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A Chinese Cure

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Perhaps one of the most wretchedly astringent things I have consumed in this lifetime is a little vial of Chinese medicine, through a straw thin and rigid enough to pierce an earlobe. As an adolescent in Shanghai, I thought of Chinese medicine as akin to cow's milk: both were putrid beverages, prescribed by my mother for my general wellbeing, and had a 50-50 chance of ending up in the bathroom sink.

Still, one week into stay-at-home orders, I was amateurishly prescribing my immunocompromised, asthmatic partner bottles of qingqi huatan pian (清气化痰片, "Flemclear") and steeping bronchial teas with maodanbai (毛蛋白, mullein). I was not the only non-white, diasporic individual to return, mid-pandemic, to the discarded indigenous medicines of my youth. In fact, in these past months of isolation, I've noticed indigenous healing remedies appearing in various art contexts, even within the space of the commercial gallery. François Ghebaly shared Candice Lin's recipe, "How to Make Calm-Lung Tincture" (which includes maodanbai, among other botanicals); Commonwealth and Council shared Julie Tolentino's recipe for Jade Windscreen; Edgar Fabián Friás and Yunuen Rhi led Vincent Price Art Museum's Instagram Live audience through a Daoist meditation.

At the onset of the pandemic, Trump leaned into the West's centuries-long history of pathologizing China, labeling Covid-19 a "Chinese Virus"¹ and later as "Kung Flu."² Such racist demagoguery stoked anti-Asian discrimination and harassment throughout the West, leaning on the region's history of marshaling protectionist tactics, such as the discriminatory laws

and xenophobic rhetoric that characterized the 19th century's "Yellow Peril." While much of this history is written out of dominant narratives, the afterlife of Euro-American depictions of China as medically backward and of ill health persists in the contemporary Western subconscious, with lasting consequences. For instance, in the popular 19th-century imagination of the West, China became known as "the Sick Man of Asia," the "original home of the plague," and the "pestilence of the East."³ Perhaps my guttural response to the resurgence of anti-Chinese rhetoric, rooted in bacteriological racism, was to look for a "Chinese cure"—a cure reliant upon healing traditions closer to my nativity and further from the claims that render my body a pathogenic scapegoat.

Amidst my reconnection with Chinese medicine and a pandemic that our current president connects disparagingly to Chinese health practices, I wanted to delve into reclamations of indigenous medicine in contemporary art and culture while also familiarizing myself with the complex history of Chinese medicine. As it turns out, Chinese medicine, like so many things, is a story of colonization, essentialism, and Western capitalism. Using art as my conduit, I began my search for examples of indigenous medicine being uplifted in contemporary culture as a tool of restoration.

Candice Lin's tincture recipe appeared on François Ghebaly's website and Instagram account in late April, offering to ease pandemic-induced anxiety. "Every time I leave the house for groceries or gas... I get a weird pressure in my chest and anxiety when I return home," Lin explains in the recipe's introduction. To be fair, the artist has been working with herbal remedies and witchcraft since well before the pandemic, often looking at histories of migration and legacies of colonialism through indigenous uses of plants. For example, in her etching, *Sycorax's Collections (Happiness)* (2011), she depicts the exiled witch Sycorax from Shakespeare's *The Tempest*, her torso

1. Katie Rogers, Lara Jakes, and Ana Swanson, "Trump Defends Using 'Chinese Virus' Label, Ignoring Growing Criticism," *New York Times*, March 18, 2020, <https://www.nytimes.com/2020/03/18/us/politics/china-virus.html>.



Candice Lin, *The Cultivation Syllabus: How to Make Calm-Lung Tincture* (2020).
Image courtesy of the artist and François Ghebaly,
Los Angeles. Photo: Candice Lin.

adorned with a collage of white women's lipstick-ed smiles hanging from testicle-like pouches.

As our country experiences a tandem struggle against pathogen and racism, with Covid-19 continuing to swell alongside the uprisings for racial justice, BIPOC artists' return to indigenous medicine and ancestral tradition feel particularly urgent. Lin related Sycorax's banishment for her use of magic to an anti-colonial struggle, telling KCET that resistance movements such as the Haitian Revolution were "fueled in great part through the slaves' use of herbs to poison their master's drinking water and food."⁴ She explained that this tactic "was an extension of African slaves' common use of poisonous plants for suicide, contraception, abortion (or the threat of) in desperate attempts to act out the small shreds of control they still had over their lives and bodies."⁵ In our current moment, re-engaging with such aspects of nativity provides an avenue to reclaim bodily autonomy from systemic racism and heal historical trauma.

In this time, I have become particularly drawn to artists whose practices refuse the Western canon's Balkanization of disciplines and distinctly engage with medicine in contemporary and healing arts alike. In Julie Tolentino and Abigail Severance's four-minute film, *evidence* (2014), Tolentino crouches naked as artist Stosh Fila (aka Pig Pen) suctions Chinese medicine cups to her buttocks, while a voice-over plays of Tolentino listing the names of loved ones and influential collaborators whose work has been informed by the AIDS crisis. Cupping as a form of Chinese medicine is visibly lustral. (Historically, I have worn evidence of the treatment publicly, without minoritarian shame.) When applied with pressure, each cup leaves a residue, providing a tangible portal for bodily memories to pass through.

Like Lin, Tolentino's work in this sphere is not new. The artist has engaged in a multi-decade study of Chinese herbs, Eastern bodywork, and movement modalities as modes

for deepening her understanding of care and somatic advocacy. When I asked her about the significance of bodywork in her practice, she told me she is "not thinking about a point-to-point 'healing' or even a 'recognizable' hurt," noting her concern with the "way we share knowledge of oppressions and [the] attempts to create closure on our experiences." The hurt associated with racial melancholia is often an immeasurable throb that lacks a recognizable source, stop, start, or location. The only portals for closure that feel adequate are embodied and somatic.

Pointing to the complexities and often self-contradictory nature of diasporic attempts to reclaim minoritarian medicine in the West, the title of Candice Lin's recent work, *Minoritarian Medicine* (2020), invokes Gilles Deleuze and Félix Guattari's notion of *becoming minoritarian*: an active process of deterritorialization from the majority and resistance to predominant norms and power structures. In Lin's medicine cabinet, seven tinctures, in UV protective bottles of various shades, are assembled amongst an amalgam of objects. Plants of resistance sit beside plants of appropriation, which sit next to plants of colonization. "Eco hand sanitizer"—a very Los Angeles nod to the current moment—is perched next to sugarcane, a plant with deep histories of colonization, slavery, and indentured labor in sugar plantations. Below is a tincture titled "Ancestors," in which the first ingredient is Baby Blue Eyes, an annual herb native to California and Oregon, where Lin was raised. A direct reference to whiteness, the flower's name raises the question of how the proximity to, or structures of, whiteness further complicate or delay one's process of *becoming minoritarian* through medicine.

In my own process of observing and partaking in the reclamation of herbal traditions, I am reminded that Western hegemony tends to taint all. As with most forms of reclamation within oppressive systems, the reclamation of indigenous medicinal practices is not immune to processes of recolonization

2. Jose A. Del Real, "With 'Kung Flu,' 'Thugs,' and 'Our Heritage,' Trump Leans on Racial Grievance as He Reaches for a Campaign Reset," *The Washington Post*, June 22, 2020, [https://www.washingtonpost.com/politics/with-kung-flu-thugs-and-our-heritage-trump-leans-on-racial-grievance-as-he-reaches-for-a-](https://www.washingtonpost.com/politics/with-kung-flu-thugs-and-our-heritage-trump-leans-on-racial-grievance-as-he-reaches-for-a-campaign-reset/2020/06/21/945d7a1e-b3df-11ea-a510-55bf26485c93_story.html)

[campaign-reset/2020/06/21/945d7a1e-b3df-11ea-a510-55bf26485c93_story.html](https://www.washingtonpost.com/politics/with-kung-flu-thugs-and-our-heritage-trump-leans-on-racial-grievance-as-he-reaches-for-a-campaign-reset/2020/06/21/945d7a1e-b3df-11ea-a510-55bf26485c93_story.html).

3. Larissa Heinrich, *The Afterlife of Images: Translating the Pathological Body between China and the West* (Durham: Duke University Press, 2008).



Candice Lin, *Sycorax's Collection (Happiness)* (detail) (2011). Unique etching, watercolor, ink, and magazine collage, 13.25 x 15 inches. Image courtesy of the artist and François Ghebaly, Los Angeles.

or appropriation. Many traditional indigenous medicinal practices were selectively exported into European culture. Lin explains that “the knowledge was co-opted (when it was medically useful or culinarily delightful) or purposefully erased.”⁶ As one of the earliest forms of cultural tradition to be globally reformed by Euro-American modernism, medicine is inherently a colonial project. For instance, 18th century Spaniard physicians of fragile colonies in the Americas appropriated indigenous plant remedies like maguey, a native agave plant, to preserve their health and thus further embolden their colonial efforts.”⁷

Similar forms of exploitation and recolonization occur in the contemporary West. BIPOC artists and their indigenous healing practices are tokenized to virtue signal neoliberal progressiveness and relevance. (We’ve similarly seen social media statements and donations to grassroots organizations used as marketing ploys for white-owned institutions to performatively signal solidarity.) Eastern medicine has also gradually and selectively become trendy and corporatized in the West, and perhaps more palatable for institutional consumption. Local Los Angeles establishments, such as Moon Juice, take ancient Chinese medicinal herbs like huangqi (黄芪, astragalus) and repackage them, branding them as “invigorating” and “beautifying,” while erasing the origins, histories, and traditional uses of these medicines.

Meanwhile, in the East, where various indigenous Eastern medicines remain fundamental parts of contemporary culture, nation-states appropriate their own medicinal histories. In service of nationalism, Chinese leadership has heavily promoted Traditional Chinese Medicine (TCM) as a treatment for Covid-19 since the beginning of the outbreak. Though, this is also a consequence of and defensive response to the West’s historical construction of China’s stereotyped pathological identity—TCM is a amalgamated, Westernized version of the herbal

traditions. “Traditional” is only tacked onto the beginning of “Chinese Medicine” in the English translation, and the term officially refers to the post-1949, state-sanctioned practice of hybridized Chinese medicine, which, for the first time, integrated scientific Western biomedicine.⁸ The moment that “traditional” was fastened to its identity, TCM paradoxically began to signify a system much more modern than it is archaic. To borrow from Chinese literary theorist Nan Z. Da: “just by using language, postcolonialism slides into colonialism.”⁹

Thus, the Moon Juices of the West selectively co-opt aspects of Chinese medicine, unaware that the TCM they presume to know is already far from its indigenous roots. TCM’s appropriation by the Chinese Communist Party (CCP) occurs first and foremost linguistically, and TCM’s increased promotion in China during Covid-19 should come as no surprise. How then does language re-colonize? It aids the country in legitimizing its ruling powers’ response to crisis through a falsified image of a strong cultural heritage, all the while defending itself against an enduring self-perception of deficiency.

Having experienced the CCP’s propagandistic exploitation of Chinese medicine in TCM, and witnessing firsthand my parents’ internalization of and subsequent inability to criticize Chinese nationalist rhetoric, I have been conditioned into a nuanced second-generation skepticism that questions whether marginalized peoples and their ancestral traditions will ever have a lasting designated place within institutions and corporate bodies, let alone nation-states. I am all too familiar with the performative gestures that saturate Chinese culture—many empty cultural scripts are signifiers without gravity.

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In the West, amidst the backdrop of viral and racial crises, arts and cultural institutions steeped in pervasive whiteness are being held accountable

4. Anuradha Vikram, “Candice Lin’s Garden of Earthly Delights,” *KCET*, August 25, 2015, <https://www.kcet.org/shows/artbound/candice-lins-garden-of-earthly-delights>.

5. Ibid.

6. Ibid.

7. Mark Allan Goldberg, “Medicine and Spanish Conquest: Health and Healing in Late Colonial Texas,” in *Conquering Sickness: Race, Health, and Colonization in the Texas Borderlands* (Lincoln; London: University of Nebraska Press, 2016), 16–39, accessed June 30, 2020, www.jstor.org/stable/j.ctt1jd945v.8.



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Top: Julie Tolentino, *Smoke of Future Fires* (detail) (2013).
Image courtesy of the artist.

Bottom: Julie Tolentino and Abigail Severance, *evidence* (video still) (2014).
Video, 4 minutes, 17 seconds.
Image courtesy of the artists.

to affirm anti-racist and decolonial ethics of care. Many have fallen short, exposing the gap between their professed politics and actions. @ChangeTheMuseum appeared on Instagram in mid-June, sharing anonymous testimonies from cultural workers detailing unchecked racism to ultimately pressure U.S. museums “to move beyond lip service proclamations.”¹⁰ In one testimony, a cultural worker of Asian descent recalls a one-on-one meeting with a senior staff member who cut the “meeting short and then remarked that there must be ‘coronavirus all over’ the laptop she was using to write notes.”¹¹ I read this amidst my own experience of acute exploitation from one of the largest public art institutions in Canada, the Vancouver Art Gallery (VAG). I had been organizing a panel of six Asian women artists in partnership with VAG and Contemporary Calgary. Local controversy ensued after the appointment of a white man as VAG’s CEO and director, only one day after *Canadian Art* published an article titled “A Crisis of Whiteness in Canada’s Art Museums.” Upon discovering the local outcry, just 24 hours before the panel, I severed ties with the institution and rescheduled the panel without their involvement. Withdrawing from working with them was a sort of ethical reclamation. I did not want myself or the panelists to be tokenized as women of color to support an institution that had shown itself tone-deaf to the urgent calls of the BLM uprising and BIPOC demands for institutional reckonings.

VAG’s performative tactic of promoting and hosting the panel without real care for the artists on that panel or for its local community is similar to Chinese leadership’s exploitation of TCM. I fear that many of the art institutions (helmed by white gatekeepers) who are now making space for BIPOC artists, methods of care, and non-canonical art forms might be invested in an empty, gestural economy to retain ephemeral relevance.

Will BIPOC artists and their decolonial tools become increasingly

exploited (like TCM has been) for cultural-political capital? VAG’s behavior makes me prickly at François Ghebaly’s use of Lin’s tincture, and I’m left to wonder how sharing a recipe for healing by a woman of color on Instagram might translate into actual care for minoritarian communities within the space of the white-owned gallery. How can institutions reflect that they value minoritarian traditions (like indigenous medicine) beyond what is palatable to the contemporary West’s art world? Aside from donations, representing BIPOC artists, and hosting BIPOC artist-led initiatives, institutions are being directly called to better reflect and provide meaningful care to the communities whom they serve and represent. When white institutions performatively host or co-opt BIPOC artists’ reclamation of autonomy and ancestral histories without manifesting deeper care, it truncates, negates, and leaches from the original process of reclamation. Many of us are thirsting for more entropy, a larger transgression, another portal. Beyond the reclamation of healing, self, and nativity, the art institution must be reclaimed too.

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8. Volker Scheid, *Chinese Medicine in Contemporary China: Plurality and Synthesis* (Durham: Duke University Press, 2002).

9. Nan Z. Da, “Language After the Fact: Rey Chow’s ‘Not Like a Native Speaker,’” *Los Angeles Review of Books*, June 2, 2016, <https://lareviewofbooks.org/article/language-fact-rey-chows-not-like-native-speaker/>.

10. Change The Museum (@changethemuseum), “Pressuring US museums to move beyond lip service proclamations by amplifying tales of unchecked racism...,” Instagram biography, accessed July 11, 2020, <https://www.instagram.com/changethemuseum/>.

11. Ibid, <https://www.instagram.com/p/CBynr3vD9WK/>.



Julie Tolentino, *REPEATER* (performance installation view) (2019). Image courtesy of the artist and Commonwealth and Council, Los Angeles. Photo: Ruben Diaz.