews in the personal tents of my Sherpa friends, and spent time there chatting, looking at photos, and listening to music. These activities were typical of what Sherpas did with friends in their tents; I

never visited the personal tent of a sahib, nor did I receive any in my tent. The only reluctance Sherpas had to host guests in their personal tents was a practical one: personal tents are small and uncomfortable, so that hosting a group of any more than a few people in a personal tent is unnecessarily awkward compared with a dining tent, or, weather permitting, the outdoors.

Puja Altars

Puja altars are an extremely important feature on the base camp landscape. Most expeditions build their own puja altars early in the season, though smaller teams often share altars with adjacent groups⁶⁵. Before teams begin climbing, they hold a major ceremony at their puja altar in which the team's Sherpas (and, in at least one case in 2004, a monk invited from the Tengboche monastery) lead prayers, burn incense and give offerings to bless the expedition. All team members – including sahibs – bring their climbing equipment and lean it against the altar to be blessed. Sherpas also use the altar for smaller, personal pujas every morning and evening.

Ortner describes base camp puja ceremonies as a Sherpa means of “involving the sahibs in some of the spiritual concerns and of getting some sort of moral control over the sahibs” (1999:131). She cites Blum's (1980:191-2) report of an expedition puja ceremony whose Sherpa organizer explained that “before we could climb the mountain safely, we had to have a ceremony in which we would . . . honor the mountain gods.”

⁶⁵ Ortner offers an excellent history of the development of the base camp puja in *Life and Death on Mount Everest* (1999: 130-133).

I agree with Ortner's assessment that the puja is a Sherpa strategy of imposing their beliefs on the landscape and on the sahibs, but my own research suggests that this process is not necessarily this straightforward. In 2004, I noticed that expeditions frequently hung sponsorship banners on their team's puja altars. One explanation for this practice is that since puja altars are quite photogenic and like prayer flags themselves are to some people at least as symbolic of 'Himalayan mountaineering' as they are of Tibetan Buddhism, sponsors like images of their logo on the altars. Placing these advertisements on the puja altars might also be another of the "tactics of habitat" – a "story of power" in which sahibs attempt to reclaim a piece of the base camp landscape. I interviewed a veteran Sherpa who was working for a commercial expedition as sahib cook, and asked him what he thought of the sponsor banners on his team's puja altar: "it's OK, as long as Buddha's picture goes up first."

There is another space in base camp that bears considering but fits awkwardly in the above discussion. I met and befriended many members of a Malaysian team in base camp; they were sponsored by a Malaysian university, and many of the members were researchers or students. The team was predominantly Muslim, and their camp manager once boasted to me that their Sherpa cook had been trained to prepare *halal* food (he also prepared vegetarian food for the team's sole Hindu member). The team had a prayer tent for performing *salat*, though not all members did so regularly. As the only Islamic group in camp, their place in the Sherpa-sahib dynamic is unique, and bears more

study; aside from puja altars this tent would be the only other explicitly 'sacred' place in camp.

Conclusions

For sahibs, the dining tent can be considered a social space, but one fraught with potential danger; this danger stems from the uncontrolled permeation of bodily boundaries. That is, because the dining tent is a place where bodily boundaries are permeated (by food and drink), it is also a place bodily integrity is compromised, thereby bringing the risk of illness and of failure on the mountain. For Sherpas, the dining tent is an important social space – a protected extension of the sun-drenched rocks on which they might play cards or listen to music.

Ortner remarks that Sherpas are “very scrupulous about keeping up their religious practices on the mountains” as a means of controlling the dangers involved in climbing. (1999:128) In this study, however, I consider such practices (building mani wheels, holding pujas, or observing rules about behavior at base camp) to be more than religious; they are not bounded but nuanced. If there is a single theme running through this work, it is that pluralism is the rule in the Khumbu region and in base camp: what Ortner calls 'religious' practice might also be accurately described as social or medical practice, and is probably most accurately described as a combination. Therefore, although Sherpas often report that Biomedicine is the most effective treatment for the altitude problems common at base camp, they have not adopted a western medical epistemology. My observations suggest that Sherpas think of, organize and use space very

differently from sahibs; I argue this is due in large part to their different beliefs about illness and wellness.

CONCLUSIONS

And the end of all our exploring
Will be to arrive where we started
And know the place for the first time.
-T.S. Eliot

About one month into my stay at base camp in 2004, I hiked to the weekend market at Namche Bazaar to buy food. I always enjoyed the walk down to Namche – it is beautiful in any season, and, aside from a few tiring climbs, is mostly downhill. I was walking one especially pleasant section of the trail near the monastery at Tengboche, where rhododendron trees hang over the trail and the Dudh Khosi thunders nearby. Turning a corner, I noticed a man sitting at the trailside. He was a Tibetan trader, sitting cross-legged on a mat surrounded by his wares, dressed in traditional clothing and jewelry with his hair in braids atop his head. He was set up next to the low stone wall surrounding a group of houses,

waiting to sell both to the people who lived there and to whomever happened to be passing along the only trail between Namche and the upper Khumbu.

As I drew nearer, I said “*namaste*,” the Nepali word for ‘hello’ that has become a standard greeting among tourists and locals alike in the Khumbu. The Sherpa/Tibetan word for ‘hello’ is ‘*tashi delek*,’ but nobody had ever used it with me in Nepal, and I only rarely heard Sherpas use it with one another. The trader looked up with a smile and said “*namaste*,” and then quickly added, “and *tashi delek*.”

* * *

I am wary of offering anything like a ‘conclusion’ to this thesis. I have insisted throughout that given the accelerating and increasingly complex nature of culture change in the Khumbu, ethnographies are quickly made obsolete; I now find myself in the unfortunate position of having to offer concluding thoughts which will surely be outdated before long. The story of this trader, however, illustrates as well as any many of the points I have attempted to make throughout this thesis: he had altered his trade over the years, learning to speak English and to add manufactured Chinese products for local Sherpas and curios for tourists to his stock. For this trader, change had taken the form of the accumulation of variety rather than its effacement.

Similarly, the arrival of Biomedicine (and more recently, Ayurveda) in the Khumbu has not displaced local medical beliefs and practices, nor do Sherpas

consider these various medical epistemologies to be mutually exclusive or in competition. Instead, the Sherpas have created another iteration in their already pluralistic medical world. As Craig Janes, studying medical pluralism in Tibet, argues:

modernity does not tend toward completion: as much as ethnomedicine is subject to national and global interests, local interests continue to play a role in seizing upon or struggling to maintain the locally salient dimensions of ethnomedical knowledge and practice. (1995: 8)

This accretion of medical beliefs and practices is probably more troubling for ethnographers than for locals. Studying medical pluralism in Japan, Margaret Lock long ago noted “the ability of an individual to sustain potentially conflicting points of view, any of which may be drawn upon depending on the situation” (Lock 1981: 3). Because Sherpas do not necessarily regard their various medical epistemologies as conflicting, pluralism is a natural state of affairs; where outsiders see a series of logical conflicts, Sherpas see an abundance of choice.

Looking Ahead

I consider this discussion about medical pluralism important for two reasons: first, medical pluralism had previously been only briefly explored in the Khumbu (Adams, 1988) and not at all at base camp; second, my research contradicts assumptions among some previous ethnographers of the Sherpas in particular and some theorists generally that western culture, and with it Biomedicine, would inevitably displace Sherpa traditions and dominate the Khumbu.

This assumption that globalization is a monolithic force that ‘happens to’ natives, frequently against their will and always at the expense of their ‘traditional culture’ is a durable one. Adams writes that

attempts to preserve Himalayan Sherpa culture speak to the desires for cultural authenticity and the seductions that such desires arouse. . . Tourism in Nepal, and even anthropology, in its own way, are at least partly about the effects of a quest for authenticity. (1996: 237)

Hopefully this thesis has suggested new directions for inquiry and suggested new ways of thinking about the dynamics of globalization in the Khumbu. As Adams has already insisted, future ethnographers will increasingly have to grapple with the question of how new Sherpa authenticities are created.

The role of Ayurveda in the Sherpa medical world is particularly intriguing, and should be the subject of future research. It is important both to explore how Ayurveda is used and understood by individual Sherpas, and to develop some grasp of the large-scale dynamics and politics of its arrival in the area. The increasing popularity of ‘Eastern’ (rather than ‘Western’) medicine in a community commonly thought to be an example of the processes of ‘modernizing’, ‘Westernizing’ or ‘globalizing’ demands a reconsideration of exactly what those terms mean. None of the early ethnographers of the Khumbu imagined that culture change would include an increasing ‘Hinduization’ of the area, and a study of the reasons for this phenomenon, and projections of its future course, would prove richly rewarding.

Development has unfolded in unusual ways in Khumbu region; most of Hillary’s projects were initiated at the request of locals, which – though

apparently commonsensical – is not common. The pace of development has also undoubtedly been limited by the altitude, the lack of roads, and by the harshness of the climate. Lastly, Sherpas have shaped development in the area through the fostering of ‘sponsorship’ relationships with wealthy foreign visitors, allowing them to further supplement and diversify their incomes. Taken together, these factors have given culture change in the Khumbu a unique character, and one which I hope is studied in more depth in the future.

There remain significant gaps in my ethnography of base camp: a careful investigation of gender looms large among them. In particular, the dynamics between female doctors and their almost exclusively male clientele on Everest stands to be explored, as does the growing market for Sherpani trekking guides. Several such guides were available from a variety of trekking companies in 2005, and they generally preferred to work with only female sahib clients. Ortner (1999) and Adams (1996) both discuss female mountaineers – both Sherpa and sahib – but the female perspective of a largely male world still bears a great deal of study.

I also hope I have opened the door for a discussion of base camp as a community. I believe I have depicted base camp as a community in some way, and at the same time challenged what exactly ‘community’ means. Although base camp is unique, it may become increasingly typical in some ways of the new sorts of communities created as the processes of globalization connect more and more of the world: dynamic and heterogenous, and pluralistic in many senses.

* * *

I will end my ethnography of the Sherpas with the same sort of very personal reflection that Christophe von Fürer-Haimendorf used to begin his *The Sherpas Transformed* in 1984. To me, the disappearance of, for instance, colourfully photogenic traditional dress diminishes in importance when compared with the rich pluralism that rules the medical world of the Khumbu, incorporating both strong and growing tradition with critically engaged, locally relevant imported culture. Sherpas have indeed largely abandoned some pieces of their traditional dress in favour of high-tech insulated and weatherproof clothes. But this act is itself another careful appropriation of a foreign culture by a borderland people whose world has long been creolized. The Sherpas are not the subjects of recent forces of globalization but longtime participants in the “heterogeneous transnational culture” (Adams 1996:241), a culture that, in the Khumbu, has only relatively recently included the ‘west.’ Assumptions to the contrary are at best romantic and at worst ethnocentric.

Marshall Sahlins channeled Mark Twain when he wrote that “reports of the death of indigenous cultures have been exaggerated” (1999: i). Based on my experiences in base camp and in the Khumbu across four years, I suggest Sahlins’ observation holds true in northern Nepal. I am confident that the Khumbu region and Everest base camp will continue to change, and in unexpected ways. The change will not be toward a monoculture, however, but will involve the continuing enrichment of pluralism of many sorts. The medical world I found at base camp should, in retrospect, be unsurprising given the history of the Khumbu.

Indeed, the robust pluralism I observed suggests that the region may actually have changed much less than most people think; the “tradition of change” continues.

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