

Pluralistic medical system in Xinjiang and the Uyghur ethnic identity

SHOJIRO FUJIYAMA

Fukuoka Prefectural University

ABSTRACT

This paper focuses on the manner in which the Uyghur people in Hotan—southern district of Xinjiang Uyghur Autonomous Region in China—think and act when confronted with an illness. With deprived economic situations and complicated ethnic relations as well as the pluralistic medical system, which therapeutic alternative medicine do the Uyghur people chose? Moreover, what are the important factors that influence their choice?

A pluralistic medical environment, like the one in Xinjiang, also exists in various other countries. It can be viewed as a minor practical problem. For instance, if the treatment is medically effective, then the people simply opt for it. However, the medical institution, especially modern European medicine (biomedicine), cannot be reduced to just a matter of medical problem. In other words, when considering the Western medical system, it is important to consider the social, cultural, and political context.

Michel Foucault treats the process of that modern medicine, including public health and preventive medicine, became charged with a significant role since the 18th century in the administration of various European countries.

With the advent of modern medicine, statistics for the measurement and quantification of “population” became crucial to the art of governmentality; natural lifecycles (birth, illness, and death) assumed more significant roles such as birth rate, illness rate, and mortality rate. The disease of the individual was no longer of concern; rather, the focus had shifted to the population as a whole. The management of health risks and public health was enforced keeping the population in mind. Moreover, the spread of modern medicine brought with it the use of bio-power (bio-politic) within the state.

Xinjiang was far behind in the expansion of the modern medicine, and does not receive sufficient medicines now. In southern Xinjiang, the medical standard is very low. Medicine in itself is neutral; in other words, anyone who benefits from the medicine can use it. However, when medicine is implemented as a system in society, it becomes a political, economic, and cultural problem. Further, it becomes the means to control a group of people. Eventually, it becomes a “power” that subconsciously affects individual perspectives and actions.

Modern medicine is related to various problems that exist among people; in some cases, it further complicates these problems. With regard to Xinjiang, it is deeply related to

the problem of ethnicity. After P. R. C was founded, the problems pertaining to medicine and health were resolved to a certain extent. In 1999, the average life expectancy in Xinjiang was 69.1 years; this was lower than the life expectancy of the whole China, 70.4 years.

It is believed that the life expectancy of the Uyghur people is 63 years; however, that of the Xinjiang Production Construction Corps (mostly the Han people) is 75.6 years. Moreover, the infant mortality rate of the Uyghur people is also higher than the average rate of the Chinese as well as the Han people in the Xinjiang.

Although the public health policy was successful, the difference between ethnic groups remains. In 1990, the health care budget of the Xinjiang government was 9% of the total budget. However, medicine is never equally distributed among people. Most of the medical facilities, such as hospitals, are concentrated in Han-inhabited areas. Further, a majority of the doctors at the hospital and health care personnel are Hans who are unable to speak Uyghur. Moreover, over the last several years, the number of private hospitals has increased; however, hospitals that only perform health examinations charge excessively and fail to provide effective treatment.

Owing to the fact that modern medicine has been effectively employed by the Chinese government for the purpose of preventive health care, especially for the prevention of epidemics and the development of public health, the political context of medicine has become significant.

Considering the historical relationship between the Uyghur people and the Chinese government—in which the ethnic relationship is still tense—and observing the spread of government supported modern medicine to Xinjiang—the problem of Uyghur cultural identity can be established.

In the recent years, in Hotan, the established complex historical traditions have been rapidly modernized by the Reforming and Opening Policy, and the Great Western Development Plan introduced by the Chinese government. Hotan is famous for its production of silk and carpets; however, it is mostly an agricultural region. In addition to the traditional healing rituals that still exist, several methods for the treatment of pain and illnesses, such as prayers at the *mazar*, the informal sale of pharmaceuticals in the bazaar, modern medicine, and Uyghur medicine, are still available. This paper argues the existing mutual relationship between these medical systems.

In particular, the following important issues have been discussed: (1) Although Uyghur medicine occupies an important position in the identity of the Uyghur people, the theoretical and practical support by the modern European medicine has gradually increased in significance and (2) in the development of the One Child Policy (family planning) and based on the perspective of modern European medicine, traditional Uyghur customs such as having

several children and the conventional method of delivery were prohibited. ; as a consequence, this led to an alteration in the Uyghur culture.

Keywords: Medical anthropology, Uyghur medicine, Western medicine (bio-medicine), Medical pluralism, Xinjiang, Hotan

1. UYGHUR MEDICINE

Although our understanding of the history of Uyghur medicine is limited, it is evident that for many years, Uyghur medicine was the nucleus of Uyghur medical practices. Further, even after Uyghur medicine has been recognized as institutional medicine, it is still considerably different in scale from modern medicine, which is supported by the Chinese government.

In Hotan, which is the center of Uyghur medicine, the number of polyclinics practicing European medicine is 11, the number of available beds is 1856, and the number of personnel is 1994. On the other hand, with regard to Uyghur medicine, the number of hospitals is 8, the number of available beds is 370, and the number of personnel is 393.

Further, over the past several years, there has been a substantial increase in the number of private hospitals practicing Uyghur medicine. However, since there are many types of medical organizations that practice Uyghur medicine, it is difficult to obtain accurate statistics. The various types of medical organizations at Hotan include hospitals with many available beds and staff, private clinics opened by retired teachers of the Uyghur Medical School, and houses that have been converted into dispensaries by medical students after graduation. Although these private dispensaries do not display a signboard, which is a matter of concern for the government, many patients still visit these dispensaries as a result of personal communication.

In this chapter, first, we address the history of Uyghur medicine and its development up to the present status; and second, we introduce case studies of practicing Uyghur doctors. The rapid increase in the number of private hospitals appears to be a response to the rising need for Uyghur medicine. However, the theory as well as the effects of the Uyghur medicine can only be verified by comparing its theory and methods with those of modern European medicine.

Old and experienced doctors believe that a combination of Uyghur and European medicines is unessential. They believe that the present clinical situation is critical and theory is not important, but it is important for younger doctors to introduce European medical theories. Moreover, one cannot disregard the fact that Uyghur medicine develops constantly,

and that this process of development has led to the estrangement of the Han people. The medicine for the Han people is European medicine.

1-1. HISTORY AND PRESENT STATUS OF UYGHUR MEDICINE

It was believed that Uyghur medicine began alongside Greek medicine in the fifth century BC and that Unani medicine (Greco-Arab medicine), which developed in the Arab area in the twelfth century, spread to the Uyghur region. However, at present, not much emphasis is laid on the connection of Uyghur medicine with Islam; in fact, it is often believed that Uyghur medicine was present in Tarim basin at the time of Hippocrates and Greek medicine, 2500 years earlier.

Further, Unani medicine, which was essentially mixed medicine from combined with Greek medicine, Indian medicine and Arab folk medicine, was prevalent in Europe until the emergence of modern medicine. It was pushed into the background by European medicine that spread through the Arab area as a result of colonialism; consequently, at present, Unani medicine as an institution has ceased to exist. The similarity of Uyghur medicine with traditional medicines from India, Pakistan and Iran, is undeniable.

European medicine was officially introduced in Xinjiang after the formation of the P. R. C. Prior to that, private doctors practiced Uyghur medicine. When examining the brief modern history of Uyghur medicine based on data available on Lop Prefecture, it is found that in the 1880s, Tohuthi Ahon, a famous Uyghur doctor, lived in Lop Prefecture. At the time, another private Uyghur doctors were practicing medical preservation of health and the prevention of epidemics. In 1954, they entered into a local government organization and practiced general medical management. In 1956, together with eight doctors, the Lop County Uyghur Doctor's Union Dispensary was established. Further, income was equally distributed among these doctors.

At the time of the Great Proletarian Cultural Revolution, members of the Lop Prefecture Uyghur Doctor's Union Dispensary were either demoted to performing agricultural labor (*xiafang*, in Chinese) or were transferred to other works. As a result, in 1960, they merged with the sanitation board of Lop Prefecture. In 1978, the clinical services of the board were discontinued; however, in 1988, the Uyghur Medical Hospital was established with the support of the prefecture government and the Xinjiang sanitation agency.

The Uyghur Medical Hospital received 20,000 yuan as contribution from each county; further, it borrowed 30,000 yuan from the bank, free of interest, and arranged for medicine and medical appliances using the its own funds. In 1994, the staff at the hospital included two doctors, four lower-ranked doctors, two pharmacists, one nurse, and 21 other staff members. Moreover,

the number of available beds was 20, and approximately 40–50 patients visited daily.

According to the ethnography of Poskam (Zepu) Prefecture, which is Kashgar district, before 1947, there was neither any public medical sanitation organization nor any private clinic in the region. However, there were five religious persons who practiced medical treatment in one corner of the bazaar. These priests administered folk medicine, but had few patients. Many people who were suffering from illnesses, performed shamanic ceremonies to expel evil and demonic spirits, or the shaman would expel the evil nature by making a hawk fly. In the 1950s and 1960s, there were only five Uyghur doctors who offered medical services. A clinic was built in 1979, and in 1985, a Uyghur doctor's office was established in the prefecture.

With regard to Hotan, the following description of *"The Hotan Scenery"* has been obtained. Uyghur medicine boasts of a history of more than 2000 years." In the case of literature on Islamic medicine, *"The 36 Volumes of Islamic Pharmacy"* are considered as famous literature in this area.

In Hotan, in 1956, the Xinjiang Sanitation Worker's Society and the Uyghur People's Clinic were established. These eventually developed into the Hotan District Uyghur Medical Hospital. In 1992, the staff at the hospital included 257 Uyghur doctors and professionals as well as 181 nursing staff. The number of available beds is 150, and approximately 35,000 patients visit the hospital annually. Further, it was divided into specific departments, including the inpatient and outpatient departments, the drug production department, and the education and research department. Subsequently, Uyghur medical hospitals were established in seven prefectures. In addition to this, Hotan city also have 300 clinics and drug stores.

Moreover, treatment for chronic ailments, such as cardiac diseases, using European medicine has been found to be ineffective. However, it is believed that the effect of Uyghur medical treatment on such diseases and on primary healthcare is remarkable.

After the establishment of the Xinjiang Uyghur Medical School in 1992, the Hotan District Uyghur Hospital became an attachment hospital. Uyghur Medical School offers three courses, namely, medicine, pharmacy, and nursing. There are 400 students in each grade and 70 teachers teaching the courses.

In the university, 90% of the 1760 students are of Uyghur ethnicity. There are also small percentages of Kazakhs and other ethnic groups; however, none of the students at the university are of Han ethnicity. The annual expenditure of the school is 4500 yuan including the lodging fees, and 3500 yuan otherwise. With regard to university ranking in Xinjiang, Xinjiang Medical College holds the top position and Uyghur Medical School ranks second.

1-2. THE VALIDATION OF UYGHUR MEDICINE BY MODERN MEDICINE

As a result of the Reforming and Opening Policy related to medicine, Uyghur medicine has developed rapidly. At present, there are 40 Uyghur medical hospitals in Xinjiang. Of these hospitals, one meets the standards of the Autonomous Region, six satisfy the district standards, and thirty-three comply with the city and county standards. There are a total of 2700 practicing doctors and medical technical experts and 1980 available beds. The established Uyghur Medical School is also achieving positive results with regard to the cure of vitiligo, coronary heart diseases, cerebral diseases, and so on.

To substantiate this development further, the International Academic Conference on the Uyghur Medicine was held in Urumqi in the year 2003. This conference was attended by many people from Europe, Russia, India, Pakistan and Japan; the Chairman of the Government of Xinjiang was present in the opening ceremony and added to its magnificence.

This conference reported in approximately 300 papers. Among these papers, only few researches focused on the historical aspect of Uyghur medicine; a majority of the papers submitted pertained to research on the theoretical, experimental, clinical, and pharmacological aspects of Uyghur medicine.

The main purpose of the conference was the modernization and progress of Uyghur medicine. Consequently, many papers inevitably applied the theory and practices of modern medicine to verify Uyghur medicine, rather than employing the traditional practices of Uyghur medicine itself. Thus, Uyghur medicine was validated by modern medicine.

For example, a paper entitled “The laboratory and clinical aspects of a pathological syndrome of *savda* in contemporary medicine, traditional Chinese medicine, and Uyghur medicine” analyzes the pathological syndrome of abnormal *savda* using the three different medical systems. The malfunction of *savda* is related to diseases such as diabetes, hypertension, cancer, and bronchitis. Researchers believe that the malfunction of *savda* is hereditary.

For the purpose of this analysis, researchers obtained gene information from the DNA of a patient with abnormal *savda*. Polymorphism of the angiotensin-converting enzyme gene was present in such patients. When Uyghur medicine was administered to these patients to balance the abnormal level of *savda*, certain effects were evident in the angiotensin-converting enzyme gene. A better understanding of this can be acquired by using the mechanisms of molecular biology. Therefore, the direction that the progress of traditional Uyghur medicine assumes is determined by modern medicine.

Given the present scenario, illness concept and etiology are considered within the framework of modern medicine; thus hampering the development of the original theory of the Uyghur medicine. Most of the research papers presented arguments that combined Uyghur and

European medicines.

1-3. CASE STUDY 1: A PRIVATE UYGHUR MEDICAL HOSPITAL

The signboard at the hospital indicates that he is a formal Uyghur doctor. He was a teacher at the Uyghur Medical School.

*First, I pray to *Huda* and give the patients medicine for their ailments; it is good to pray to *Huda* at *mazar*. It is also good to pray to *Imam Asim* to cure a painful knee. But the fact is that praying to *Piri-khon* and *Bahkshi* is worthless; it is sinful to curse others. As far as chronic ailments such as physical sickness and backache are concerned, praying at the *mazar* and to *Bahkshi* is of no avail. These healers may only be capable of treating mental illnesses.

Many people turn to Uyghur medicine after European medicine has failed to cure their ailments. In general, treatment using Uyghur medicine does not involve any invasive surgery, and the drugs that are prescribed are natural and safe, even for long-term use. Since people are anxious about the possible side-effects of European medicine, they opt for Uyghur medicine as a safer choice. In my family, there have been Uyghur doctors for five generations; my children also attend the school for Uyghur medicine. In fact, I have also prepared medicines that can heart cure ailments. These medicines help in ailments such as myocardial infarction, weakening of the heart, and irregular pulse. Currently, there has been a rise in the number of diseases related to the heart because of dietary changes. Moreover, the intake of cold food as well as meat is also increasing. An increase in the intake of meat can cause the cholesterol levels in the blood to rise. In other words, the type of diet directly affects health. For instance, if an individual is suffering from a skin complaint including inflammation and itchiness, it is preferable to avoid food such as beef, eggs, onions, leek, meat bread, and fresh bread. Further, when prescribing drugs, it is advisable for the practitioner to take the patient's diet into consideration. In addition, the use of chemical fertilizers and agricultural chemicals has also been associated with the rise of cancer cases, especially in women.

It is believed that Japan does not use chemical fertilizers in agriculture. But, China cannot stop from using chemical fertilizers because of the continual increase in population. In 1990, Uyghur medicine was officially accepted. In Hotan, there are only three government authorized doctors, while the other doctors are merely selling drugs.

My daughter is practicing as a Chinese medical doctor in Turkey. Further, it is also important to note that the theory of Uyghur medicine differs from that of Chinese medicine.

Although 60% of the medicines prescribed are the same, the main difference between the two schools of medicine is the method of medicine intake. A district hospital in Hotan offers treatment using Chinese medicine. However, in Turkey, Uyghur medicine is not well-known or understood. Further, in countries like Iran, Pakistan, and India, Uyghur medicine is widely known. For instance, the book *“All of Unani Medicine”* is available in Iran, while the book *“The Way of Curing,”* which is written in Urdu, is available in Pakistan.

Unani medicine is slightly different from Ayurveda. But In both, the method adopted for curing an ailment is dependent on the constitution of an individual.

1-4. CASE STUDY 2: A PRIVATE HOSPITAL OFFERING UYGHUR MEDICINE

He retired from teaching at the Uyghur medical school is, had Uyghur medical hospital with signboard

*At present, the field of Uyghur medicine is undergoing considerable development, however, the number of unqualified doctors is also on the rise. Although the practice of such doctors is prohibited by the law, it has not yet been possible to take any kind legal action. Further, since these doctors lack the knowledge that is required to prepare medicine, they prepare counterfeit medicines and sell them in the market. It is evident that Uyghur medicine is gradually evolving into a profitable business.

Since I was 12-years-old, I studied medicine under my father—a doctor of Uyghur medicine—while attending an ordinary school. I continued to study and learn everything that my father taught me, from the beginning to the end. I became an independent doctor at the age of 30 in China; at the time, there were only 16 good doctors in Hotan. These doctors are now famous.” However, the fact still remains that there are many doctors who are unable cure any ailment without referring to the manual.

During the period of the People’s Commune, the practice of Uyghur medicine was prohibited. The status of Uyghur medicine at the time can be equated to superstitions; in other words, Uyghur medicine was not considered to be genuine. Moreover, in hospitals practicing European medicine, Uyghur medicine was regarded as a stream of Chinese medicine. During the period of the People’s Commune, for six years, I had to resort to tailoring clothes as a source of income. However, after the Great Proletarian Cultural Revolution, the ban on the practice of Uyghur medicine was lifted.

“Saksanxalta” (eighty sacks) was a term used to refer to pharmaceutical salesmen. This was only because it was convenient for the local people to verbalize, and not because it had a special underlying meaning. (*Saksanxalta* implies a folk medicine stall in a market.

There is no literal significance of the number eighty. Among the Uyghur people, as is among the Japanese, eighty is used to represent a large number of things. Ordinary pharmaceutical salesmen were referred to as “*dorihana*” .)

Uyghur medicine must not be combined with European medicine. Although European medicine offers quicker healing, it also has many side-effects. On the other hand, Uyghur medicine involves a slower healing process, but it is considered to be safe. In comparison with Chinese medicine, the idea is different. Further, Chinese medicine mainly employs a root for treatment; however, Uyghur medicine prefers the application of a leaf.

The practice of *Bahkshi* rituals for the treatment of ailments appears to be ineffective; even praying at the *mazar* seems futile. Further, Uyghur medicine is not related to Islam. (An 18-year-old student from Lop County was studying an Urdu medical book. He was studying the methods of making medicine, diagnosing ailments of patients, and so on.)

The explanation: these two Uyghur doctor are famous. Moreover, Uyghur medicine is also not related to European medicine. One side-effect of Western medicine is that the drugs prescribed are potent and appear to control the patient. Agricultural chemicals and chemical fertilizers, which many people perceive as the reason behind the increase in diseases such as the cancer, tend to be associated with the drugs prescribed in European medicine. Further, Two Uyghur dictors possess a negative attitude toward *Bahkshi* as well as the *mazar*, suggesting that, medically, there was no connection between Uyghur and Islam. Over the recent years, the number of people practicing Uyghur medicine and providing pharmaceuticals for the same has rapidly risen. This is because Uyghur medicine has evolved into a profitable business. Since it is impossible for everybody to be employed at the same time, most people—after graduating from the Uyghur medicine school—set up small pharmaceutical stalls and become apprentices to famous doctors. The general belief is that graduating from a Uyghur medical school does not guarantee employment for Uyghur people.

The number of unqualified Uyghur doctors and counterfeit medicines has also increased. In order to prevent this unlimited increase in the unlawful practice of medicine, the government has enacted various regulations and practices such as regular inspections and the registered licenses.

Even in the contemporary history of Xinjiang, Uyghur medicine was unable to proliferate. Moreover, during the Great Proletarian Cultural Revolution, Uyghur medicine ceased to exist. As a result, at present, many people confuse Uyghur medicine with Chinese medicine.

1-5. THE UYGHUR MEDICAL HOSPITAL

The director of this hospital:

*The 10-year-old Uyghur medical hospital was named after a famous ancient doctor. I established this hospital and had never attended a school of Uyghur medicine. Since I was 16-years-old, I served as an apprentice under a doctor and acquired the necessary knowledge pertaining to Uyghur medicine. At present, I am 55 years old. The apprentice could only observe and listen to the patients' stories. I passed my medical examination through self-evaluation. However, currently, there are 30 apprentices in the hospital; they can obtain medical education and graduate as certified doctors.

In recent years, Uyghur medicine has developed irrespective of the political situation. The senses of smell, sound, sight, and touch are used for diagnoses. In this hospital, there are 50 available beds with the capacity to keep patients for a period of one month to one-and-a-half years. Moreover, with regard to diet, the patients' families prepare their meals. I published an illustrated dictionary of Uyghur medicine entitled "*The Uyghur doctor's commonly used herbal medicine*"; this dictionary was compiled in Uyghur.

(In fact, most of the books on Uyghur medicine are written in Uyghur. Although the medium of instruction at the Uyghur medical school is Uyghur, at universities, Uyghur medicine is taught in Chinese. As a result, the spread of the Uyghur medicine is restricted. Moreover, many medical books are available in Hotan; however, these books are written in Chinese and are related to western and Chinese medicines.)

1-6. CASE STUDIES OF THE PATIENTS IN THE HOTAN DISTRICT UYGHUR MEDICAL HOSPITAL

*Patient 1: As a result of heart disease and hypertension, I left Yopur prefecture in Kashgar and came to this hospital for treatment. I had heard about this hospital through word-of-mouth. This was my first visit to the hospital. Earlier, I had been prescribed medicines that help lower the blood pressure. Although the European medicines helped lower my blood pressure immediately, once the medicines were discontinued, my blood pressure rose again. The Uyghur medicine I received in this hospital did not function in this manner. I was hospitalized for one month and soon recovered. Initially, I would fall short of breath when running; however, at present, this does not happen.

*Patient 2: 39-year-old patient from Hotan city is a retired teacher suffering from rheumatism. As a result of my anxiety with regard to the side-effects of European medicine, I did not visit any hospital practicing it. During the course of this treatment for rheumatism, I suffered from stomach ailments. He was advised by the doctors at this hospital to stop eating meat in any form.

In Hotan, there are many hospitals; a majority of the shops in Hotan deal with medicines. From the 42 medical hospitals that are present in Xinjiang, only four hospitals are equipped to prepare medicines. Further, these medicines can only be used in Hotan, and their sale is prohibited in Kashgar Prefecture. In the absence of a defined medical policy pertaining to the management of Uyghur medicine, the government has categorized it alongside Chinese medicine. With regard to the cost of hospitalization, the average daily cost at a Uyghur medical hospital is 15-25 yuan; however, the average monthly cost of hospitalization at a European medical hospital is 10,000 yuan.

At the hospital, the cerebral vein department has five doctors and five nurses (in Uyghur, “*sistra*”). As compared to doctors, there are very few nurses because, invariably, the family nurses the patient.

Each department at the hospital has the same composition. There are many patients in the gynecology department that are suffering from cancer. Further, approximately 80% of the patients in the dermatology department suffer from vitiligo (in Uyghur, this is termed “*aqkesal*” or white sickness). The treatment of vitiligo is financed by the government.

*Patient 3: I’m a junior high school student from Lop County. One day at school, my limb suddenly hardened. European medical doctors suggested that it was a mental illness and advised that you visit a medical hospital. My limb ailment continued for three months, and it was accompanied by headaches. I was hospitalized for 58 days. My headaches have improved; however, my leg remains paralyzed.

*Patient 4: This patient is 12 years old and is from Tira Prefecture. I believe that due to the use of ointments and medicines, he developed vitiligo at the age of nine. Moreover, I feel that I should have avoided cold and instant food.

*Patient 5: This 16-year-old patient from Yarkand County is suffering from dermatitis and is unable to determine its cause. I have now become atopic. European medicine has been unable to cure me, and the doctors are unsure of the required treatment. I feel that the intake of vegetable soup will be beneficial. Further, I have also attempted to visit *Bahkshi*.

Many people of Uyghur ethnicity are anxious about the side-effects of European medicine; as a result, they depend on Uyghur medicine. On the other hand, the number of Han people visiting Uyghur medical hospitals is small.

Dermatosis, which is observed in Japan, is ordinary *facula* (vitiligo); however, there

is no effective treatment for it. Uyghur medicine has been able to treat it effectively to some extent. As a result of the change in dietary habits, at present, cases of diabetes, cardiac disease, and other such diseases are increasing. It is believed that Uyghur medicine may be effective in treating such chronic diseases.

2. MODERN EUROPEAN MEDICINE

In the Uyghur region, modern European medicine is the more conventional form of treatment and is promoted by the government. It catered to the Hans living in Xinjiang. However, in the farming villages inhabited by many Uyghurs, modern medical systems are not so widespread. Moreover, for the poorer people, a system providing medical care insurance was out of reach because it was not well equipped.

Further, as a result of European medicine's ideology, planned births and monitored growth became prominent, which was strongly proliferated after Mao; this was in contrast to the traditional Uyghur culture of birth.

2-1. HISTORY AND PRESENT STATUS OF MODERN EUROPEAN MEDICINE

In 1938, the Hotan Hospital was established. At that time, the overall situation in Xinjiang was comparatively stable under the leadership of Sheng Shicai. Various administrative systems such as the police bureau, the education bureau, and so on, were established in Hotan district.

At the time of establishment, the number of working staff in this Hospital was four. After the formation of the P.R.C, the name of this hospital was changed to the Hotan District People's Hospital. In 1992, there were 350 medical technology personnel and 400 available beds. Moreover, this Hospital was a polyclinic hospital offering Chinese medicine as well, and a majority of the doctors at this hospital were of Han ethnicity. There was a People's Hospital in each prefecture and a dispensary in each county (a total of 87 in the entire area).

Further, in 1958, Hotan District Hygienics School was established at an intermediate level. In 1960, these schools were closed and reestablished in 1974. Most of the 17 teachers at these schools were not formally trained. In 1987, the number of teachers working full-time reached 34 and the number of students increased to 700.

In these schools, second-class doctors (these are different from regular doctors), nurses, midwives, pharmacists, Uyghur doctors, public health servicemen, and people trained to conduct health examinations were trained. There are two levels of examination that students

must prepare for, namely, junior high school and high school. Most students manage to clear the examinations. All junior high school graduates become nurses, and high school graduates become second-class doctors after completing four years in the school. After graduating, these students become doctors in villages. Students graduating from medical colleges are employed at hospitals in cities or prefectures. In 1938, in the Republic of China, western medicine was established in Lop County, next to Hotan. Further, it is believed that this was the time when European medicine began spreading into this region.

Soon after the formation of the P.R.C, the practice of traditional medicine, such as Chinese medicine and Uyghur medicine, was prohibited and attempts were made to establish a modern medical system that comprised only of modern European medicine. However, modern European medicine was not suitable for the actual conditions that were prevalent; consequently, traditional medicine continued to thrive.

At present, an overwhelming number of hospitals practice European medicine. At the time of socialism, all hospitals were managed by the government; hospitals managed by the local government were responsible for all medicine. However, with the development of medical policies, private hospitals were established and the private hospital in Hotan is made in the whole country by the capital of Shanghai and so on at the Hotan.

2-2. THE PROMOTION OF FAMILY PLANNING BY EUROPEAN MEDICINE AND THE SUBSEQUENT INTERFERENCE IN UYGHUR CULTURE

The sanitary department of the government fundamentally follows European medicine. In the Xinjiang region, health practices and investigations are being conducted to ensure that all prefectures and counties meet the government policy requirements. One of the several investigations pertains to the increase in the number of diseases related to the uterus, particularly in southern Xinjiang regions such as Hotan and Kashgar Prefectures. Investigations related to the prevention of illnesses were conducted from 1981 to 1982.

With regard to the increase in diseases related to the uterus, the following reasons were established as the causes: (1) early marriages, birth at an early age, and having many children; (2) carrying heavy bags (termed as '*tagar*' in Uyghur) on the shoulder and hard labor; (3) the habit of squatting while working (most women begin working soon after delivery); (4) the method of delivery, which is still conventional, and the fact that modern methods are not yet popular (most women deliver babies in a sitting position, which is the Uyghur method of delivery, and now most women do deliver at hospitals rather than with the help of a midwife); and (5) poor nutrition. On receiving the results of this investigation, the government introduced policies stipulating the following: (1) women should have children

at a later age, (2) there should be a considerable interval between children, and (3) women should have fewer children. Moreover, the government decided to discontinue the delivery of children in a sitting position and attempted to popularize newer methods.

In 1985, another investigation on a similar issue pertaining to the cancer of the uterus was conducted for approximately 43,000 women in Urumqi and Kashgar. According to the results, in Urumqi, the disease rate was 604 to 100,000 in marriages at the age of 15 years or less, and only 4 in marriages at the age of 21 years or more. In Kashgar, the disease rate was 433 and 0 at the abovementioned marriage ages, respectively.

However, when examining the actual numbers in Urumqi, four women who were married at the age of 15 years or less contracted the disease; this figure was one in women married at the age of 21 years or more. The total number of cases was 19. Moreover, an investigation of the correlation between the age at the time of the first child and that of disease contraction is similar. In Kashgar, six women who gave birth at the age of 20 years or less contracted a disease; this number was one for women who gave birth at the age of 20 years or more.

When expressing these figures in percentages, a considerable difference can be observed; however, the actual numbers are too few. Through the results of this investigation, it is evident that marriage and childbirth at an early age places women at a greater risk of disease contraction. Moreover, it is believed that marriage at a minimum age of 20 years or more can help in the prevention of this disease. In other words, marriage and childbirth at a later age are proposed. However, early marriage as well as giving birth to several children at an early age are a part of the Uyghur culture and are considered customary. Moreover, the sitting position is also a traditional Uyghur method of delivery.

Based on the reports of European medicine, the practice of such Uyghur customs was prohibited and changed. Although the possibility that giving birth to several children at an early age can increase the risk of contraction of disease exists, it has not yet been medically proven. In 1979, the Chinese government introduced the family planning policy.

Following this, around 1988, this situation was politically established by the introduction of the family planning policy (the only child policy), which was implemented in southern Xinjiang. In Lop County, near Hotan, the Lop County Family Planning Committee was formed in 1988 and the individual responsible for the execution of the policy (a farmer from the ethnic minority) was permitted to have three children out of 44,492 women in 1994 is 18,534, 47· 87%.

Further, the birth rate of the county fell from 25 (for every 1000 people) in 1981 to 21 in 1994. In 1973, sanitation measures for and the prevention of epidemics as well as a health center for women was established, and in 1990, the health center for women became

independent. The Chinese government's point of view with regard to family planning is as follows: (1) marriage and childbirth at a later age, (2) fewer and healthier children, (3) regarding male and female children as the same, and (4) imbibing the current trend of a perfect and harmonious small family.

Moreover, these points of view represent a modern, scientific, and civilized way of life. At present, the number of early marriages is decreasing. In addition, the size of the family is becoming smaller, and the nuclear family is becoming the predominant family unit in modern China. Further, people are able to obtain scientific knowledge and information on population, child delivery, contraception, birth plans, maternity, and child care through lectures and consultation with medics.

The birth plan prevalent in modern China is a typical indicator of bio-power. China has established countrywide family planning services that include networks consisting of hospitals, maternity and childcare centers, and family planning centers. Thousands of maternity and childcare centers provide various services, including general surveys, prevention and treatment of women's diseases, consultation on hereditary diseases, pre-marriage check-ups, health care for pregnant and postpartum women, new delivery methods, health care for babies and young children, etc. Further, abortions are also performed here.

The family planning manager:

*I got married at the age of 18 to a person that I chose from my village. He was also my relative, i. e., our mothers were stepsisters. I have three children and do not make use of a *buxuk* (Uyghur for the term "cradle"). I am a midwife, but I help with deliveries at the county hospital. At present, we do not follow the traditional method of childbirth, which requires the woman to be in a sitting position. Further, I do not use nappies. Moreover, I am a chief of the woman's association and do not visit the mazar. Having too many children can be troublesome; however, there are women who would like to have five children. In this village, we are equipped to manage several children. In addition, we perform operations to prevent childbirth when the number of children is too high. Eventually, many people consider it beneficial to have fewer children because life can be extremely difficult.

2-3. BUZAK COUNTY HOSPITAL IN HOTAN

The Buzak County Hospital in Hotan is managed by the local government. A nurse, who is of Han ethnicity, working at the hospital said the following:

*I was born in Hotan and graduated from the Hotan District Hygienics School, which is

equivalent to a junior college in Japan. This kind of school was so many in the whole China, but the ratio of the doctor training-up in the university increase gradually. I was employed at this hospital in 1999. At present, there is no doctor who is graduating from the university. Further, this hospital was established in the 1970s, during the time of the People's Commune. The cost of getting a cold treated at the hospital is 20 yuan or a chicken. On an average, 15 patients visit daily. Further, there are no facilities for surgery. In the county, there are 20 public health nurses who are involved in activities related to the prevention of illnesses, vaccine inoculations, and so on. Diseases such as poliomyelitis, tetanus, whooping cough, and thyroid enlargement (observed more in middle-aged patients because of iodine deficiency) are prevalent to a great extent. Moreover, lung diseases, such as cold are predominant in this area.

With regard to family planning (the birth plan), the hospital is not directly involved with it. A committee in the county government maintains records of the number of children per family, and when this number exceeds the maximum limit, the committee issues a certificate to the hospital authorities. There are two cases at the hospital within one year. Sometimes, I am unable to correctly understand Uyghur.

There are many people of Han ethnicity in such public hospitals who are unable to communicate to Uyghur people. Therefore, a majority of the habitants do not visit this hospital.

*There are five people of Han origin who are presently working at this hospital and can speak Uyghur better than me. They learnt the language naturally. Further, I am unable to acquire a qualification to attend the university if working in 3 years. Moreover, it is impossible for me to transfer within the next five years. I would like to attend the medical colleges in Beijing or Shanghai. It is difficult for the graduate from the Hotan District Hygienics School because of English examinations. And, it is impossible to work at the hospital in Hotan city if one has not graduated from Xinjiang Medical University. Thirty percent of my salary goes toward the working expenditure of the hospital. Moreover, if there is an increase in the profit, it is evenly distributed.

Such was the case in 2000, at a time when there were few private hospitals. At present, there are many private hospitals that practice Uyghur medicine and are fairly established. As a result, hospitals practicing European medicine are losing profits. Government hospitals functioning according to the old method are confronted with financial difficulty.

According to the person managing accounts at the hospital:

*Patients do not visit the county hospital. This is because the hospitalization fees, such as bed fee and the X-ray fee, are high. Moreover, in this county, 15 individual dispensaries provide medicine at a lower cost. Further, a doctor's income at the county hospital is 1000 yuan; however, a doctor at an individual dispensary can earn up to 3500 yuan. As a result, two doctors have left the hospital. I, too, work at another factory because work related to accounts happens only ten days in a month.

2-4. A NEW HOSPITAL THAT PRACTICES EUROPEAN MEDICINE

Although an interpreter for Uyghur is available here, few patients visit this hospital. One of the doctors here, who retired from the district hospital, cures many renal calculuses using shock waves. This procedure costs 2000 yuan; although it is expensive, it is better than surgery. The treatment for cold costs 600 yuan, which is expensive. This hospital is a part of the countrywide chain of hospitals established by industrialists in Shanghai.

Hotan Aidehua Hospital: Situated in the central town in Hotan and spanning an area of 6000 square meters, this hospital was established in August 2006. It offers treatments in the following fields: obstetrics, gynecology, oral therapy (including cosmetic and regular dentistry), male department (including therapy for the prostate, sexual dysfunction, and so on), and gastroenterology. Further, they also have five organ department (eye, nose, ear, throat, mouth), and surgery departments (including cosmetic and plastic surgery).

2-5. THE MEDICAL INSURANCE SYSTEM

The system of medical insurance has been a problem for farmers who account for a majority of the population. The "collaboration of farmers for medical insurance" began around 1958. In this system, every person in the People's Communes paid approximately 1 yuan for the purpose of securing medical expenses. In 1965, in Lop County, this system became popular. In one battalion hospital (one of the People's Communes), 2 to 3 "red leg doctors" and a lady doctor responsible for gynecology and obstetrics were appointed.

However, the educational qualification of the "red leg doctors" was that of an elementary school graduate and the level of the medical facilities was considerably low. In 1992, as a result of the failed finances, the "collaboration of farmers for medical insurance" was called off. However, it was later restored. Moreover, the medical insurance system practiced thus far was in Chinese, namely, "the meal of big pan." According to this system, the treatment and the reward was uniform irrespective of the result and the contribution

to the work. It was immediately obvious that this system was not financially viable.

In 1984, 2221 individuals received insurance and the total amount for the entire prefecture was 30,000 yuan, which was approximately 20 yuan per person. Moreover, owing to the fact that the population is 190,000, only 1% of the population could avail of medical insurance.

In 1994, the individual share rose to 200 yuan; however, farmers received a 2% public money subsidy, because they were relatively poorer than the other people in the city.

Further, farmers are unable to determine the price of agricultural products and what kind of crops can be produced freely. While farmers fundamentally make a living by using land, they do not own the land. With regard to medicine, as a result of the Reforming and Opening Policy, farmers partially invest in health insurance at their own risk.

During the period of socialism, medical services were provided free of charge; however, medical institutions were unable to stay financially afloat. Thus, based on the principle of self-responsibility along with public aids, new insurance institutions were established. In the farming village, the "collaboration of farmers for medical insurance" was established in 2003. In this system, the farmer paid 10 yuan during the course of one year and the local government paid 20 yuan as subsidies.

However, it is only possible to apply this medical insurance system to public hospitals established by the local government. Thus, the concept of medical finance came into reconsidered. With the Reforming and Opening Policy, the government was able to make a private hospital take medical part than invested money in the public hospital. Some of the private hospitals in Hotan are cost-effective and provide effective treatment; there are Uyghur doctors in these hospitals and are able to communicate effectively. Hence, the number of patients also increases.

3. CONCLUSION

Medical issues have become more important than ever before for the Uyghur people. Uyghur medicine is systematically approved and is developing into an accepted alternative medicine to compliment those medical issues in which European medicine is weak. Moreover, the number of private Uyghur hospitals has also increased. These hospitals provide medicine for the Uyghur people and employment opportunities, which are scarce.

With the Reforming and Opening policy, the number of private hospitals practicing European medicine has also increased and witnessed economic expansion. However, the extent to which the Uyghur people receive benefits is questionable. For instance, being admitted to these hospitals requires having a large amount of money in advance. In Hotan, a clean and private hospital practicing European medicine has been constructed; however, many farmers are unable

to visit such hospitals.

Owing to the length of this paper, while clarifying the pluralistic medical systems, I did not refer to the culture that is a part of Uyghur medicine, such as the informal sale of pharmaceuticals (*saksanxalta*), the healing rituals of *Piri-khon*, and prayers at the *mazar*. Healing rituals are criticized as being superstitions and are prohibited by the government; however, they are still in practice, albeit seldom. In the future, these may continue as part of the traditional entertainment culture of the Uyghur people.

In Hotan, there are approximately 100 pharmacies that flourished alongside the old street. Medicines are sold in attractive packages similar to European medicine. Moreover, prayers at the *mazar* are not limited to the treatment of illness; they also include suffering. Most prayers are offered by women and this number is gradually increasing. Further, the increase in medical interest is possibly related to the anxiety caused by the rapid social change following the Reforming and Opening Policy.

In the future, following the economic growth and the increase in economic disparity, medical problems will be related to ethnic problems for the Uyghur people. Moreover, the manner in which the Uyghur people consider European medicine as well as family planning and new health problems such as AIDS will be based on their ethnic identity. Further, if the people accept European medicine just because it is medically excellent and effective, without considered, it will lead to problems concerning the existence of the people. Uyghur medicine is at the nucleus of Uyghur ethnic identity; moreover, we hope that it will transcend the frame of ethnic identity. Worldwide, modern European medicine is being criticized and the interest in alternative medicine is on the rise; thus, we need to reconsider Uyghur medicine from that perspective.