

CHAPTER I

Health and Medicine

1.1 Acupuncture Anaesthesia as Medical Diplomacy

Emily Baum

In the early days of the Covid-19 outbreak, the Chinese government sent hundreds of thousands of care packages to students studying overseas. Stuffed with packets of herbal capsules, face masks, and disinfectant wipes, the unexpected gifts were a thinly disguised attempt to conjure nationalist sentiment in the wake of rising racism abroad. ‘The motherland is by your side,’ the care packages boasted, pointedly reminding students that their time spent overseas would never diminish the blood ties they maintained to their ancestral homeland (Cheng 2020).

The Covid-19 pandemic was not the first time the Chinese government sought to use medicine for nationalist ends. As historians have long pointed out, medicine in China has frequently stood as a symbol of the nation writ large, and the adoption of different medical modalities has accompanied the waxing and waning of subsequent political regimes. Throughout the 19th century, the outbreak of epidemics, combined with the intensification of colonialism, had once marked the Qing empire as the ‘sick man of Asia’ (Rogaski 2021). By 1949, however, the rise to power of the Chinese Communist Party (CCP) had ushered in a new era in public health: one in which the Chinese people would overcome their past humiliations and walk on their own two feet.

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Throughout the early decades of the PRC, the CCP viewed medicine – and *Chinese* medicine in particular – as an alluring vehicle for the cultivation of nationalist feeling. But even more than this, Chinese medicine offered the CCP the opportunity for a possible diplomatic coup, a way of signalling to the Western world the creative potential of Mao Zedong Thought. If the CCP could independently devise a revolutionary form of medical treatment – one that had no antecedent within scientific biomedicine – then they could prove to the capitalist West that Chinese forms of knowledge (inspired, of course, by the theoretical innovations of Maoist doctrine) were equally, if not more, effective than those of their Western counterparts.

Perhaps the greatest feat of medical diplomacy undertaken by the CCP was the development and subsequent international promotion of a technique known as ‘acupuncture anaesthesia’ (*zhenci mazui* 针刺麻醉) (Dimond 1971). As its name suggested, acupuncture anaesthesia (AA) was a procedure in which acupuncture needling would serve as a replacement for, or supplement to, conventional medicinal anaesthetics. In truth, the appellation was a bit of a misnomer. Unlike pharmaceutical anaesthesia, acupuncture would neither put the patient to sleep nor completely eliminate all physical sensation. Instead, AA was more of an analgesic than an anaesthetic, dulling the pain of the surgical intervention while enabling the patient to remain aware of, and responsive to, the manipulations of her body.

For the Communists, AA represented the fullest embodiment of Maoist medicine. It was inspired by indigenous forms of treatment and was entirely distinct from Western modalities. At the same time, it was low-tech and did not require years of training or elite scholarly knowledge. And because patients remained conscious throughout the procedure, they could work in collaboration with their doctors to ensure the surgery’s success. In its form, function, and execution, AA served as proof that Maoist ideology was not just a vessel for innovation but, more importantly, an alternative imagining of medical modernity entirely.

The CCP lost no time in promulgating the advances of their miraculous discovery. Aware that AA was an ‘exceedingly good opportunity to propagandise Mao Zedong Thought,’ the Ministry of Health worked in close conjunction with national propaganda organs to ready themselves for the impending visit of American president Richard Nixon in the winter of 1972 (Shanghai Municipal Archives B244-3-319-13). Indeed, AA was surprisingly close to the top of the list of activities planned for Nixon’s week-long tour. A colour film featuring the technique was hurriedly produced in time for his arrival, and Nixon’s own physician, Walter Tkach, spent an afternoon at a Beijing hospital where he witnessed three acts of surgery carried out under AA.

The procedures that Tkach and later American delegations would witness while in China were more than mere medical operations; they were performative acts of surgical ‘theatre’, each unfolding according to some predetermined



Figure 1.1: Patient preparing for surgery under acupuncture anaesthesia, accompanied by his Little Red Book. 1971. Courtesy of the Paul Pickowicz Collection, University of California, San Diego.

script. Patients would walk into the operating room unassisted, accompanied only by the inevitable presence of a Little Red Book that they clung tightly to their chests. During the surgery, they drank tea, ate slices of orange, and made small talk with their flabbergasted spectators. And when the procedure concluded, the patients sat up – evincing no pain whatsoever – and walked unassisted out of the room. As Tkach later recalled, he had ‘seen nothing like [it] in 25 years of association with surgery’ (Medical World News 1972).

Tkach and visitors like him were sufficiently persuaded by the spectacle that they trumpeted the virtues of AA back home. As the surgeon Samuel Rosen (1971) wrote in a *New York Times* article, ‘I have seen the past and it works.’ Others, like the Chinese American physician Frederick Kao, pointed to AA as evidence of the long-standing efficacy of Eastern forms of healing. Inspired by his own research into the procedure, Kao would go on to establish *The American Journal of Chinese Medicine* to more effectively describe the applications of acupuncture in a biomedical language (Lambert 1992). To be sure, not everyone agreed with such rosy assessments as these, and many Americans who travelled to China insisted that the whole act was a hoax. But an equally vocal cohort was fully convinced of its efficacy, and they looked to AA as a way to bridge the gap between the medical – and political – worlds that separated China from the West.

Over time, however, and despite the brief furore that had arisen over the procedure, interest in AA would taper off almost as quickly as it had begun. Clinical trials in the US would go on to prove inconclusive, with no ready-made explanation for why such a technique should work. And with the death of Mao Zedong in 1976, there was no longer a need to promote the values of Maoism or the achievements of Chinese communism to a curious West. Instead, as China continued to ‘open up’ to the outside world, the research and practice of AA ground to a gradual (and invariably unceremonious) halt.

Nevertheless, while AA itself may have experienced only a fleeting moment of infamy, one lesson the CCP learned from the affair was the effectiveness of Chinese medicine for patriotic and diplomatic ends. If the experience with AA had proven anything, it was the ability for Chinese medicine to conjure up powerful imaginaries of alternative paths to health – and to galvanise attachments to one’s ethnocultural roots in the process. With this in mind, the care packages that arrived on American soil during the early days of Covid-19 were hardly an unprecedented phenomenon. They represented, instead, the logical extension of a long trend in Chinese soft power: one that saw medical applications like acupuncture as a simultaneously nationalistic and diplomatic tool, capable of creating an imagined cultural community while foregrounding the independence and strength of the modern Chinese state.

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1.2 The ‘Affective Plague’: WeChat Group Chat as an Epidemiological Space

Dino Ge Zhang

This essay is primarily concerned with WeChat group chats as an epidemiological space. As a backdrop to this discussion, we must start with the statement that WeChat is not a platform of preference in China but one of necessity. Not installing WeChat is not simply social suicide – for some, a digitally reclusive lifestyle can be even more desirable – but it comes with harsh inconveniences that can literally immobilise. For instance, in the new regime of contact-tracing ‘health code’ infrastructure (de Seta 2020), in many locations you are only given the choice to scan the code with WeChat, otherwise you cannot get on the bus/train, enter the mall or wet market, nor board your flight. If you are without your WeChat-installed smartphone, your mobility is immediately brought to a halt, which was indeed the case for many elderly people (Sina 2020). WeChat is ‘super sticky; because of its convenient “mega-platform” that is a “one-stop gateway to more than twenty functions”’ (Chen, Mao, and Qiu 2018: 8–9); however, the other interpretation of this super-stickiness is that you are stuck with it, happily or not.

WeChat can be a chore, but I am not going through all the socio-technicities of those chores here. Instead, I will focus on one aspect of it, perhaps the most relatable to those who live outside the WeChat regime. WeChat group chats as social designations are bound to have inclusions and exclusions. Some are more intimate like small groups of friends, family, or colleagues, while others are massive anonymous groups made for arbitrary and ephemeral reasons that range from sharing memes among strangers, maintaining hobby activities, to facilitating group-buying vegetables. The messiness of group chats became glaringly clear during the lockdown as WeChat group chats became the sole infrastructure for organising, purchasing, and distributing grocery supplies within local communities; and sharing crucial real-time information about new lockdown measures or which hospitals have available beds, all of which are necessary for survival. These group chats also accelerated into an emotionally pulverising whirlpool of extreme affects: anxiety, fear, anger, lethargy, and so forth. All active group chats, no matter large or small, intimate or anonymous, became a live field site (if not a laboratory) of social-viral-technical epidemiology. But do not expect an exposition from such a short essay, I can only sketch some ideas and my current ongoing research.

While most Wuhan residents were at home, the aforementioned affective projectiles, often inflected with the circulation of short videos depicting whatever was going on the streets and in the hospitals, penetrated (and spread across) WeChat groups of all kinds from the most established connections of family and close friends to the most transient groups that you forgot you were part of. I will spare readers the details of the potentially traumatising

videos and many chatlogs that followed them (to give one prominent example that went viral, a Wuhanese woman threw a tantrum and condemned the supermarket food delivery for its bundled sale of rice and toilet paper/soy sauce in a WeChat group chat (Wen 2020)). Indeed, many informants, when reflecting upon the intense affects a year on, still felt reluctant if not outrightly avoiding recollection.

Luo Yu (2020) from *New Weekly* published an article entitled 'In the Face of a Storm, Do Not Infect Yourself with the 'Affective Plague' on 31 January (a week into the Wuhan lockdown). The article blames doom-scrolling social media (especially WeChat, as group chat notifications are mostly muted anyway so they were often consumed much like a *timeline*) for spreading various ugly affects such as anger and anxiety, and suggests digital detox to offset the burden of information overload and abundance of idling time at home. He writes,

Anxiety is passed around, infecting the credibility of constantly spreading and 'confirmed' rumours...information overload leads to...[unconstrained] 'excessive sympathy' (translation author's own).

Affects (including 'excessive sympathy') are seen as corrosive forces, against not just social unity but also the individual immune system.

The whole resurgence of technophobic discourse (previously evidenced by campaigns against internet addiction (see Zhang 2013)) is best encapsulated under the red banner of 'the harm of smartphones is worse than coronavirus' (*shouji zhihai shenyu xinguan* 手机之害甚于新冠病毒) – a propaganda slogan that was widely ridiculed on Weibo at the time.

The diagnosis for *shoujibing* 手机病 or the smartphone malaise, has been made, and the prescription has been given – look at your phone less. I would argue digital detox has not worked as intended (during normal times, let alone during a pandemic) as the alternative is not actually that appealing. One informant (a 65-year-old Wuhan resident) responded to my question on digital detox and smartphone use during the lockdown, as follows:

To be honest, smartphone was my lifeline in isolation—I cycled through different things to do on the phone, singing Karaoke, watching Tiktok... I even earnt some cash by completing the daily quests on those apps (specific versions of Tiktok reward viewers with points for watching ads in between videos, which can be then accumulated and exchanged for cash) ...The problem, or rather how I rid myself of troubles, was talking to/socialising with people on WeChat. Don't get me wrong I talk to people face-to-face all the time [during normal circumstances]. By keeping the social to the minimal on WeChat—I still checked on friends and family's health—I was able to avoid all the emotional stuff you mentioned, even with my own daughter...The problem is really WeChat... or putting too much energy into trying to maintain connections via WeChat [groups].

If group chat was the poison, was the remedy Tiktok? Smartphones seem to both torture and save us at the same time.

After I finally left Wuhan in July 2020, Tony D. Sampson (2020) updated his theory on social media and virality during the Covid-19 crisis: ‘virality is resolutely non-metaphorical’. While repurposing Gabriel Tarde’s theory of social contagion and positing a very aptly placed critique of Le Bon’s *The Crowd*, Sampson’s 2012 book seems to pre-empt any further discussions by Chinese public intellectuals using Le Bon to criticise mass hallucination during image-events – during the Wuhan lockdown, Le Bon was again evoked as the prophet who predicted the fragility of mass affects (Huang 2020). If Le Bon represented ‘an aristocratic expression of fear against the rise of democratic movements in the nineteenth century’ (Sampson 2012: 83), the numerous quotations and evocations of Le Bon in contemporary China point to its own intellectuals’ deep-rooted fear or distrust of the crowd (in an epidemiological setting, let alone in the context of social movements).

What I can only suggest, following Sampson, is an epidemiological space where biological contagion, thought/affect contagion, digital infrastructure, local lockdown mapping, tracing the infected, and tracing the affected can all be stacked in a new cartographic system. Instead of reducing social relations to the same system of metaphors – whether it is the blackhole-ish nullified masses (from the cynical eye) or the presupposed hope of a unified people (in a celebratory tone) – our experiences during the Wuhan lockdown undoubtedly testified to the ‘tensions between attractor and attracted in processes of magnetization’ (Sampson 2012: 91) that Tarde highlighted. A viral video of a hellish scene in a hospital did not just trigger fear and panic, but instead impulsive outbursts of emojis, *biaoqingbao* 表情包 (Chen 2016), debates, ‘Wuhan add oil’, and other kinds of diversions, all of which ‘persist beyond the saying that they fall under the magnetic influence of hypnotic images’ (Sampson 2012: 85).

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1.3 Accounting for the Animals: Faunal Medicalisation in Modern China

Liz P. Y. Chee

In my recently published book *Mao’s Bestiary: Medicinal Animals and Modern China* (Duke University Press 2021) I have traced an aspect of Chinese medicine and pharmacology that has been surprisingly neglected despite its controversial character, or maybe because of it. Although the book went to press just at the onset of Covid-19, and does not deal directly with zoonotic disease, it helps fill the gap in our knowledge of how and why ‘medicinal animals’ have proliferated in the modern period, arguing that the early Communist period is an overlooked watershed.

My main argument is that while animals (alongside plants and minerals) were accorded medicinal value from ancient times in China, their use expanded and transformed as they became a resource for state medicine in the Mao period. What the book calls *faunal medicalisation* was a process that, by the current century, would contribute to the endangerment and extinction of animals as far afield as Africa and South America, but had roots in Sino-Soviet relations, The Great Leap Forward, the Cultural Revolution, and other phases of the first few decades of Communist rule. One of its aspects was the institutionalised ‘farming’ of formerly wild-caught animals for their parts and tissues, partly to

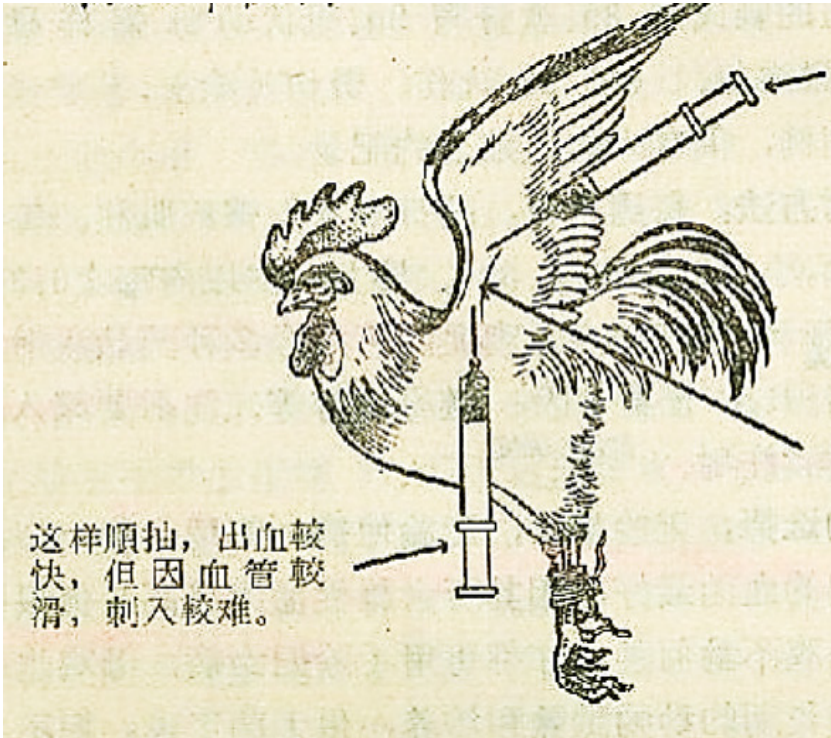


Figure 1.3: Chicken Blood Therapy as introduced to the Chinese population during the Cultural Revolution. Source: Qinghai Sheng Ba Yi Ba Youdian Zaofan Tuan Bianyin, Jixue Liaofa 青海省八一八邮电造反团编印, 鸡血疗法 [8-18 Postal and Telecom Rebel Corps of Qinghai province] (1967).

fuel increased overseas exports which survived despite trade embargos. Farming also increased the number of species marketed as medicine. Even for 'traditional' medicinal species, the logic of production sometimes meant infusing even more body parts with curative powers. The Tokay Gecko, for example, was first farmed for its re-growable tail, but is today sold as a whole body on a stick. Scientific studies also expanded treatment regimes and delivery methods, and labs worked on substituting the tissue of more common animals for those facing extinction through medicalisation (e.g. water buffalo horn used to replace rhino horn). Faunal medicine made the transition to capitalism under Deng's reforms, with bear bile farming – a technology likely pioneered in North Korea – becoming the signature and most controversial of all faunal drug industries.

Mao's Bestiary also provides background on the broader but equally neglected field of drug-making and discovery in the PRC, which encompassed flora as well as fauna. This included the absorption of famous older brands like Tongrentang into the Communist pharmacy, and the training of a new class

of pharmacists and pharmaceutical researchers who would straddle the line between the traditional and biomedical. Soviet pharmacology would also serve to validate and help expand Chinese use of animal (and herbal) medicines, starting with cross-border deer farming, but extending to the export of Russian ‘tissue therapy’ and a wider shared interest in hormonal and blood therapies largely outside the realm of Western biomedicine. Modern Soviet medical theories mixed with references from classical Chinese texts would help spur the signature animal drug innovation of the Cultural Revolution, Chicken Blood Therapy, which forms one of the book’s case studies. While Chicken Blood Therapy is remembered today as a unique eccentricity, motivated by political zealotry, the book contextualises it as one of many examples of hybrid faunal therapies of the late Cultural Revolution, using toads, geese, insects, and other types of animals both wild and domestic. Their inventors’ claims that animal tissue could act as powerfully as antibiotics and other Western drugs, even curing cancer and other diseases testing the limits of biomedicine, would help set the stage for the many exalted curative claims of the present day which drive the illegal and legal wildlife trades.

This book grew out of a trip I made to a bear farm on the Chinese-Laotian border in 2009, a story I relate in the Introduction. The spectacle of sick bears being rendered into medicine, which in turn becomes commodified as gifts, led me on a journey to Chinese archives and into the company of Chinese physicians and drug manufacturers willing to discuss issues they know to be controversial even in the past tense. As a Chinese Singaporean I am both a lifelong user of Chinese herbal medicine and an inhabitant of one of the world’s great rainforests, whose biodiversity is eroding as fast as that of 20th-century China. While the continued medicalisation of animals is only one of many causes of the defaunation of Southeast Asia (which is occurring more rapidly than deforestation), historians and anthropologists studying Chinese and other indigenous medicines can no longer turn a blind eye to the ecological and material effects of practices that intrigue them theoretically, especially as they evolve into what Laurent Pordie and Anita Hardon (2015) have called ‘Asian industrial medicines’, with strong ties to states, pharmaceutical manufacturers, transnational trade networks, and in the case of wildlife, criminal gangs and zoonoses. My book is not a history of this time, but one that I hope will clarify and demystify, and in some sense de-sanctify, practices too easily sold as ‘traditional’ and ahistorical.

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1.4 Art after Pandemic: Reimagining Virus in Pei-Ying Lin's *Virophilia*

Sophie Xiaofei Guo

The Taiwanese artist Pei-Ying Lin started her thought experiments about viruses as early as 2011. From *Smallpox Syndrome* (2012–2015), *Tame is to Tame* (2016) to her latest work *Virophilia* (2018–ongoing), Lin imagines an alternative future when disease pandemics become common occurrences. Instead of using the 20th-century metaphor of war for describing the relationship between humans and infectious agents, which still pervades the realm of science and mainstream media today, Lin's work embraces an ecological perspective and a positive attitude to our relationship with viruses.

Conceived two years before the Covid-19 outbreak, *Virophilia* is a prescient project imagining new ways of viral encounters in the future. It registers a radical rethinking of the ontology and epistemology concerning the body and human–microbe relationship via a set of culinary designs that engage viral agents as active ingredients. Borrowing methods from speculative design, Lin has staged numerous 'virus dinner performances' with invited participants from different cultural backgrounds, in order to probe the cultural logic behind their diverse attitudes towards virus and disease.

On 20 June 2020, Taiwan Contemporary Culture Lab (C-LAB) staged an online virus dinner performance under 'quarantine conditions'. Meals that were specially designed to engage viruses as ingredients were delivered to around



Figure 1.4a: Pei-Ying Lin, 'Virophilia Dinner Performance Quarantine Edition', 20 June 2020, C-LAB, Taipei. Courtesy of C-Lab.



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Pei Drought Measles Virus
Actually two viruses that replicate without each other

Figure 1.4b: Pei-Ying Lin, *Cookbook for the Virophilia-ists in the 22nd Century* Table of Contents, 2018. Courtesy of Pei-Ying Lin.

15 participants for them to consume from their homes in Taipei, while Lin remotely provided the instructions from the Netherlands to the participants on how to experience their virus food.

The project consists of a future cookbook (known as the *Cookbook for the Virophilia-ists in the 22nd Century*), an installation of scrolls listing the names of all known virus species to date (published by the International Committee on Taxonomy of Viruses), a video that shows the process of a Taiwanese female performer consuming her virus dinner, and a live dinner performance that involves participants from the public experiencing the viruses in their food.

Though invisible to the human eye, microbes surrounding and inside the human body, coexisting and co-evolving with us, as the artist believes, are far greater in number than we generally recognise. *Virophilia* therefore is intended to facilitate the perception of viral existence and generate proactive (instead of passive) relationships with viruses, especially with the infectious ones, by means of culinary design, and via the intimacy of the dining encounter.

In the performance, Lin created a scenario of a cross-temporal collaboration between what she called ‘the government of earthlings’ from the future of 2210 and the C-LAB from 2020. Imagining herself as a representative of this fictional government, the artist wanted to reach back in time in order to save the ‘vulnerable group of viruses’ from being wiped out from the planet. For this government, the hierarchy and binary relationships between humans and non-human creatures are altered. As the smallest of all the microbes, viruses are neither fully dead nor fully alive but exist on a spectrum of liveliness. They are parasites that cannot replicate without the host cell of other living beings.

Nevertheless, the ‘government of earthlings’ treats them on an equal footing with other living beings.

The virus meal consisted of three courses. The first course called the ‘Unique Mayonnaise’ contained influenza viruses that had been injected into raw egg yolks so that they would replicate. As the participants consumed the mayonnaise with the egg yolks, they felt a hot and slightly tingly sensation in their throat, marking the moment when the virus particles began penetrating the host cells and triggering responses from the body’s immune system. The artist imagines that by 2042, dishes like the ‘Unique Mayonnaise’ could protect the eater from seasonal flu. Via the medium of food, the participants would gain a sensory experience of viruses entering the body.

The second and third courses both involved the change of texture, flavour, and morphologies of food as its ingredients had undergone the process of what the artist called ‘viral fermentation’. Lin envisions that by 2037 this could be widely achieved through a precise control on virus strains so that the degree and timing of viral infection of the ingredients can be accurately managed.

More radically, the artist imagines a future where human beings themselves take part in what she calls the ‘ecosystem cuisine’ as a source of nutrition for other earthlings to enjoy. Humans participate in the ecosystem of recycling, circulating, and exchanging energy and nutrition with other living beings. In this system, humans become the fodder of beings, subject to the use of others (Steel 2018: 160). *Virophilia* is designed in a way that resonates with philosopher Jane Bennett’s ecological conception of the body, which argues that ‘it is not enough to say that we are “embodied.” We are, rather, an array of bodies, many different kinds of them in a nested set of microbiomes’ (Bennett 2010: 113).

Lin’s conscious making of a microbial body and the imagining of a viral future takes its epistemological root in the moment of what science historians have called the ‘microbial turn’ in biological science since the turn of the 21st century. At the beginning of the 20th century, the microbe was perceived in adversarial terms across science, medicine, and culture as an enemy to be eliminated from the human body; in the 21st century, the relationship between microbes and disease has been increasingly reconfigured from the ‘microbe’s eye view’ and in ecological terms (Sangodeyi 2014). Microbiologists have developed the theory that infection is a result of ecological disturbance as opposed to an attack by a pathogenic agent (Lederberg 2000).

In the face of the Covid-19 predicament, however, Lin’s imagining of a biofuture for positive relationships between humans and viruses may sound overly utopian. But this intentional rendering of simplicity, fictionality, and provocation is a strategy that Lin deploys from the discipline of speculative design. This method intends to transform the participants into ‘citizen-consumers’ and encourage them to critically engage with the ‘fictional products, services, and systems from alternative futures’ (Dunne and Raby 2013: 49).

The artist’s recent success in staging this performance in Taiwan right in the middle of the Covid-19 pandemic is worth reflecting on in its own right. The participants’ receptive attitude towards the idea of the human body as microbial

and their demonstration of trust in consuming the virus meal needs to be understood in relation to the institutional, cultural, and sociopolitical changes that have occurred in post-SARS Taiwan.

After the painful lesson of the 2003 SARS epidemic, the government has fundamentally improved its epidemic prevention system to ensure that it is well-prepared for the possibility of a coronavirus-related pandemic (O’Flaherty 2020). The aftermath of the SARS crisis also saw the development of government-funded biomedical research projects. Taiwan in 2005 launched a national project to develop the country as ‘Biomedtech Island—an Asian hub for biomedical technology’ (Liu and Gardner 2012).

In the cultural sphere, the government has sponsored art projects and institutions that take an interdisciplinary approach and engage ideas of innovation with Asian and Taiwanese cultural specificities. The C-LAB is such a case in point. It was founded by the Ministry of Culture in 2018. Its programmes have so far shown a strong focus on digital art and technologically informed, experimental art practices and debates. Biomedically engaged art practices started to emerge in Taiwan in 2009 and proliferated from 2017 following an increase in the number of biomedical research laboratories as well as more opportunities for international exchange (Chiu 2020).

Through a collective effort to stop the spread of Covid-19 from as early as mid-April 2020 without a lockdown and managing to avoid domestic infection for 200 days, the trust demonstrated in the process of the dinner performance perhaps mirrored the institutional trust, civic solidarity, and the qualities of what Byung-Chul Han called ‘civility and responsibility towards others’ within this Asian civil society during the pandemic (Han 2020). This was the case until very recently, when Taiwan experienced a sudden surge in cases due to complacency and vaccine shortfalls (Tan 2021). Medical authorities from Taiwan have advocated for a shift in mindset in the face of the coronavirus, suggesting that humans might have to try coexisting peacefully with viruses (Wang 2020). The ecological approach to viruses as a major epistemological shift suggested in *Virophilia* might not be as utopian and far-fetched as it seems.

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