

Special Focus:  
Buddhists and the Making of  
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**Scientific and Sacramental: Engaged Buddhism  
and the Sacralization of Medical Science in Tzu  
Chi (Ciji)**

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**Abstract:** Tzu Chi (Ciji), a lay Buddhist charitable movement under monastic leadership, stands out among the new and large-scale Buddhist organizations in Taiwan, for its continuous focus on medical care. Presently it runs an island-wide medical network in Taiwan and the largest bone marrow databank of the Chinese diaspora.

How and why is medical care important to Tzu Chi? What makes Tzu Chi's medical charity Buddhist? This paper focuses on the core of medical concerns in the Tzu Chi movement and the impact Tzu Chi's mission has on medical practice in Taiwan. I will give a brief history of Tzu Chi's medical charity, to show how it unfolds into an engaged Buddhism and the sacralization of its medical practice. I will argue that the process of bestowing sacramental meanings on the scientific is a Buddhist comment on modern medical practice—a sacralization of medical science.

**Keywords:** engaged Buddhism; Tzu Chi or Ciji; Taiwan; medical care; sacralization

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## Introduction

The late Ms. Lee was a pious lay Buddhist and a charity volunteer in her late-fifties in Taipei. She said to me,

I remember once the Master (*shifu* 師父) recalled, in the old days, she often encountered people suffering from illnesses who requested that she lay her hands on them so as to cure their illness. The Master asked in return: “Had I possessed such magical power for healing, why would I bother to work so hard to build a hospital?”

Ms. Lee was one of 35,961 core members with the title of *weiyuan* (委員 “commissioners”)<sup>1</sup> in thirty countries (in 2010) who were devoted to the mission of their Master, the Venerable Cheng Yen (*Zhengyan* 證嚴),<sup>2</sup> a Mahayana Buddhist nun born in Taiwan in 1937. With her disciples, Venerable Cheng Yen founded the Buddhist Compassion Relief Tzu

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1 *Weiyuan* is the title given to core volunteers who are qualified to represent Tzu Chi. *Weiyuan* proselytize and collect donations, and they are seen as embodying the Tzu Chi spirit. Tzu Chi translates *weiyuan* into commissioner in English. For a list of title groups in Tzu Chi, see Huang, 2009a.

2 I use Tzu Chi's original Romanization and providing Pinyin within parentheses.

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Chi (*Ciji* 慈濟, literally, ‘compassion relief’) Society in Taiwan in 1966 and has been the leader of the group ever since. As indicated in the anecdote, Cheng Yen mobilized to build the first Buddhist general hospital in Taiwan, the Tzu Chi Hospital, which opened in 1986. Located on the relatively less-developed east coast of Taiwan, it is a state-of-the-art 900-bed hospital, the construction of which was made possible by the donations of her followers. This successful mobilization for the hospital marks the beginning of Tzu Chi’s meteoric growth in the 1990s. Presently, Tzu Chi is arguably the largest Chinese Buddhist charity around the world and has been widely studied by scholars of the humanities and social sciences (e.g. Huang 2009a; Jones 2009; Laliberte 2004, 2015; Yao 2012).

The legend of the hospital continues. By 2009, Tzu Chi was running an island-wide medical network, including seven general hospitals and a medical school. Outside Taiwan, it runs the largest bone marrow databank of the Chinese diaspora, as well as a free clinic network, and the Tzu-chi International Medical Association (TIMA), which is modelled upon Doctors Without Borders.<sup>3</sup>

Tzu Chi’s medical charity reminds me of the legacy of Buddhism and medicine in Chinese history. Like Buddhist monasteries of the Tang Dynasty (618–90) and Song Dynasty (960–1279), who ran nursing homes and cared for the sick (*beitian yangbing fang* 悲田養病坊) (Fuma 2008; Minzhi Huang [黃敏枝] 1971: 134; 1989: 413–436), Tzu Chi’s medical charity is an act of compassion and of the “field of blessings” (*futian* 福田)—an agricultural metaphor for charity as cultivation. Unlike those medieval predecessors, Tzu Chi monastics run its medical mission as a private non-profit rather than a state-initiated institution with state-appointed leadership. Unlike the Buddhist monk-doctors in Tang and Song (Minzhi Huang [黃敏枝] 2005; Shufeng Liu [劉淑芬] *n. d.*), Tzu Chi monastics do not practice medicine. In fact, Tzu Chi medical mission is far removed from the “traditional” of Chinese history—all hospitals provide predominantly modern Western medical science; Chinese medicine is only one of the many departments.

This strict employment of modern Western medicine raises the issue of modernity. Tzu Chi is an example of “engaged Buddhism” (Huang 2013; Yao 2012). The Vietnamese monk Thich Nhat Hanh (b. 1926) was perhaps the first to coin the term “engaged Buddhism”; opposing stereotypes and misunderstandings of Buddhism as “in the mountains”, Nhat Hanh is adamant that all Buddhism is engaged (1967: 18). Nhat Hanh’s notion inspired a body of literature (see for example Queen and King 1966, Queen 2000, and Queen et al. 2003), which generally defines engaged Buddhism as referring to groups that emerged after World War II and were aimed at causes such as “stopping war, promoting human rights, ministering to the victims of disease and disaster, and safeguarding the natural environment” (Queen 2003: 248). In one of the most recent revisions of the term, Main and Lai argue that the central feature for “socially engaged Buddhism” should be a “rejection of historical and ideological aspects of *secularization*, which relegates authentic religion to a position distant from political power” (2013: 4).

<sup>3</sup> For example, as of 2009, TIMA has held free clinics 5,420 times in thirty-nine countries, and benefitted approximately 2,066,400 people (Buddhist Compassion Relief Tzu Chi Foundation 2009: 12–15).

Indeed, one of the two events that triggered Cheng Yen to found Tzu Chi in 1966 was when three Catholic nuns questioned Cheng Yen regarding why Buddhists were not building hospitals or schools. In other words, Tzu Chi was created to be socially engaged. Moreover, Tzu Chi fits with the latest definition of socially engaged Buddhism in its mainstreaming Buddhism in many public spheres, for example, as a prominent social movement and as an internationally recognized humanitarian non-profit organization, while Taiwan's status as a nation-state remains ambiguous. This article will discuss Tzu Chi's relation to one of the sources of secularization: modern medical science.

As the vignette at the beginning of the article reveals, Tzu Chi's mission of medical care is an example of secularization, wherein religion is differentiated from other parts of social life, such as medical science. Instead of answering with the magical power the lay followers expect from her, the charismatic leader of Master Cheng Yen gave her followers a concrete solution to alleviate suffering: building a general hospital of Western medicine. In other words, the development of Tzu Chi's medical charity is an example of Max Weber's (1978) disenchantment of the world, a rationalization of religious solution to suffering—not with magic or healing, but with technology and bureaucracy.

If the first part of the development is a story of how medical care rationalizes Buddhist charity with modern and scientific institutions, the second part of the development perpetuates Buddhism in medical practice: for example, presenting hospital practice and settings with Buddhist symbols and meanings, and rationalizing and promoting body donations for medical purposes with Buddhist teachings. In so doing, Tzu Chi glorifies modern medical practice. I would argue that the process of bestowing sacramental meanings on medical practice is a Buddhist "comment" on modern medical science: it not only appeals to science as truth in a Foucauldian sense (e.g., Foucault 1975), but also makes medical science into a proof and achievement of Buddhism. It thus points to a multi-faceted process of sanctification, which I call a sacralization of modern medical science.

How and why is medical care important to Tzu Chi? What makes Tzu Chi's medical charity Buddhist? This paper looks at the development of Tzu Chi medical mission as a double process of secularization of Buddhism and sacralization of medical science: from the hagiography of the founder, to the creation of the group, to the establishment of a general hospital, and the notion of Buddhist humanity recast through modern Western medicalization, including a new personhood model of seeing hospital volunteers and organ donors as Bodhisattva.

### **From Sacrifice, to Suffering, to the Scientific**

The first part of the Tzu Chi history spans the years from the founder's early encounter with Buddhism as described in her hagiography, to the creation of the charitable society, and the resolution of building a hospital. Medical care 'updates' the 'traditional' Buddhist charity into a modern, institutional and scientific entity. The following descriptions of four events are paraphrases from Huang (2009a).

### 1. *Her mother's illness and bodily sacrifice*

Cheng Yen was born in west central Taiwan on May 14, 1937, in Qingshui *Zhen* (town), Taizhong *Xian* (county). She was named Wang Jinyun. Before she left home to become a nun, Jinyun was already distinguished as a teenage girl. Her family was relatively wealthy in Fengyuan, the largest city of Taizhong County. Perhaps more important was Jinyun's reputation for filial piety. Indeed, the first miracle in her life was closely linked to—or a result of—her exemplary conduct in that regard. Tzu Chi literature describes how, to help her mother overcome a serious stomach illness, fifteen-year-old Jinyun prayed to the only deity she knew of in childhood, Guanyin (the Bodhisattva of Compassion), the most popular goddess in Chinese societies. Jinyun vowed to Guanyin that she would give up twelve years of her life and become a vegetarian in exchange for her mother's good health. In a dream that recurred over three consecutive nights, Guanyin granted Jinyun's wish by delivering medicine to her mother. Slowly, yet miraculously, her mother's illness waned, without the suggested surgery, which was life-threatening at the time. Jinyun kept her word and became a vegetarian. Tzu Chi literature stresses that her change of diet was not yet a practice of Buddhist dharma but an act solely of fealty.

### 2. *Father's death and the pursuit of Buddhist priesthood*

In 1960, five years after the Guanyin miracle, Jinyun's father had a stroke and passed away the next day. Although his death resulted from medical malpractice, Jinyun blamed herself, because she had moved him while he was unconscious. She was unable to cry during the first week of mourning, and day after day she asked repeatedly, "where is my father?". This so worried her family and friends that they referred her to a shaman and several local Buddhist temples for an antidote.

The loss of her father changed Jinyun, and then Buddhism provided a path for her rebirth from the family tragedy. She first became close to local Buddhist nuns and began to think in accordance with Buddhist teachings; however, she did not follow a Buddhist priest or join a monastic order. The local nuns gave her inspiration, yet she reached critical enlightenment through her own reflection. Eventually, she decided to leave home and to become a nun. After a long journey around the island and a series of disagreements with her mother, Jinyun settled down in Hualian and gained a small following. She was ordained and given the name of *Zhengyan* by her tonsure master, the late Venerable Yinshun (印順).

### 3. *"The pool of blood": death from miscarriage and resolution to relieve suffering*

Two events in 1966 induced Cheng Yen to found Tzu Chi. One day, when she visited the father of a disciple at the clinic, she saw a pool of blood in the hallway and inquired about it. She was told that an indigenous (or, Austronesian) woman had suffered a miscarriage. The woman's family had walked for eight hours, carrying her to the hospital, but she did not receive treatment because, according to Tzu Chi literature, she could not afford the NT\$8,000 deposit (about US\$200). Upon hearing that the unfortunate woman had

died, Cheng Yen was shocked and nearly fainted: “How could humans be so cruel to each other?” she reportedly asked herself.<sup>4</sup>

The second event occurred when three Catholic missionary nuns in Hualian learned about a Buddhist nun (Cheng Yen) from some local indigenous girls who had carried water for her on the mountain. The nuns decided to meet with Cheng Yen and tried to convert her to Christianity, but she convinced them instead that Buddha’s compassion was as great as the universal love of the God (*tianzhu*). The nuns then asked Cheng Yen why Buddhists, with their concept of universal love, concentrated only on improving themselves and did not build schools or hospitals as the Christians did. “We rarely see Buddhists doing what benefits society,” the Catholic nuns observed.

The tragedy of the woman who suffered the miscarriage made Cheng Yen realize the importance of medical funds, and the Catholic nuns’ remarks led her to consider organizing for charity. When she was called by the Master Yinshun to leave Hualian for Jiayi, her followers asked her to stay. She agreed to stay under one condition: the founding of the Buddhist Tzu Chi Merit Society (*fojiao ciji gongde hui*) to raise funds to defray the medical costs of the poor. Thus, the Tzu Chi charity was created.

#### *4. Heart disease and the resolution to build a hospital*

By the late 1970s, Cheng Yen felt compelled to build a hospital after she suffered a heart attack, following fourteen years of devoting herself to the Tzu Chi mission. This health warning compelled Cheng Yen to institutionalize Tzu Chi and to find regular funds for the mission. In May 1979, Cheng Yen revealed her idea of building a general hospital in Hualian. From 1980 to 1984, Cheng Yen raised funds for the construction and finally acquired a parcel of public land from the state upon which to build the hospital.

These four events described in Cheng Yen’s hagiography illustrate a process of secularization, from magical power to recognition of suffering, to rationalization of religion through the cause of a modern general hospital. The first and second events are a typical story of women in religion of Chinese tradition, wherein a woman’s pursuit of religion must reconcile with filial piety—a common theme shared among the legends of Miaoshan and Mazu. It is worth noting here that her actions were more concerned with filial piety than magical power - Cheng Yen was not described as possessing magical powerful or thaumatology, as documented in the *Biographies of Eminent Monks of Tang Dynasty* (Kieschnick 1997: 67-111).

The third and fourth events, on the other hand, are clearly rationalization of religion through organized collective actions and through the modern institutions of Western medicine. The notion of suffering as the origin of religion and the key to the historical evolution of religion was put forth by the German sociologist, Max Weber. Weber makes clear the crucial role of the charismatic leadership of the emissary prophet in

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<sup>4</sup> This event, commonly known as “the pool of blood incident” (*na yitanxie shijian* 那一灘血事件), led to a defamation case about four decades later. For my analysis of the effect of the lawsuit on Tzu Chi’s position in the public sphere, see Huang (2009b).

transforming suffering from a form of magical power into an aspect of ethical conduct that proves one's salvation (2009: 327).

### **From Suffering, to the Scientific, and to Sanctification**

Walking into the Tzu Chi (Hualian) Hospital, one immediately sees the two-story high mosaic portrait of the Buddha treating a dying monk, surrounded by Buddha's disciples, known as "The portrait of Buddha diagnosing/counseling sickness" (*foto wenbing tu*.) The lobby is populated by patients, their families, and medical staff in white uniforms, as well as administrative staff in grey *qipao* (旗袍 traditional Chinese dress) and women and men clad in dark yellow vests over dark blue uniforms. Those in vests are volunteers. The vest is called "little *kasaya* (*jiasha* 袈裟, monastic robe)"—and is a minor or preliminary form of monastic attire. The doctors are often referred to as "the great king of physicians (*da yiwang* 大醫王)", a term found in the Sutra of Innumerable Meanings (*wu liang yi jing* 無量義經), and the nurses, "the learned persons in white clothes (*baiyi dashi* 白衣大士)", modeled upon the Goddess of Mercy, Guanyin. The entire hospital, as the venue of witnessing and stopping human suffering, is called "a living (version of the) Chinese Buddhist Canon" (*Da Zang Jing* 大藏經).

As the entrance of the hospital illustrates, the second part of the development of the medical mission turns into the perpetuation of Buddhist teaching in medical practice. The process of shaping medical practice into a Buddhist sacramental practice consists of two major parts. One is lay followers' volunteer work in the hospital and the other is donations of organs, marrow, and cadavers. I will consider each of these in turn.

#### *1. "The Little Kasaya" in the Hospital: Narrating Hospital Volunteers*

Elsewhere I have described how important it is for the diaspora of Tzu Chi followers to "come home" to the headquarters in Hualian (Huang 2009a; Huang 2013). The hospital volunteer retreat is the most established type of followers' homecomings. It was frequently and highly recommended to me by my informants as the most revealing experience for an understanding of Tzu Chi. This type of retreat first appeared in the early 1990s, when the "old" Tzu Chi began to espouse, if not transform into, its new identity as a modern nonprofit organization. According to a "volunteer veteran soldier" (*zhigong laobing*), Ms. Yan, who had been a full-time volunteer at the Tzu Chi Hualian hospital for more than thirteen years, the history of hospital volunteering began as early as the hospital's opening in 1986. In the early 1990s, the large number of hospital volunteer applications from different congregations resulted in a waiting period of several years. It is essentially a retreat exclusive to core title groups including *weiyuan* (委員 "commissioners," who collect donations on behalf of Tzu Chi) and the men's group, Compassion Faith corps. By 1998, in response to popular demands, Tzu Chi designed special retreats for volunteer subgroups such as the youth corps and the teachers' club.

The hospital volunteer retreat distinguishes itself from other Tzu Chi retreats by uniting both the scientific site and the religious site of Tzu Chi: the hospital and the Still Thought Abode, namely, the monastery where Cheng Yen resides. The participants

practice in the hospital during the day and have accommodations at the Abode. It is the only retreat in which the primary content is not classes but actual practice in the two Tzu Chi organizations: volunteers practice inside the wards and reveal their experiences of the practice to Cheng Yen every morning at the Abode.

The very process of the “retreat”, at the same time, distinguishes the nature of a Tzu Chi hospital volunteer from that of other, secular and religious, hospital volunteers. Among the one hundred volunteers who work in the Tzu Chi hospital each day, thirty are Hualian local residents whose practice resembles that of regular volunteers in other hospitals: they come to fulfill their several-hour shifts and return to their ordinary lives. Similar to secular volunteers in other hospitals, these local volunteers are not necessarily Tzu Chi followers, let alone core members. Yet the majority of the total of seventy-two volunteers each day at the hospital, are nonlocal residents who come to Hualian specifically for the volunteer retreat. Each retreat cycle consists of members of one title group from the same region – northern, central, southern Taiwan, or overseas. From the time when they gather at the train station in Hualian until they return home, they stay together and live completely in the Tzu Chi context, twenty-four hours a day for seven days. During this period, the individual volunteer does not leave Tzu Chi facilities, unless the whole retreat team visits nursing homes or the Hualian Prison. Different from other hospital volunteer practice and similar to other Tzu Chi followers’ homecomings, the Tzu Chi hospital volunteer retreat is a state of liminality whereby participants bound together as a collective are temporarily secluded from their daily lives and hence from their individual status in the larger social context.

The exclusiveness of the hospital volunteer retreat is partly a result of the hospital’s limited capacity, and partly because of the prestige of this experience. This retreat is prestigious because it is the primary source of the revealing stories that have been widely reproduced in oral presentations, printed material, and on tapes distributed among Tzu Chi followers. In other words, it is one of the group’s most narrated experiences.

The reproduction of volunteer experience narratives is a result of the sacredness of the experience. In other words, for Tzu Chi members, volunteering at the hospital is not just what they do, it is also what they talk about, repeatedly. This condition is substantiated by the pivotal mechanism of daily testimonials before Cheng Yen. This is where the nature of liminality of the hospital volunteer retreat resides; the volunteers are there to practice, to publicly make sense of their experience, and to affirm and reaffirm their identity in Tzu Chi.

The basic format of the morning testimonials is to describe cases in the wards and reflect upon and interpret them in light of Cheng Yen’s teachings. However, the “best” testimonial is expressed in tears: the speaker weeps, and the audience sobs collectively. Tearful speeches tend to be those that relate the individual’s reflections on the real stories of the hospital experience to personal life confessions. For example, a female volunteer described the contrast between her patience when listening to patients and

her avoidance of her mother-in-law; in light of the volunteer experience, she tearfully confessed her mistake of disobeying filial piety. She concluded the testimonial by quoting Cheng Yen's words, "filial piety here and now."

A testimonial is considered to be well delivered when it hits upon the core of the volunteer experience, that is, bringing one into close contact with various forms of human suffering. Good narratives reveal the speaker's empathy with the suffering of his or her patients. Such empathy can be drawn only from true stories of personal experiences with patients. The testimonial should not be simply a categorical report of sickness and death that can be seen in any hospital or even in ordinary life, but a personal narrative of how the patient came to such suffering and how he or she feels and reflects on the experience from the sickbed. For example, in one testimonial, a volunteer recounted recurring stories from the intensive care unit (ICU), revealing that many patients came to their suffering from unsuccessful suicide attempts driven by family in-fighting. In another example, a veteran volunteer vividly described the tangible "living dead" smell of a patient at the hospice who was suffering from cancer as a result of smoking and chewing betel nuts. Stories of suffering conclude by signifying the preciousness of life. Volunteers often reiterated their gratefulness to the Venerable Cheng Yen because she grants them the unique firsthand experience of the "living hell" of the hospital while they are still healthy and capable of appreciating their lives, before it is too late.

It is precisely in this regard that the hospital volunteer retreat encounters suffering. With its emphasis on suffering, the hospital volunteer retreat seems to contradict the equally important discourse of Tzu Chi's compassionate actions. On the one hand, an emphasis on addressing causes effectively through secular action (such as addressing the cause of sickness among the poor by building a state-of-the-art hospital) is what most distinguishes Tzu Chi from other religious and secular nongovernmental organizations. On the other hand, while volunteers clearly feel proud of their hospital, their testimonials tend to focus on the suffering rather than the curing. Moreover, in spite of the Tzu Chi focus on activism and tangible demonstrated actions of contribution, narratives of the hospital volunteer experience are about volunteers' personal transformation through witnessing misery, not about ending the misery itself.

In my view, this emphasis on suffering has to do with the linkage between experiencing the emotional expression of suffering and encountering the charismatic moment. As discussed in Huang (2009a), the suffering that is witnessed and felt in the volunteer experience often leads to crying, which is exactly the same emotional response that arises upon encountering the charismatic appeal, an innate magnetism. In addition, one of the characteristics of Cheng Yen's charisma is her embodied and extreme emotional expression of sorrow and suffering. Although ecstatic crying as a result of a charismatic moment may be different from sorrowful crying that results from empathetic feelings toward the suffering in the volunteer experience, the extreme emotional expression that is generated is the same: weeping. It is therefore possible that the suffering so emphasized in the volunteer testimonials has to do with followers tapping into

this experience for an emotional trigger, and that it produces the same result as the extraordinary experience found in the charismatic moment.

This emphasis on experience has ironically become a source of tension inside the world of Tzu Chi. The original purpose of the morning testimonial was to make sure that the volunteers worked mindfully with the patients as caregivers and listeners. However, the mandatory daily testimonial and its sacramental meanings from the chair of the charismatic leader have somehow turned the listening into story soliciting and a peculiar pursuit of misery. At the nexus of the hospital volunteer retreat, the two Tzu Chi organizations — the aims of the professional staff members and the religious volunteers — run counter to one another, in a contest over the narratives of patients' misery.

When asked to remark on their views about and cooperation with the volunteers, most doctors began by thanking the volunteers because they are “nice” and “devoted.” Some even specified the irreplaceable function and contribution of the volunteers to the hospitals. Nevertheless, as participant observation continued, several encounters revealed the tension between professional staff members and volunteers. The source of tension, from the staff's point of view, lies precisely in the devotion of volunteers. The religious realization that volunteers glean from the patients' suffering sometimes crosses the line. As one social worker said, “I understand they all have the pressure of reporting to *shangren* [the supreme person, namely, the Venerable Cheng Yen], but understanding a patient takes a long time.”

## 2. Bodily Donations

### Organ Transplants

There are a total of three types of bodily donation in Tzu Chi medical charities: organs for live transplant, bone marrow, and cadavers for educational dissection. Even before the completion of the Tzu Chi hospital, since 1985, Cheng Yen has campaigned for organ donations. Tzu Chi had 200 donors by the fifth anniversary of the hospital's founding in 1991 (Buddhist Compassion Relief Tzu Chi Foundation 1991: 156-157). The campaigning for organ donations proceeded hand-in-hand with the improvement of the facilities for transplant surgery in the Tzu Chi Hospital. Soon after the opening, Tzu Chi became the local branch for the Association of Organ Donations in eastern Taiwan and was certified by the Ministry of Health for transplant surgery in the region.

Both my fieldwork and preliminary literature research on the topic to-date show that among the three bodily donations, organ donation is the least elaborated, publicized, and interpreted. During my research in the 1990s, I already saw core members holding organ donor cards. There are very few, if any, publications or public events in relation to Tzu Chi featuring organ donation. One possible explanation may lie in what Keown rightly identifies as the “discrepancy between the modern concept of brain death and the traditional Buddhist understand of death as the loss of the body's organic integrity

as opposed to simply the loss of its cerebral function” (2010: 24).<sup>5</sup> Further research is needed to uncover the reasons for organ donation’s low-profile in Tzu Chi’s media-savvy medical charities.

The fifth anniversary brochure of the Tzu Chi Hospital describes how Cheng Yen clarified doubts about organ donations for transplant and cadaver donations for anatomy classes:

Many years ago a female follower asked the Venerable Cheng Yen: “Master (*shifu*), you called for donations of cadavers and organs. But many Buddhists said that the corpse cannot be moved within twelve hours from the death, and the organ for transplants must be taken from the corpse within two hours. Would the pain from removing the organ cause the deceased hatred and grievances? Would this affect his/her reincarnation through the benevolent path or passage to the pure land?”

Cheng Yen replied: If one has the giving heart of the bodhisattva, one would not feel any hatred even if one is still breathing while being dissected, let alone when one no longer breathes. If one can donate one’s organs to someone in need, it’s like extending one’s life, how valuable it is! Bodhisattvas live in the power of the vow (wish) (*yuanli* 願力). With a great willing heart (*da yuan xin* 大願心), pain “feels good” (*tongkuai* 痛快); without a willing heart (*yuan xin* 願心), feeling pain is “painfully suffering” (*tongku* 痛苦) (Buddhist Compassion Relief Tzu Chi Foundation 1991: 156).

Another devotee who had to convince her husband to allow her to sign the organ donation agreement reflected:

People asked me, “isn’t it that, for Buddhists, the first twenty-four hours after death are when the deceased’s spirit is most prone to anger and hatred that will lead him or her to sink into evil’s path? What if the organ transplant surgery doesn’t go smoothly, what should one do when such [an unfortunate incident] happens?” I think, those who have been committed to the bodhisattva’s heart (*fa pusa xin*) would have already followed the bodhisattva to the pure land in the west immediately [upon death]. I’ve never heard of anyone who committed to the bodhisattva’s heart and sank into the evil’s path! (Buddhist Compassion Relief Tzu Chi Foundation 1991: 157).

Tzu Chi literature traces the origin of bodily donation to Buddha’s giving away of his body to feed a hungry animal (Buddhist Compassion Relief Tzu Chi Foundation 1991: 157). *Bushi* 佈施 (generosity, giving, or charity in Mandarin) or *dāna* in Sanskrit is the first of the six perfections in the Buddhist path of cultivation as well as the Tzu Chi path. The model of giving one’s own body—especially parts of it—goes all the way back to Buddha. Organ, bone marrow, and cadaver donation share two theological sources. The first one is Cheng Yen’s words on the body, that “a person has only the rights of usage to his or her own body, and does not have the rights to ownership of the body” (Fieldnote).

<sup>5</sup> I thank one of the reviewers for pointing out this important reference.

The second one is *The Sutra of Innumerable Meanings* (*Wuliang yijing* 無量義經). Chapter I: Virtues, describes the Buddha's self-sacrifice:

He abandoned all things hard to abandon, his treasures, wife, and child, his country, and his palace. Unsparing of his person and possessions, he gave all, his head, eyes, marrow and brain, to people as alms (<http://www.fodian.net/world/276.html>).

#### Bone Marrow Donation and Transplants

In response to a request by the Taiwan Department of Health, Tzu Chi founded its Marrow Donor Registry in October 1993. To combat a common misunderstanding of the alleged ill effects experienced by marrow donors, Tzu Chi followers held promotional events and gave blood tests across Taiwan. The drive collected data on more than 140,000 volunteer donors between 1993 and 1997, and increased the number to 242,039 in 2003, and to 319,274 by the end of 2008. The name was changed to "Buddhist Tzu Chi Stem Cell Center" in 2002. The registry proclaimed the largest databank in Asia. In 1994, Tzu Chi carried out the first international bone marrow transplant in Taiwan. The recipient was in the Central Hospital in Singapore.<sup>6</sup> As of 2009, Tzu Chi has helped to carry out 1,801 transplants between unrelated patients throughout twenty-seven countries. The number of donors Tzu Chi mobilizes is so impressive that it can claim that "for every 100 bone marrow donors around the world, at least three of them are Taiwanese" (Buddhist Compassion Relief Tzu Chi Foundation 2009)

Such an achievement was long coming. Tzu Chi's campaign for bone marrow donation was nearly fruitless in the early years. Like doubts about whether the pain of live organ transplants would derail the soul of the donor in afterlife, the major challenge for campaigning for bone marrow donation is general distrust in the process arising in folk medical conceptions. The first promotion event I participated in at the Tzu Chi New York branch in 1995 featured a physician's meticulous clarification of the origins of leukemia and the discovery of bone marrow, the procedure of the surgery to be conducted on the donor, whether or not the donor's sample matched a leukemia patient, and above all, the physician's reiteration that marrow is not so-called "dragon bone water," the removal of which, according to folk medicine, would result in paralysis.<sup>7</sup>

While bone marrow donation, like other organ donations, has a clear backing within Buddhist sutras, Tzu Chi has been relentless in publicizing and harnessing its scientific foundation. Their spokesperson embarked on a world tour, "as assigned by the Venerable Cheng Yen", to trace the history of bone marrow transplants. The project features interviews, an invitation to the Nobel laureate who pioneered the practice of bone marrow transplantation to visit the Venerable Cheng Yen and Tzu Chi hospital in Hualian, and coverage on cross-Strait bone marrow delivery by Tzu Chi devotees

<sup>6</sup> *Yingxiang yiliao xin shiji* [facing the new era of medical care: collector's version, special issue for the 10th founding anniversary of Tzu Chi Hospital], ed. Biyu Lin (Hualian, Taiwan: Fojiao ciji zonghe yiyuan, 1996), p. 196.

<sup>7</sup> Further research will be conducted on the source of the dragon bone water concept in Chinese medicine.

in uniform as they travel from Taiwan to China. The entire project was made into a documentary and a book. The documentary was nominated for an Asia Grammy Award.

Parallel to the scientific campaign is the multi-media coverage on successful transplants. In contrast to many countries where the law forbids revealing the identity of donors, in Taiwan, the identity of bone marrow donors is only kept confidential for one year following the transplant. Tzu Chi periodically holds the televised event of *xiang jianhuan* 相見歡, a rendezvous between the donor and the recipients, especially international recipients. All of the events result in a flood of tears as the recipients thanked the donors for saving them from terminal leukemia, and giving his or her life a chance.

Tzu Chi also publishes the narratives of the donors and their families, with chapters and appendices explaining the initiative, procedures, medical knowledge about bone marrow transplants, and clarification about the so-called “dragon bone water”. According to the narratives, obstacles are most often presented by the matched donor’s family, rather than from the donor themselves. One of the earliest matched donors was a student at National Taiwan University, who had to sneak out for the surgery so as to avoid her mother’s firm objection. Another story describes a donor who was supported by his wife, but not his elderly mother. On the day of the transplant, he had breakfast and left home as usual, lest his mother be suspicious. Then he and his wife immediately ran to Taipei Airport, but unfortunately the next flight to Hualian was full. They begged the airline ground staff to ask for volunteers who would give over their seats, as if they missed this flight, his bone marrow would not be delivered to China within the required eighteen hours. Timing was critical because, according to the narrative, the recipient’s doctor had already started the irreversible procedure in China. His wife fell on her knees at the manager’s feet, tearfully begging him not to let a child die in China. The manager fulfilled their request and the mission was completed in time.

#### Cadaver Donations for Medical Education

When Tzu Chi established its medical college in Taiwan in 1994, they were told that, as the late-comer among the seven medical schools, they would be on their own for procuring cadavers for the foundational medical course of gross anatomy. Until then the only—and scant—supply of cadavers was unclaimed dead bodies (Ha and Gao 2003: 234). Tzu Chi received its first voluntary corpse donation in 1995. Within three years, over 3,800 people signed up, 127 corpses were received, and forty-eight were transferred to other schools, compared to the total of twenty-three cadaver donations received by the National Center for Cadaver Distribution between 1995 and 1998 (Lu 2011: 106; Ha and Gao 2003: 242). By 2014, twenty years since the founding of the medical school, the total number of donors who have agreed to donate in the future at Tzu Chi was over 35,000.<sup>8</sup>

This “surge of cadavers,” as *The Wall Street Journal* called it (Johnson 2009), has attracted attention from international mass media and other medical schools in Taiwan, Hong

<sup>8</sup> The Tzu Chi University website ([https://info.tcu.edu.tw/silent\\_mentors/sm\\_stat1\\_list.asp](https://info.tcu.edu.tw/silent_mentors/sm_stat1_list.asp)), accessed on September 30, 2013.

Kong, China, Singapore, and Thailand. It stems from a long campaign for cadaver donations. The vice-CEO of Tzu Chi, Ms. Lin, embarked on a tour of medical schools in Japan to find a model method for dignifying the dissection of corpses (Lin Biyu 2008: 14). On June 28, 1996, Tzu Chi Hospital held a “public meeting to build the care network for cadaver donation” (Lin 1996: 199).<sup>9</sup> As the number of cadavers met the demand for the gross anatomy classes in its medical school, Tzu Chi could have corpses frozen for short-term preservation (for use within 14 days)—instead of using formalin for long-term preservation (for years)—for performing medical simulation for surgery experiments. In 2008, Tzu Chi opened a medical simulation center and today, is able to perform simulation surgeries at least three times a year (Zhang 2008: 229).

Perhaps the most note-worthy facet of the corpse donation movement is the communication between the donor’s family and the medical staff—a practice different to the privacy rule abided by in other voluntary donation efforts, such as the Willed Body Program in the United States. The Buddhist medical college in Taiwan formally creates bonds between the donor’s family and the medical students and faculty who dissect the dead body. The cadaver keeps its real name, is introduced in print and on the university website, and is respectfully addressed throughout the practice as “cadaver teacher” or “the teacher of gross anatomy” (*dati laoshi* 大體老師). Each cadaver teacher is solemnly commemorated by ceremonies, before and after the dissection, led by the university president and attended by faculty and students of the medical school, the donor’s family and friends, as well as a number of Tzu Chi monastics and lay followers. Part of the ashes from the eventual cremation are placed in an individual urn permanently stored in the university’s splendid columbarium named the “Great Giving Hall (*da she tang* 大捨堂),” honoring the donation as an act of equanimity (*she* 捨 or *upekshā* in Sanskrit), one of Buddhism’s four immeasurable minds. Together, previous cadaver teachers, or the “cadaver-faculty” are referred to as “silent mentors” (*wuyu liangshi* 無語良師).

The very first donor to the Tzu Chi hospital was not a Tzu Chi follower (Hui-ru Chen 2008). Born in 1941 in China, Ms. Lin Hui-Min migrated with her parents to southern Taiwan at the age of eight. She suffered hardship all her life since childhood, during which her family could not even afford to send her to the first high school in the county, although she passed the most competitive entrance exam. She was diagnosed with breast cancer in 1985 and underwent a successful surgery. Six years later the biopsy showed that she had developed metastasized bone cancer. She went through radiotherapy and chemotherapy and was seriously weakened from the treatment. In 1993, when she was hospitalized for pleural effusion, and knowing her days were numbered, she told her physician that she would like to donate all her organs. Unfortunately, she was told that her organs were all “bad” and were not eligible for transplant. Disappointed, Ms. Lin called the president of the Tzu Chi Hospital, Mr. Li Ming-Liang, and said that she would like to donate her body upon death. She passed away in February 1995, at the age of fifty-four, and her body was immediately sent by the Tzu Chi Hospital to the National

<sup>9</sup> *Yingxiang yiliao xin shiji* [facing the new era of medical care: collector’s version, special issue for the 10th founding anniversary of Tzu Chi Hospital], ed. Biyu Lin (Hualian, Taiwan: Fojiao ciji zonghe yiyuan, 1996), p. 199.

Taiwan University Hospital, as at that time Tzu Chi did not have embalming equipment. On the ninth day after her death, her children held a funeral for her, burying a coffin containing her hat, dress, shoes, hair, and nails. After the dissection, Tzu Chi University completed her funeral with all her surviving remains in June 1996. According to her daughter, Ms. Lin did not have any specific religious belief, let alone Buddhism or Tzu Chi belief. Her motivation was relatively straightforward, as Hui-Ren Chen states,

the human body is just a smelly skin bag. After death, whether it's through cremation or burial, it's going to be useless. But if one donates the corpse, then it's turning death into life, and making the useless into the useful (2008: 42).

There are three major publications about cadaver donation circulated within the Tzu Chi community. One is the series of *Wuyu liangshi* (Silent Mentors), published by Tzu Chi since 1996, and consisting of ten volumes. The 2006 volume published in 2008, for example, consists of three parts: a preface (six essays and six photos) and stories of thirty silent teachers (three of them have more than one essay). The thirty biographies are divided into three sections according to the anatomy/experiment performed: advanced simulation surgeries (*jinjie muoni shoushu* 進階模擬手術), gross anatomy (*dati jiepo xue* 大體解剖學), and simulation surgery demonstration (*muoni shoushu jiaoxue* 模擬手術教學). Student reflections or student letters to the silent mentors are also included, and these letters, thirty in total, are divided into two sections: gross anatomy courses (*dati jiepo xue kecheng* 大體解剖學課程) and clinical anatomy courses (*linchuang jiepo xue kecheng* 臨床解剖學課程).

The second publication is *Dang yisheng de laoshi* (Becoming the Teacher of Physicians), written by Hualian Tzu Chi Medical Center and Tzu Chi University, and published by Yuanshui Wenhua and Jingsi Wenhua in 2008. The book is very much a new edition of *Silent Mentors*, with a few essays reprinted from the latter. *Becoming the Teacher of Physicians* is much better edited, with additional essays written by medical faculty members of Tzu Chi University, new prefaces (a total of five, including one by the venerable Cheng Yen), one epilogue, and four appendices. The appendices are written in the form of Q&A and contain very helpful information, such as the eligibility for corpse donation.

The most recent publication is *Yi shen xiang xu: wuyu liangshi de shengming jiaoyu* (*The Gift of the Body: The Life Education from the Silent Mentors*), by Yeh Wenying (2011). Compared to the previous two publications, *The Gift of the Body* is the most structured and is mostly from the perspective of the medical school faculty, and, at the same time, is the least ethnographic or descriptive.

These publications include the regulations for the cadaver donations. Tzu Chi University does not accept donations from the following types of donors due to “the totality of the pedagogy, technology for embalming, and consideration for the health of the technicians, etc.,” and “according to The Rules for Handling Voluntary Donation of

Corpse for Medical Teaching and Research” (Hualian Tzu chi Medical Center and Tzu Chi University 2008: 243-244):

1. Those who died of communicable diseases or suspected communicable diseases, according to the Center for Disease Control, Department of Health, the Executive Yuan, Taiwan government<sup>10</sup>
2. Those who have already undergone organ removal or transplant surgeries in life
3. Victims of drowning or edema (or anasarca)
4. Obese or emaciated cadavers
5. Bodies upon which an autopsy (post-mortem) was performed
6. Suicide victims
7. Those with serious deducible ulcers
8. Those whose families object
9. Those who have died overseas
10. Anyone under the age of 16.

No mention of religion or Tzu Chi identity in the Rules. According to *Silent Mentors 2007*, out of the obituaries/profiles of the donors, in addition to the first donor, eighteen of the thirty donors were not Tzu Chi followers. Most of them heard about corpse donation sometime after they became aware that their days were numbered, and so decided to sign up. Among the nine donors documented in *Becoming the Teacher of Physicians*, five were Tzu Chi followers. In other words, donation is not necessarily a result of devotion to Tzu Chi. Further research needs to be done in order to gain a comprehensive description of the donors’ background and their motivation for donation.

The significance of corpse donation in the development of the medical charity of Tzu Chi is that it culminates the group’s efforts in making modern Western medicalization more Buddhist by transforming an extreme experience in the medical school training—gross anatomy—into a process of sanctification worthy of personal reflection. According to faculty members, their experience back in school was not very humane—twenty-five students shared one corpse, which was usually if not always an unknown or abandoned cadaver soaked in formalin. In order to overcome their fear and anxiety, students often chose to dehumanize the cadaver—no identity, no communication, and perhaps not even dealing with the body in its entirety, since each student could only access a part of the body, say, a left hand. In contrast to the experience of the last generation, students at Tzu Chi Medical School have access to enough cadavers that only four students share each one.

Tzu Chi has further developed its humanistic curriculum for gross anatomy. Students are involved in the entire process of the making of silent mentors. During the summer break before the new academic year, students entering the third year were assigned to interview the family of the donor at their home.<sup>11</sup> They then compose a biography of

10 Note that such a corpse is entitled to government subsidies of NT\$300,000 (about USD\$9,818) if donated to the official autopsy, according to “Standards for Subsidies for Funeral Costs of Human Remains Subject to Autopsy,” Category of Communicable Disease Control, Centers for Disease Control, Republic of China, Taiwan. See <http://www.cdc.gov.tw/ct.asp?xItem=8456&ctNode=1053&mp=5>

11 Medical school is not taught as postgraduate education in Taiwan. It begins after high school as in any university or college undergraduate course. However, it is a seven-year program. In contrast to the

the donor and turn it into posters, which are then displayed in the hallway outside the anatomy classroom and the simulation center, and later, on the university's website. At the beginning of the semester or before each new session of simulation, a ceremony attended by all enrolled students and the family of the donors is held at the university to mark the beginning of the course. Inside the anatomy classroom, under the leadership of the monastics, students accompany family members to "see the [donor's] face for the last time". After the ceremony in the classroom, a presentation is held in the auditorium. Representatives of each group deliver a speech with PowerPoint slides on the silent mentor's biography. Each day at the beginning of each session, all students bow to the bodies three times (in deference to Buddhist tradition) before they proceed to perform any action on the corpse. At the end of the academic year or the end of the simulation session (which usually last about five days), students suture, clean, and wrap the corpse in gauze clothes and adorn the head with a green surgical napkin. They then change into a new pair of clean gloves to dress up the corpse: they dress the body in white cotton gloves and socks, and finally a white robe made by the Tzu Chi monastics. When all the corpses are ready, students are divided into four groups of eight. Each group puts two corpses into the caskets, one at the time. They then cover each corpse with a Buddhist silk blanket from the Tzu Chi monastery, and salute to the corpse for the last time. The morning after the placement in the coffin, a memorial ceremony is held for the donors. Students are again required to participate throughout the ceremony: from carrying the caskets, to submitting the last letter and flower to their silent mentor, to going to the crematorium, to the final presentation of their gratitude to the silent mentors at the university auditorium, and carrying the urn and placing it in the Great Giving Hall (Zeng 2008: 80-82).

Like the experience in the United States, gross anatomy is one of the most anxiety-provoking courses for medical students in Taiwan (Marks et al. 1997). Parallel to the call for humanistic curriculum of dissection, Tzu Chi develops its own elaborate curriculum that ultimately transforms and elevates the identity-less cadaver into the most respected silent mentor.

Clearly, both the hospital volunteer experience and the bodily donations in Tzu Chi suggest an ongoing process of sacralization of medical science: from the sacramental meanings bestowed upon the near-suffering and thus near-sacred experience of the hospital volunteers, to the glorification of bone marrow and organ donors, to the sanctification of the dead bodies of cadaver donors (Lu 2014) as teachers of science and models of bodhisattvas. The medical institution, staff, practice, and, above all, medical science become sacramental by virtue of Buddhism.

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United States, where gross anatomy is offered at the first year of medical school, it is offered at the third year in Taiwan.

### **Conclusion: Secularization of Buddhism and Sacralization of Medical Science**

In this article, I try to show the mutual perpetuation and transformation of religion and medical science by tracing a brief history of the medical charity mission in the Buddhist Tzu Chi Foundation of Taiwan. In the first half of this history, modern Western medical science “upgrades” the religious mission. The hagiography of Master Cheng Yen reveals the development of Tzu Chi via a process of secularization: from bodily sacrifice and magical power, to the recognition of suffering, and the rationalization of religion through the cause of a modern and general hospital—an embodiment of technology and bureaucracy. In the second half of the development, religion, in this case, Buddhism, slowly transforms and perhaps even transmutes and glorifies medical science. In other words, Tzu Chi demonstrates a way to sacralize the scientific without worshipping scientism. The ultimate interpretation remains that of Buddhism. In some way, Tzu Chi’s sacralization of medical science harkens back to debates between the sciences and Buddhism since the early twentieth century (Hammerstrom 2015). In the end, as Hammerstrom astutely summarizes Wang Xiaoxu’s (1875-1978) essay, “scientific knowledge is limited by its uncritical dependence on the human mind” (2014: 43).<sup>12</sup>

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