

## **Cooling China's Body: Herbal Cooling Tea and Cultural Regionalism in Post-SARS China**

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### **Abstract**

This essay employs the recent development of traditional medicine in Lingnan, South China, and the role it plays in the popularization of Chinese herbal cooling tea as an example to lay bare how a traditional medicine-focused nationalist project is enacted and enabled at the local level. The first part of the essay explains how the resulting discursive practice of traditional medicine reinforces the link between nationalized Chinese culture and health security agenda, shaping an ethic of communal biosecurity. The second part foregrounds the importance of scale, especially that of the provincial and the regional, in scrutinizing the ways through which the nation-wide Chinese medicine policies come into force in contemporary China. Thirdly, by looking at the incident of the joint application for promoting cooling tea as a state-authorized intangible cultural heritage among Guangdong, Hong Kong, and Macau, we emphasize the leading role of the Guangdong provincial government in promoting Chinese medicine in the region. The final section is devoted to unraveling the disputes involved in such a regionalist scheme.

### **Keywords**

bionationalism, cultural regionalism, Chinese medicine, cooling tea, Lingnan, South China

## Introduction

Recent years have witnessed an increasing convolution between biosecurity and bioeconomy in the reconfiguration of biopolitical regimes in Asia, where Foucault's seminal conception of biopolitics—the knowledge, technology, and institutions governing the population along with the birth of the (Western) modern state and capitalism—found a new manifestation. Advancements in the life and medical sciences appear entangled with concepts of tradition, nationalism, ethnicity, and race, and the expectation for such a trend to generate new paths of economic development and novel modes of healthcare seems to be increasingly prevalent (Gottweis 201). With the dominant role the state plays in initiating, supporting, and shaping agendas for the development of life sciences, the political connotation of this trend cannot be fully grasped without interrogating its association with the latest nation-building projects emerging from many Asian countries, resulting in a phenomenon scholars term bionationalism (Gottweis 202-04; Wahlberg 241; Gottweis and Kim 223) or biotech nationalism (Ong 5).

While much of the scholarly attention has been paid to cutting-edge biotechnologies, for instance stem-cell research and gene diagnosis, and their respective relation to the state's nationalist initiatives, studies of the vital role that traditional medicine and pharmaceutical practices have played in these states' contemporary nationalist projects are relatively scant. In some of the few cases, Byong-Hee Cho's research elaborates on the popularization of herbal drugs in post-war Korea by appealing to the nationalist sentiment which sought to revitalize the traditional Korean form of healthcare suppressed by Japanese colonialism—a practice embodied by the slogan “Sin-to-bul-ee” (身土不二) (508). Wahlberg teases out the significance of preserving folk medicine in Vietnam's ongoing nation-building project underscored by memories of war, national trauma, and anti-colonial movements. The constantly changing role of Chinese medicine in different phases of the Communist revolution in China at the early days is thoroughly researched in Volker Scheid's and Kim Taylor's works. However, as Chinese medicine regains wider importance in modern China's national development policy—a course explicitly marked in the master plan “The 12th Five-Year Plan for the Development of Chinese Medicine” (2011-15) following the first inclusion of Chinese medicine in China's “11th Five-Year Plan” (2006-10)—its implication for China's contemporary nationalist project requires an updated investigation.

Another neglected issue in the emerging scholarship on nationalism is the validity of employing the nation-state as the main analytical scale: a nationalist

project is widely conceived as being state-inscribed and nation-bound, with its policy orientation, discourses, and governing effects being the key domain of scrutiny. While the Chinese state shows deep involvement in the development of Chinese medicine in China, we hasten to add that the “nationalist moment” in the promotion of Chinese medicine by the Chinese authorities in the market reform era calls for nuanced analysis in a different light.

Against the aforementioned background, this essay employs the recent development of Chinese medicine in Lingnan, South China, and the role it plays in the popularization of Chinese herbal cooling tea as an example to lay bare how a traditional medicine-focused nationalist project is enacted and enabled at the local level.<sup>1</sup> We aim to explicate that central to this particular nationalist project is the cultural regionalism at work, a concept working to illuminate the complex dynamics among nationalist initiatives, biosecurity agenda, and regional development in contemporary China. As such, our essay contributes to the scholarship on bionationalism in Asia by bridging the theory of biopolitics with studies on China’s distinct mode of economic development in the market reform era. Specifically, we seek to examine how the Chinese state has drawn on the imaginary of Chineseness surrounding *fengtu* (風土 natural conditions) and *tizhi* (體質 physical temperament) to claim the effectiveness of Chinese medicine in disease treatment and prevention as a response to the SARS epidemic,<sup>2</sup> and how such an initiative, with its discursive emphasis on the distinctive environment, health knowledge, and folk culture that

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<sup>1</sup> By “traditional medicine-focused nationalist project” we refer to the discussion of the development of “Traditional Chinese Medicine” in socialist China. Taylor, Hsu (*Transmission*) and Lei discuss how “traditional medicine” became a part of a “nationalist project” in the new China. Taylor points out the term “Traditional Chinese Medicine” (TCM) first appeared in political documents and was used in reference to some major political reforms: “TCM is a medical construct distinct to Communist China. The term refers only to Chinese medicine from mid-1956 as located in mainland China . . . to describe only the standardized, government-created, institution-bound traditional medicine that has existed in the PRC since 1956. This is quite distinct from the general, uncapitalized term ‘traditional Chinese medicine’ which refers to past forms of Chinese medicine in general” (84-86). Using the Yunnan TCM College in socialist China as an example, Hsu (*Transmission* 128) examines the significance of standardization in the transmission of knowledge and how the term standardization is “meant to emphasize the continuity of the ongoing processes with those in the past.” Lei also observes that because of “the important ideological transformation brought about by the Communist Regime, Chinese medicine, that had been criticized as ‘neither donkey nor horse,’ transformed itself from being a monstrous ‘mongrel medicine’ into a much celebrated ‘new medicine,’ representing the rise of a ‘new China’” (276).

<sup>2</sup> SARS is an abbreviation for “severe acute respiratory syndrome,” a contagious illness caused by the coronavirus, characterized by coughing, fever, pneumonia, and sometimes respiratory failure.

constitute Chineseness, is further articulated with locally enacted development strategy through promoting the Chinese medicine industry.<sup>3</sup>

The first part of this essay begins with a brief account of the history of Chinese medicine development in China, with particular emphasis on the changing role of Chinese medicine in China's nationalist project in the economic reform era—the new phase in which China is known for its economic initiatives by the world. It proceeds to identify the SARS epidemic in 2003 as a trigger of new forms of crisis governance. The resulting discursive practice of Chinese medicine, we will argue, reinforces the link between nationalized Chinese culture and health security agenda, shaping an ethic of communal biosecurity. The rearticulation of Chineseness through Chinese medicine can thus be seen as part of the resurging trend of Chinese nationalism in the contemporary era, which strives to re-narrate a civilization-grounded national identity and to re-construct an embodied Chinese ethnicity.

The second section aims to contribute to the literature of bioeconomy and nationalism by foregrounding the importance of scale, especially that of the provincial and the regional, in scrutinizing the ways through which nation-wide Chinese medicine policies come into force in contemporary China. An illustration of Chinese medicine's decentralized development course first serves to highlight Guangdong's recourse to the Lingnan culture. We then address this particular concern by drawing on the research on the revival of regional cultures and identities to reconfigure the political-economic space at different scales in post-reform China—a phenomenon Oakes defines as “cultural regionalism.” Oakes describes this “project of cultural geography” that China's regions have been engaged in as one “whereby regions and provinces are being distinguished as coherent cultural units, and where the (re)constitution of a place-based identity at a provincial scale is perhaps an even greater goal than regional economic modernization” (669). In other words, compared to the nation-state, “‘the local’ and ‘the regional’ are now regarded as more salient scales for asserting cultural identity” (670). We will compare Lingnan regionalism and other prevalent regionalist projects inscribed on the same piece of land to show the significant role the regional imaginary of Lingnan plays in constructing a folk culture-based regionalism in accordance with China's ethnocentric civilization discourse.

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<sup>3</sup> Although our essay mainly addresses the government's approach to governing Chinese medicine, we are aware that Chinese medicine has been influential and has been widely adopted in the daily lives of ordinary people. For example, the idea of “preventive treatment of disease” is circulated not only as part of the official policy and discourse of health management, but also in food therapy, as practiced by ordinary people (T. Yang 149-51).

The third and the fourth sections introduce the case of Chinese herbal cooling tea to demonstrate how the post-SARS bio-security concern is articulated with the local actors' bioeconomic initiatives through the evocation of Lingnan regionalism explicated above. Herbal cooling tea (涼茶 *liangcha*), according to the index of intangible cultural heritage, is an everyday drink made from Chinese herbs, based on the distinctive local weather and the water/soil quality, by people from Guangdong, Hong Kong, and Macau, who developed the drinking habit from their long-term experience of disease prevention and health care with particular guidance from Chinese medicinal theories of health to dispel dampness and detoxify as well as to prevent infection.<sup>4</sup> Specifically, by looking at the joint application for subscribing cooling tea as a state-authorized intangible cultural heritage (hereafter abbreviated as ICH) by Guangdong, Hong Kong, and Macau, we emphasize the leading role of the Guangdong provincial government in promoting Chinese medicine in the region through advancing its cooperation with pharmaceutical industries to preserve such a form of cultural heritage, and further pursuing its market niche well beyond the province. Lastly, unraveling the disputes involved in such a regionalist scheme, the fourth section highlights contradictions embedded in the articulation of the bioeconomic initiatives for the Chinese medicine industry, the nationalist agenda focusing on the ethnic proposition of Chineseness, and the forces of the market economy.

### **Chinese Medicine and Nationalism in China: Now and Then**

Throughout the modern history of China, Chinese medicine's rise and fall in popularity has been intricately intertwined with China's struggle for national development. It is argued that "Chinese medicine" as we know it today is an entirely modern creation under the rule of the Communist Party in its pursuit of the "new China" (Taylor 15). Back in the time when China encountered Western-led imperialism, Chinese medicine, just as many of the Chinese cultural legacies, had been embroiled in the debate between Chinese/Western wisdom (Zhang and Yue 139). In the Republican era, Chinese medicine was mainly seen as a symbol of that which was dated, reactionary, and superstitious, associated with the shameful image of "the Sick Man of East Asia"; thereby an object of scorn for the nationalists influenced by Western modernity (Deng 115-17.).<sup>5</sup> In the mind of the Chinese

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<sup>4</sup> See "Liangcha" (n. pag.).

<sup>5</sup> For example, Lu Xun was a vocal critic of Chinese medicine. In the preface of *Call to Arms*, as a novice to Western medicine, he states that "[r]ecalling the talk and prescriptions of physicians I

nationalist reformers, the nation's body and its fate had to be saved by the total eradication of the old. Such logic justified the dismissal of knowledge related to Chinese medicine, cultural practices, and views of the body. The denigration of Chinese medicine is well demonstrated in the proposal "A Case for the Abolishment of Old Medicine to Thoroughly Eliminate Public Health Obstacles," a petition put forth in 1929 to check the development of Chinese medicine.<sup>6</sup>

Intriguingly, the New China under Mao brought the revival of Chinese medicine into the nation's political agenda. Mao's seminal talk with musicians in 1956 may facilitate our understanding of the logic behind his policy of integrating Chinese medicine with Western medicine. In this talk, Mao discusses Chinese medicine alongside other subjects of cultural heritage, such as art, music, painting, drama, dancing, and literature. Like these cultural assets inherited from the past, he asserted that Chinese medicine should be preserved and improved by absorbing the best elements of the West: "We should study the logic of Chinese medicine with Western modern science to develop a new medicine for China" (81-83). Officially termed "traditional Chinese medicine," this modern development manifested the strategic manipulation of the state to integrate available medical resources and local practices with the growing influence of Western medicine (Scheid 83; Taylor 35, 39). Compared to the total rejection by the Republican modernizers, the eclectic trajectory of Chinese medicine development under the Communist regime has been guided by plural and sometimes contradictory political imperatives, ranging from such practical concerns as meeting the medical needs of a country short of resources in the health sector, while seeking to avoid excessive dependence on imported medical technology and drugs and maintaining social stability and reconstruction of a nation's pride (Scheid 70). In the early phase of the Communist Party's national development, Chinese medicine was first institutionalized, standardized, and then served as the key mechanism during the Cultural Revolution in the 1960s to meet the need of the dramatic disparity of healthcare between the city and the countryside, where "barefoot doctors" (a layperson trained to provide basic medical services) abounded.

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had known and comparing them with what I now knew, I came to the conclusion that those physicians must be either unwitting or deliberate charlatans. . . ." (5).

<sup>6</sup> In response to Yu Yan's proposal in 1929, traditional practitioners mobilized protests and demonstrations, strategically aligning their profession with the interests of the emerging state. They not only adopted the rhetoric of cultural nationalism ("Promote Chinese medicine to prevent cultural invasion!") and that of the National Goods Movement ("Promote Chinese drugs to prevent economic invasion!") but also re-branded their wares as "national medicine" (國醫 *guoyi*) to echo the state's anti-imperial sentiments. The pressure from these proponents of Chinese medicine finally drove the Nationalist government to abort Yu's proposal (Lei 101-16). Also see Pi (109-14).

In spite of Chinese medicine's importance in the state-building project, the political atmosphere of the time favored Chinese medicine's pragmatic therapeutics and instant treatments rather than its possible scientific development. This partly accounts for the un-regulatory healthcare provision in the local (Hsu, "History") and a decrease in the number of Chinese medicine physicians in the formal medical system (Scheid).<sup>7</sup>

From the post-Cultural Revolution onwards, the importance of Chinese medicine resurged under the healthcare principle of "orchestrated pluralism" that actively incorporates different forms of medical systems; yet this time it is not out of political struggles over healthcare supply, but in the context of economic marketization (Scheid 91; Hsu, "History" 466). The establishment of the State Administration of Chinese Medicine in 1986 marked the PRC's resolution to promote Chinese medicine with direct state support. However, it was not until the 1990s that Chinese medicine has regained a new role in the evolving national development agenda as "socialist economy with Chinese characteristics." The changing trajectory of the governing apparatus of the Chinese state to actively engage in the forces of market economy with state supervision has paved the way for Chinese medicine's industrialization, commercialization, and to a certain extent, globalization. This trend is noted to take place in concomitance with the neoliberal turn of healthcare and medical consumption landscape in recent days in China, where prudent choices for self-medication is encouraged and the importance of the material form of preventive pharmacotherapy is accentuated in the healthcare system (Hsu, "History" 481-82).

A close review of the recent sequence of China's "Five-Year Plan" reveals the changing ways through which Chinese medicine has been articulated into China's national project along with the deepening of marketization processes. Starting from China's "9th Five-Year Plan" (1996-2000), the development of Chinese medicine and its institutionalization appeared to be listed as a main item (Hsu, "History" 467). Nonetheless, it was then put under the sector of "sanitation," implying that the major function of Chinese medicine in China's governance agenda was still public health. In line with its precursor, China's "10th Five-Year Plan" (2001-05) also emphasized a "concerted effort to develop Chinese medicine and the integration of Chinese and Western medicine" in order to better enhance the well-being of the populace. For the first time this five-year plan briefly mentioned promoting modern Chinese pharmacotherapy under the chapter entitled "Optimizing Industrial Structure, Enhancing International Competitiveness" ("Guomin" n. pag.), marking the

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<sup>7</sup> No page numbers are included for the citation when referring to the general idea of the whole work.

threshold of Chinese medicine's new role in the state's economic development project. Formulated right after the SARS outbreak in 2003, China's "11th Five-Year Plan" (2006-10) further highlights the importance of Chinese medicine in both raw material industry and its medical significance, with detailed guidelines on how Chinese medicine pharmaceuticals should be protected and how its scientific development can be achieved. To promote Chinese medicine in the global market, the Chinese government has also been enthusiastic in seeking collaboration with international communities, contributing to more than forty bilateral collaboration agreements on traditional medicine signed up by 2010 with other countries and economic areas.<sup>8</sup> Advocated by the state's supreme plans, Chinese medicine has officially enrolled in China's biotechnological enterprises.

It is noted that the thrust in China's Chinese medicine policy did not just provide a new engine for economic development. What came in tandem was the rearticulation of the ethnical proposition of Chineseness. While Chinese medicine is usually conceived as an essential form of China's cultural practice, or the so-called "legacy of ancient Chinese wisdom," the official articulation of Chinese medicine with China's ethnic imaginary, however, is surprisingly new. If we look at documents published by the National Research Institute of Chinese Medicine referred to in the "11th Five-Year Plan," it is clear that Chinese medicine re-emerged to serve as the basis of a nationalist discourse, a nation now held up by its imagined ethnic wholeness and cultural specificity. The integration of Chinese medicine into nationalist discourse manifests in at least three interrelated realms: Chinese medicine as a means to achieve biosecurity and national survival, Chinese medicine as ethnic-specific medical practices and thus a form of cultural heritage in Chinese people's lives, and Chinese medicine as embodiment of Chinese civilization.

First, after the outbreak of SARS in 2003, the prevention and treatment of major epidemics became a priority for China's public health policy. It was then that the link between Chinese medicine and the national imaginary was evoked anew, and became a part of the rhetoric of governance. Official discourse often described SARS as a crisis facing the (ethnically) Chinese people and as a "trial" facing the very essence of the Chinese character when appealing to the general public to resist SARS and to reflect on their habitual way of life.<sup>9</sup> "Chinese culture" was also used in official rhetoric in the fight against SARS, emphasizing that Chinese medicine as a representative of "Chinese culture" was effective against SARS and thus capable of

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<sup>8</sup> Information released by Wang Guoqiang, the Vice Minister of the Department of Health, from his speech given on the 5th TCM Development Congress held in Beijing in 2010.

<sup>9</sup> See "Weinan" (n. pag.).

providing a form of “rescue” from the crisis.<sup>10</sup> No wonder the “Outline of Traditional Chinese Medicine Innovation and Development Plan (2006-2020)” equates the development of public health with the rejuvenation of the Chinese people.

Apart from the collective national imaginary invoked through Chinese medicine, the ease with which people could access, apply, and protect themselves with Chinese medicine was seen as part of “the Chinese character of autonomous innovation in medicine,” as well as being “an indelible contribution to the prosperity and furthering of the Chinese people and humanity as a whole” (“Liangcha” n. pag.). Such rhetoric that elevates biosecurity policy to the level of perpetuating an ethnic group not only implies the health and protection of the individual in the concept of “ethnically Chinese,” but also sees Chinese medicine as a concrete manifestation of the link between biosecurity and the Chinese cultural imaginary. Health, here embodied in Chinese medicine, becomes “a transactional zone between political concerns for the fitness of the nation and personal techniques for the care of self” (Rose 3). In sum, the “Chineseness” evoked through Chinese medicine is not only a form of medical knowledge possessed by the Chinese ethnic, a health-related philosophy underpinning the nation’s body, or a collective form of cultural heritage passed on through generations, but also an individualized ethical practice that can better serve health security of the whole in contemporary risk society.

### **Chinese Medicine and Cultural Regionalism in Contemporary China: The Case of Lingnan**

Although the role of the Chinese state looms large in the promotion of Chinese medicine, both in constructing Chinese medicine as crystallization of Chinese civilization so as to reconfigure a sense of the nation, and in the institutional support of the advancement of Chinese medicine bio-industry, we suggest that contemporary development of Chinese medicine guided by China’s national policy should be better considered as a state endorsed, locally enacted nationalist project. The diversified ways in which local governments have actively engaged in the development of Chinese medicine as it has been incorporated into the state’s nationalist project well reflected the increasing academic interest given to the local governments’ variegated initiatives in search of market competitiveness in China’s economic reform era.

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<sup>10</sup> For example, during a symposium attended by renowned traditional medicine experts, the then Vice-Premier and Health Minister Wu Yi stated that “TCM is the crystallization of Chinese wisdom and it is a science that we Chinese people continuously advance, progress, and develop through a long-term process of fighting against diseases.” See “Wu Yi” (n. pag.).

Specifically, since the time Chinese medicine was incorporated in the PRC's five-year plans, provincial governments have enjoyed an indispensable role in concretizing and materializing the state's Chinese medicine policy. More than a few provincial governments initiated development projects for a "Strong Province for Chinese Medicine" (中醫藥強省 *zhongyiyao qiangsheng*) as a way to promote its own Chinese medicine business, and each of which strives to stand out by its unique means of casting the "Chinese" element in the regime of nationalism.

A few examples should suffice to show the keen spirit of competition. Sichuan, the province hosting the biggest marketplace for Chinese medicine materials with the second largest gross Chinese medicine industrial production yields, emphasizes its capacity to be the Chinese medicine drug repository in China. Guangxi, a province famous for its diversity in Chinese medicine resources, accentuates the rare materials it contains and the province's efforts to help preserve the diminishing plantations of medicinal plants for the nation. Henan asserts its prevalent Chinese medicine practices, claiming to hold the most Chinese medicine hospital wards and Chinese medicine practitioners, a population numbering nearly 70,000 within China. Zhejiang and Jiangsu both underscore their seminal impact on certain renowned Chinese medicinal sects and figures. These provinces are just several among the many devoted to prospering from the booming Chinese medicine market. The different strategies these provinces utilize in promoting Chinese medicine not only indicate the active role local governments play in China's contemporary national bioeconomic project, but also present the variegated forms by which different provinces appropriate their respective social, geographical, and historical traits to articulate the wider notion of Chineseness as a means to pursue market niches.

Among the provinces that extensively appropriate the state's Chinese medicine policies, Guangdong stands out as a distinctive case in point. Its enthusiasm in promoting Chinese medicine is well documented in a far-reaching Chinese medicine development project initiated by the Guangdong provincial government in 2006. Entitled "Guangdong's 11th Five-Year Plan for Chinese Medicine Development," the plan comprehensively detailed goals and strategies such as substantiating Chinese medicine health service networks, enhancing technological innovation, establishing well-known Chinese medicine schools and research institutes, branding Guangdong-based Chinese medicine enterprises, and promoting Chinese medicine in public culture. Yet it is not the scope of the project but the spatial strategy it deploys that makes Guangdong's case particularly intriguing. Unlike most of the provinces that justify their initiatives in developing Chinese medicine by highlighting local culture exclusive to their own territoriality, Guangdong turns to a wider regional terrain,

namely Lingnan, as the bedrock to support its cause of building a strong province for Chinese medicine. Geographically speaking, “Lingnan” designates the area south of the Nanling Mountains (or the Five Ridges), a horizontal mountain range that separates the major watersheds of the north and the south in China’s territory. Although the precise radius of Lingnan culture is debatable as the result of China’s territorial shifts over time, “Lingnan” culturally designates an area spanning Guangdong, Guangxi, and Hainan of the Pearl River Basin as well as Chaozhou and Shantou of the Han River Basin. Guangdong not only seeks to discursively shape the Lingnan region as a unified entity upheld by a collective physical temperament, but also attempts to mobilize regional collaboration for carrying out some of the projects related to Chinese medicine, with Guangdong playing the leading role among neighboring provinces and authorities.

At first sight, Guangdong Province’s attempt appears to be a scenario of “new regionalism”—a term denoting the prevailing processes and spatial strategies that promote regional cooperation as a means of pursuing global competitiveness—and in that “regional culture,” however defined, is utilized as a discourse to achieve that end. Zimmerbauer and Paasi (31) argue that “new regionalism has emphasized sub-national spaces as products of politico-administrative action . . . new regionalism considers sub-national regions as focal units of economic growth.” In line with the sub-national perspective of new regionalism, we take a closer look at the ways Guangdong makes use of Lingnan regional culture to develop the Chinese medicine industry. In this case, regional identity points to a particular form of regionalism arising from contemporary China, indicative of the specific cultural-political dynamics that have given shape to the scaled processes of China’s economic reform. As Cartier (“City-Space”) trenchantly reminds us, while studying China’s political economy under reform, more nuanced attention has to be paid to the distinctiveness of complex scale relations and politics of scales embedded in the territorial administrative hierarchy that reconstitutes the centrality of the Chinese state apparatus and its policies of decentralization. It is against this backdrop that we introduce the theoretical framework of “cultural regionalism” along with the case of Lingnan in relation to the Chinese medicine development strategy to shed light on how “regional culture”—in the sense of social construction—contributes to our understanding of China’s contemporary nationalist project at work as a culture-mediated, multi-layered process.

It has been widely recognized that the revival of regions in the current time manifests the rescaling of state space in the global economy as well as a key mediation to such a restructuring process (Paasi, “Region” 477, 479). Apart from the

rich scholarly work on the material and institutional dynamics of regionalization and regionalism, there has been a substantial body of literature seeking to critically examine the “cultural dimension” in the burgeoning ideas and practices of regionalism in various ways, with some addressing the discourse of competitiveness associated with constitution of the region (Sum); others foregrounding the socially constructed nature of “the region” and the political initiatives driving the pursuit of regionness (Jayasuriya; Paasi, “Region” and “Resurgence”). Among such literature, Paasi’s (“Region” and “Resurgence”) work is specifically attuned to the question of regional identity, explicating the “soft” yet significant role it plays in the promotion of social coherence, regional marketing, and economic development. Narratives of regional identity articulate the dynamics of cultural-social experiences with the political-economic initiatives in the “region building processes.” Focusing on the sub-state scale of regional formation, Paasi’s analysis pertinently reveals the scalar complexity through positioning the resurging subnational regions in the broader context of state rescaling and the project of European integration. Similarly, Oakes tackles the reviving regional identity in relation to scalar politics in the context of post-reform China. Introducing the term “cultural regionalism,” Oakes trenchantly addresses the resurging regional identities constructed by local elites to attract transnational capital for development as a particular form of scale articulation, linking the economically and politically marginalized provinces with the state’s decentralized policies of development.

While resembling the often-told “place making/marketing” story and the narratives of decentralization, Oakes’s work brings into view the intricate relationship between locally initiated cultural regionalism and the particular form of governance deployed by the contemporary Chinese nation-state. In so doing, he conceptualizes cultural regionalism in interior China and the distinctive logic underlying China’s regionalist project in general. Oakes’s particular way of theorizing cultural regionalism in China can be characterized as follows. First, it is the local and the region at the subnational scale that function as the initial site to promote capital accumulation at the transnational level and beyond. Here Oakes’s observation echoes the argument that subnational regions comprise the major strategic sites for the state’s market reform agenda in China (Yeh and Xu 413). Moreover, as opposed to the post-national imaginaries often found in the past regionalist discourses where the significance of national identity has been ceded to variegated forms of local identities, Oakes’s research accentuates the cultural imaginative of “Chineseness” at large in the regional narratives, and the ways in which regional narratives contribute to the revived Chinese nationhood. Subsumed

under the reconstruction of Chinese identity through reordering of regional differences, the spatiality of regions is now largely rendered enclosing, essentialized, and homogeneous (Oakes 674) despite the transboundary, fluid, hybrid, and networked processes taking place within and across the regions.

The perspective of cultural regionalism enables us to explore the specific position provinces hold in articulating the newly emerged “regions” with the nationalist project of contemporary China on the construction of “Chineseness.” On the one hand, provincial governments construct a place-specific identity more or less aligned with administrative boundaries and further define cultural regions as congruent with boundaries of the province so as to spatially fix capital flows (and therefore economic growth) in China’s decentralized economic environment (Oakes 674-75, 687). On the other, identifying regional culture as constitutive of authentic Chineseness, provincial elites show their loyalty to the state authority as a means to mitigate the central government’s discomfort with growing provincial autonomy (686). This balancing tactic is especially crucial for the local officials to acquire governing legitimacy and personnel prestige from the central government. It is also emblematic of the dialectical decentralization-centralization dynamics backed by the particular design of fiscal and personnel systems in the reformed China (Naughton and Yang 1-2). Therefore, the cultivation of regional cultural identities by the provinces serves not only as a means to attract external capital investment, but also as a strategy of delicate power negotiation between the central and the local in the political terrain of post-reform China.

Before proceeding to explicate Lingnan as one kind of such cultural regionalism, we draw a contour of the variegated regional maneuvers inscribed on this geographic terrain to date, namely, the Pan-Pearl River Delta (泛珠三角 *fan Zhu sanjiao*), the Greater Pearl River Delta (大珠三角 *da Zhu sanjiao*), Greater China (大中華 *da Zhonghua*), along with Lingnan, to heed the politics of representation that constitutes a particular form of identity narration in each of these regionalist projects. A brief comparison of their cultural and political connotations should suffice to identify the distinctiveness of Lingnan in drawing on such a form of cultural regionalism. This analytical work is informed by Cartier’s (*Globalizing*) critical examination of the identity politics in South China arising from the complex process of regional positioning in relation to the constitution of the Chinese statehood through history. In doing so, we demonstrate how the ancient regional identity of Lingnan is evoked anew to pave the way for China’s nationalist agenda.

First of all, the long-existing geographic term Pearl River Delta (hereafter abbreviated as PRD) has been repeatedly employed to characterize the region

composed of the tributaries in southern China. However, the territories such regional category refers to have been notably fragmented and divided, without holding any unified identity or generating substantial institutional cooperation until 2004—the year when the state’s regional policy finally met up with the “bottom-up” regional cooperation plan, the Pan-PRD, proposed by Guangdong leaders to resume regional competitiveness a year after the “Mainland and Hong Kong Closer Economic Partnership Arrangement” (CEPA) was signed and closer economic collaboration between the HKSAR and the mainland was expected (Yeh and Xu 409). While the Pan-PRD features a novel regionalist framework initiated by Guangdong Province as a response to the intensifying inter-governmental competition for capital resources and rearrangement of political-economic relationship between the mainland and Hong Kong after the handover, the Greater PRD presents a parallel spatial imaginary promoted by Hong Kong, however with Hong Kong being positioned at the center of the project. As Sum (566-67) points out, the hegemonic discourse of competitiveness produced by Hong Kong government advisory organizations promotes the concept of trans-border regional clustering in the Greater PRD, offering visions and guidelines for trans-border partnerships between Hong Kong and the PRD, and in this way establishing a synergetic megalopolis imaginary. The new mega-regional project launched by China’s National Development and Reform Commission since 2008, the PRD Economic Zone, also presents an example of enhancing regional economic competitiveness through promoting inter-jurisdictional collaboration.

Another relevant regional discourse can be found in the widely circulated notion of Greater China. Cartier (*Globalizing* 28-29) pointedly unpacks Greater China as a regionalist imaginary created by transnational business elites, which not only denotes the complex transboundary, inter-scalar economic activities burgeoning in southern China since the reform era, but also articulates a transnational cultural and ethnic identity of “Chineseness,” underpinning such economic ties across Guangdong, Fujian, Hong Kong, Macau, and Taiwan, as well as among overseas Chinese. The term itself is diversely adopted as it refers to “a phenomenon, a region, a possible political-economy entity, and a form of globalization” (56). However, this business class-initiated regional imagination is in effect politically controversial. Its celebration of the triumph of transboundary capital flow on the one hand does not take into account the internal tension between Beijing and Taiwan over the issue of sovereignty, and on the other hand arouses an apprehension about “Chinese imperial expansion” for others (58-60). This problem partly accounts for why there has never been any official institutional design or cooperative mechanism set up to enact the regionalist project.

While the Pan-PRD and the Greater PRD can be viewed as a locally formed strategic approach to reconstitute the region in search of competitive niches in the global economy, there is no clear regional identity and subjectivity called upon in such government-initiated regional rhetoric (C. Yang 75-76; Yeh and Xu 408). Despite the shared experience of early marketization among many cities located at this region, and the associated discourse of competitiveness that designates a common pursuit of growth, there is hardly any cultural identity that binds the region into a coherent entity. Rather, under the discourse of regional collaboration lie inevitable political tensions between different levels of governments and variegated jurisdictions. Greater China, with its implication of imagined cultural identities and ethnic ties for transboundary economic connections, sits uneasily with the geopolitical tensions in the region and is therefore reluctantly welcomed by the political authorities in their respective regionalist projects. Such a spatial imaginary is also problematic in its assumption of a “shared identity” among the people living in and across the region and its equivocal relationship with the territoriality of the region.

Unlike the aforementioned regionalist discourses, Lingnan presents a distinctive kind of regional imaginary that is fundamentally “cultural” as it exclusively resorts to regional identity based on historical continuity of the lived experiences of the place-based communities. Such a regional culture is often understood through the light of environmental determinism (Qiu n. pag.). Researchers believe that while the comparative inaccessibility of Lingnan has isolated it from Central China, these conditions have also accelerated the formation of its indigenous culture and ensured the continuation of its traditions. Moreover, its proximity to the sea endows Lingnan culture with a propensity for being adventurous, enterprising, open to newness and in more recent days, revolutionary (Li, Li, and Han 56, 60-61). Despite the long history of this terminology, it was not until the age of modern China that such a heretic regional culture was incorporated into the remaking of Chinese identity, and has now been recognized as one of the major cultural regions developed through the course of Chinese civilization, although this is a controversial development.<sup>11</sup>

Apart from its geographic location, the often-cited characteristics of the tropical climate, such as heat and humidity, with rivers running throughout, and dense ancient woodland, also epitomize the environmental determinism embedded in Lingnan

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<sup>11</sup> There has been debate as to whether the notion of “Pearl River culture” should be used to replace “Lingnan culture” among Chinese scholars in regional cultural studies. See Huang (n. pag.); Situ (8).

culture. The reciprocal relationship between the tropical climate and the local culture in Lingnan is translated into a close correspondence between the individual body and the environment in Chinese medical discourse. Within this discourse, Lingnan, originally a historical locale, becomes the signifier of a specific environment and climate that would decide an individual's physical temperament. Such an articulation of the environmental conditions with the human body is manifested in the renowned health regimen culture of Lingnan people and their belief in the shared root of food and medicine. As a geographical representation comprising the essentialized and embodied "folk culture," such a regional imaginary extensively works to link nature with culture, the individual with the collective, and the present and the past.

### **Articulating Lingnan Regionalism to Promote Chinese Medicine: The Case of Cooling Tea**

This section proceeds to explain how the revival of Lingnan cultural regionalism has been a spatial strategy actively exploited by the Guangdong Provincial government in promoting Chinese medicine industry in contemporary China. Specifically, we will be looking at the popularization of Chinese herbal cooling tea: the beverage with a 7.2 percentage share of the entire Chinese beverage market by 2012, and sales are predicted to grow by twenty percent per year ("Jiaduobao yueju" A.14). By illustrating how the folk culture-based Lingnan regional imaginary is cultivated and put into practice in promoting herbal cooling tea in the post-SARS era, we seek to unravel the complex dynamics entailed in Lingnan cultural regionalism as a mechanism articulating 1) the local initiatives in economic development through market expansion; 2) the biosecurity agenda for disease prevention materialized in the state's Chinese medicine policy; 3) the national project of reconstituting Chineseness based on the combination of cultural heritage and the bio-body; and 4) regional actors' desire for global capital adventure.

Harnessing the discourse surrounding Chinese medicine to counteract local natural conditions was already popular in Guangdong Province. For instance, in the 1990s the Guangzhou University of Chinese Medicine related the idea of the six bodily excesses (like "damp" and "heat") to natural conditions associated with local climate and in so doing proposed a way to manage health and treat disease, emphasizing the significance of following corresponding disease prevention measures and cultivating good habits of health.<sup>12</sup> After the outbreak of SARS,

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<sup>12</sup> See also Peng ("Lingnan" 231 and *Wen* 24); Zhang, Peng, Lin, and Yang (49).

Chinese medicine theories on the interconnection between natural conditions and the prevalence of endemic were often employed to explain the appropriateness for “Lingnan people” to treat SARS with Chinese medicine. For instance, newspaper reports released by the media and the Chinese medicine community in the PRC and Hong Kong defined SARS as a kind of “Lingnan fever,” using the “damp heat” constitution of the body as evidence and suggesting that people use corresponding food to prevent infection from SARS.<sup>13</sup> The time of fighting against SARS witnessed a homeotherapy frenzy: drinking indigowoad root tea, together with other folk treatment such as boiling vinegar, suddenly became extremely popular (“Chuchun” n. pag.). Without doubt, the outbreak of SARS served as a catalytic mechanism articulating the biophysical body and the historical locale of Lingnan through people’s daily practices of disease prevention and healthcare.

At the time when SARS broke out, the provincial political elites endeavored to exploit the health crisis for the Chinese medicine drug business. The conception of the body, the environment, and individualized disease prevention measures further provided a basis for the policy, which posits Guangdong Province as the province at the forefront of the development of Chinese medicine, that is, a “Strong Province for Chinese Medicine.” As the first province to claim this role (“2006 nian” n. pag.), the then Party Secretary of Guangdong Province, Zhang Dejiang, asserted that the characteristics of the natural environment such as “the hot and humid climate of Lingnan, the myriad plant life, the onslaught of miasma, insects, and snakes” mean that “local drug ingredients must be fully utilized” to cure “recurring and common diseases in the Lingnan area.” Furthermore, “Lingnan medicine . . . is of a common origin with the medicine of Greater China”; it is “the embodiment of the three considerations of the medicine of antiquity: the locality, the season, and the individual . . . it is an essential constituent part of the study of Chinese medicine” (“Jiakuai” n. pag.). The rhetoric of a common origin to rationalize Guangdong as the “Strong Province for Chinese Medicine” was appropriated to promote the idea that Lingnan’s geographical features had been beneficial to the development of Chinese medicine there, and Guangdong people’s belief in and use of Chinese medicine as both a preventative measure and as a treatment made Chinese medicine a central and natural component of the province’s healthcare measures.

Nevertheless, the articulation of Lingnan regional culture and the development of Chinese medicine has not limited itself as a local project after all. Echoing Oakes’s

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<sup>13</sup> The argument that local climate factors affecting body constitutions is commonly reported when treating fevers; for instance, people in Hong Kong use different Chinese medicine prescriptions for healing in accordance with their body constitutions. See also “Zhongyi.”

analysis of the dialectical relationship between the place-based regional identity and the notion of authentic Chineseness, the cultivation of Lingnan regionalism, once conceived as dissident from orthodox Chinese culture, is legitimized when it is tied with the notion of Chinese civilization (Zheng). On the one hand, the Guangdong provincial government actively engages in Chinese nationalism promoted by the Chinese medicine community, celebrating Chinese medicine as a form of ancient Chinese wisdom. It is well demonstrated in a congress for Guangdong as a “Strong Province for Chinese Medicine,” where Zhang Dejiang stated that “Chinese medicine is a jewel in the crown of Chinese civilization . . . and an important constituent of the excellence attained by Chinese culture” (“Jiakuai” n. pag.). On the other hand, the Guangdong provincial government reiterated the theory of natural conditions/physical temperament to emphasize that the bio-body of Lingnan was built on the orthodox symbol of its ethnic Chineseness; therefore, Lingnan Chinese medicine carries on the flame of Chinese medicine of the “ancestral land.” Both the development of local drug ingredients and individual supplementary health habits endorse the concept that Lingnan was passing on the culture of Chinese medicine in China, which legitimized Chinese medicine industrial development in Guangdong for its appeal to a wider market. In other words, extending Lingnan’s body to the greater Chinese people serves as a pertinent example of the “scale-up” strategies the Guangdong provincial government has utilized in appropriating the central government’s biopolitical rationale.

It is noted that Guangdong’s “scale-up” strategy in promoting the Chinese medicine industry not only requires a refashioning of the ancient imaginary of regional folk culture, but also new forms of collaboration to make the plot work. Here the joint program of promoting cooling tea as a form of Intangible Cultural Heritage by Guangdong, Hong Kong, and Macau authorities in 2006 provides a case in point to illustrate the particular mechanism of bolstering Chinese medicine industry through the cultural discourse of Lingnan regionalism. Following Guangdong’s official designation of cooling tea as “Guangdong’s food culture heritage” in 2005, the Guangdong provincial government has endeavored to achieve the subscription of cooling tea on the national ICH list. In doing so, the provincial government first borrows terminologies frequently used in Chinese medicine treatment of febrile disease in the Lingnan area (such as “dispelling heat and dampness”) as specialized language for Chinese cooling tea. Disease prevention practices such as care for one’s own health and preserving longevity became the credentials for a cultural discourse that translated Chinese cooling tea into the “intangible heritage” of local Lingnan culture. For example, when introducing the cultural representativeness of Chinese

cooling tea in local Lingnan, the provincial government emphasizes the popular use of Chinese medicine in “Lingnan culture” and points out that “Lingnan people” generally share a “mellow understanding of the use of medication” (“Liangcha” n. pag.):

It [Chinese cooling tea] guides people’s daily consumption with specific terminology in ways that spares them of a dosage limit and doctor’s instruction. Lingnan people share a long history of cooling tea drinking, which became a cultural custom that was handed down from generation to generation and embodies a very unique Lingnan culture aside from Cantonese operas, Cantonese food, and the Cantonese language. . . . Lingnan people learn from a very young age when to take cooling tea and which type to take and are accustomed to gathering herbs in the mountains to dispel dampness and detoxify as well as to prevent infection. . . . Through their constant struggle against the natural environment, Lingnan people have gained valuable experience in nursing illness, health care, and disease prevention. (“Liangcha” n. pag.)

With the use of Chinese medicine terminology, the Guangdong government was able to assert that common healthcare practices were particularly applicable to the collective physical temperament and the cultural customs of “Lingnan people.” Licensing Chinese cooling tea’s therapeutic effect through a constructed Lingnan culture, it endows a commercial beverage with intangible cultural significance and monopolizes the therapeutic effect of Chinese cooling tea as Lingnan’s own. The symbolic Lingnan culture further becomes the shared rhetoric between the provincial government and Chinese medicine pharmaceutical industries to promote cooling tea in the commercial beverage market. Business administration and modernized production are upheld as the starting point to enact “heritage preservation” in the public interest. In its “Standards of Qualification for the Food Cultural Heritage of Guangdong,” Guangdong also recognizes business enterprises’ eligibility in providing better protection for cultural heritage such as Chinese cooling tea (“Guangdong sheng” n. pag.).

In its success in getting Chinese cooling tea placed on the national list of ICH, the Guangdong government not only officially validated the rhetoric used to describe the cooling tea combination, but also designated the pharmaceutical companies and product developers, authorized to employ this rhetoric, as the “guardians of cultural

heritage.” As guardians of the heritage of Lingnan, pharmaceutical companies defined their contribution to heritage preservation as promotion and production of Chinese cooling tea. They are thus able to answer the officially constructed discourse of heritage preservation. As an example, when Chen Qiyuan, the CEO of Bawang International Holding Limited, was awarded the title of “guardian of cultural heritage,” the official website of Bawang emphasized that this was “recognition of Chen Qiyuan’s contribution to the modern application of traditional Chinese herbal and medical culture” (“Bawang” n. pag.). When interviewed by a local publisher, CEO Wong Fukeung of Wong Chun Loong Herbal Tea—another guardian of cultural heritage—claimed that he had not only helped to sustain the Chinese cooling tea culture through modernized production methods, but also proudly accepted the “sacred mission” of “bringing Lingnan traditional culture to prosperity” through global marketing (“Wong Chun Loong” n. pag.).

The heritage preservation discourse that foregrounds commercial development posits a mass-produced beverage as the object of cultural heritage and allows pharmaceutical companies to use “Lingnan culture” to legitimize modernized production and market expansion of herbal tea. Through this process, the heritage preserving role of corporations and their products in the cooling tea market are reinforced. Chinese cooling tea thus attains a double significance as both “intangible cultural heritage” and “commercial beverage” at the same time as it cultivates the collaboration between the provincial government and the pharmaceutical industry.

Besides fostering the Chinese medicine industry within the Guangdong Province, the double significance of cooling tea specified above also serves as the discursive platform as well as the material bedrock of the cultural regionalism among Guangdong, Hong Kong, and Macau. The Guangdong provincial government’s support of the cooling tea cultural discourse justifies the entry of the pharmaceutical industry in Hong Kong and Macau into the China beverage market with the ordained title of “guardians of cultural heritage.” By articulating Hong Kong and Macau as a part of the Lingnan region, Lingnan culture becomes a shared rhetoric between the Guangdong provincial government and the pharmaceutical industry in Hong Kong and Macau. For example, the Department of Culture of Guangdong Province introduces the application of cooling tea as ICH, pointing out that in comparison with Guangdong, the damage done to the culture of cooling tea by the Cultural Revolution was less severe in Hong Kong and Macau (“Liangcha” n. pag.). The Publicity Department of CPC Guangdong Provincial Committee maintains that the Chinese culture of regimen in cooling tea flourishes in Hong Kong and Macau: the number of herbal tea shops and their mass-production of the commercial beverage are the

evidence of inheriting traditional Chinese health regimen culture (Zhu 35-38). The materiality of cooling tea represents the cultural heritage of “Lingnan,” which identifies Guangdong, Hong Kong, and Macau as a coherent cultural region with coherent cultural authenticity. Such a cultural image enables the regional cooperation among local governments to promote the joint application of cooling tea as ICH (“Yuegangao” n. pag.).

In addition to stressing the coherent cultural authenticity to articulate regional cooperation in “protecting” cooling tea and thus preserving Chinese cultural heritage, the Guangdong government moves a step further to emphasize the importance of regional history—especially that of the colonial past—in pursuit of cooling tea’s “internationalization.”<sup>14</sup> Such a discourse that globalizes Chinese cooling tea is meant to promote the international expansion of Guangdong’s cooling tea industry as well as to attract capital from Hong Kong and Macau to Guangdong. For instance, Guangdong’s pharmaceutical company Guangzhou Baiyun Mountain and Hutchison Whampoa Ltd. professes that it has embarked upon a joint venture with Hong Kong’s Hutchison Whampoa Ltd. in the hope of gaining from Hong Kong’s colonial legacy: “[British people] have seen Chinese medicine before and thus have a certain level of understanding of its culture” (C. Li 236). Hutchison Whampoa’s marketing channels in the UK and Europe became the important niche which allowed Chinese medicine’s entry into the eurocurrency market (C. Li 236).

Similarly, Macau’s Portuguese colonial legacy is celebrated as a niche that promises Chinese cooling tea’s success in the Portuguese market. Following Chinese cooling tea’s establishment as a national ICH, the Macau SAR Government and the Guangdong Economic and Trade Commission co-hosted a conference in May 2007 titled “Business Opportunities in Cultural Heritage—Successful National ICH Listing of Chinese Cooling Tea and Business Opportunities in the Portuguese National Health Beverage Market” to foster business collaboration between Brazilian enterprises and cooling tea manufacturers such as Wong Lo Kat and Xiangxue Pharmaceutical Co. Ltd. (“Wenhua” n. pag.). In July of the same year, the Hong Kong Pharmaceutical Co. signed a distribution agreement of nearly 30 million US dollars in trade volume with Macau’s cooling tea manufacturer “Hoi Tsing Cha” in an attempt to expand the Brazil-centered Portuguese market with the help of Macau’s “historical lineage” with Portuguese countries dating from the colonial period.

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<sup>14</sup> Department of Culture of Guangdong Province pointed out that cooling tea, as the region’s “cultural heritage,” generated economic value mainly because the products were not only sold to the domestic market, but also to the US, Canada, France, the UK, and twenty other countries. See “Liangcha” (n. pag.).

According to the General Manager of Xiangxue Pharmaceutical, “the latitude where Brazil is located in the Southern Hemisphere happens to be at a similar latitude where China’s Lingnan region is located in the Northern Hemisphere, the former has an ecological environment and climate similar to China’s Lingnan region and both belong to the subtropics” (“Guangdong liangcha” n. pag.).

Through incorporating Hong Kong and Macau into Lingnan’s Chinese medicine cultural discourse, the global imagination produced by their colonial lineages made “Lingnan” an appropriate frame for Chinese cooling tea’s development in the international market. Such a global imaginary reinforces Hong Kong and Macau as the springboard for “Lingnan” culture’s overseas advancement (corresponding to China’s “Going Out” policy), which in turn drives the cooling tea industry’s ambition for global expansion and motivates regional collaboration amongst cooling tea industries of Guangdong Province, Hong Kong, and Macau. At this point, “Lingnan” as a cultural concept that associates a commercial beverage with personal health care has become the key thrust behind the regional industrial collaboration in Guangdong, Hong Kong, and Macau, and provides convenient vocabulary to articulate their desire of reaching out to the global market.

### **Disputes over Cooling Tea and the Lingnan Cultural Regionalism in Question**

Despite the potential promised by Lingnan regionalism in promoting cooling tea, such a strategy is unavoidably embroiled with multifarious tensions and disputes. While some contentions arose from the unique institutional design of China’s marketization scheme that has put state-owned enterprises (SOEs) and private firms in a competing dynamic and further rendered public-private collaboration questionable, others are associated more with the problematic nature of making a place-specific Chinese medicine practice compatible with the modernized health regime. The disputes over the marketization of cooling tea are indicative of the difficulties embedded in the attempt of utilizing folk culture-based regionalism to articulate bioeconomic initiatives with a nationalist agenda.

First of all, the collaborative relationship between the government and private enterprise endorsed by cultural regionalism is eventually proved precarious and sometimes contradictory—clearly demonstrated in the fervent competition over the trademark of Wong Lo Kat Herbal Tea in 2011 between the state-owned bioindustrial corporation, Guangzhou Pharmaceutical Group Co. (hereafter abbreviated as GPG), and the Hong Kong-based private beverage manufacturer, Jia Duo Bao Beverage Co.

(hereafter abbreviated as JDB). The popularity of Wong Lo Kat Herbal Tea, with its claimed effect of “cooling the feverish body,” grew exponentially after the outbreak of SARS; by 2009 the brand was the best-selling canned beverage nation-wide with annual sales of over ten billion RMB. Its success in turn earned itself the nickname “Chinese Coke.” However, after GPG granted JDB the exclusive right of marketing and selling Wong Lo Kat Herbal Tea for ten years, the two companies faced each other in court over the right to use the “Wong Lo Kat” trademark in 2011. Responding to GPG’s victory in the lawsuit, JDB subsequently started its own cooling tea brand and emphasized that without its contribution to the preservation of such intangible cultural heritage and efforts put in the marketing of Wong Lo Kat Herbal Tea, this beverage could not have achieved nation-wide success. Meanwhile, GPG asserted its exclusive role as the legal successor of the authentic formula of the cooling tea passed on by the fourth generation of the legendary Wong Lo Kat teashop (“Guangyao dui” n. pag.).<sup>15</sup>

The ongoing dispute demonstrates that “Lingnan regionalism”—as a discursive practice that associates folk culture with the bioeconomic agenda—has not simply facilitated public-private collaboration. Although the central and provincial governments granted the pharmaceutical companies the permit to appropriate the notion of “cultural heritage” of Lingnan as a way to market their commercial beverages, profit-driven state-owned enterprises would compete with the private ones through monopolizing symbols of protectors of Lingnan culture. This indicates that cultural regionalism has not only instigated collaboration between local political authorities, business enterprises, and cultural elites—as illustrated in Oakes’s case studies—but also prompted parties involved to compete for symbolic regional culture delegacy.

Moreover, the construction of the bio-body shared by the entire Chinese ethnicity, presumably the premise of the popularization of cooling tea, is inherently subject to contradictory interpretations of the applicability of a locally based herbal medicine to variegated physical temperaments formed in distinctive natural conditions across the mass territory of China. Against the backdrop of Chinese cooling tea’s rising popularity, twenty-eight lawsuits were brought against JDB Beverage Co. in places such as Beijing and Zhejiang since 2005. The lawsuits launched indicted JDB for causing the side effect of low body temperature due to adding *Prunella vulgaris* and other ingredients not listed in the list of “homology of

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<sup>15</sup> In 2015 JDB lost a lot of its customers due to an E-marketing campaign that mocked the war hero Qiu Shaoyun as “barbecued meat,” which shocked and angered netizens. JDB was later sued by Qiu’s family for infringing on the hero’s reputation. For details, see “War” (n. pag.).

medicine and food” in accordance with the Food Hygiene Law of the People’s Republic of China and (“*Jiaduobao wanglaoji*” n. pag.). To settle the dispute, the Ministry of Health of the PRC and the Guangdong provincial government worked through legislation and policies to propagate the geographically specific climate/temperament correspondence discourse to the national level, and justified the explanatory power of traditional Chinese medical discourse as a form of cultural heritage shared by the entire nation.<sup>16</sup> While such an assertion has seemingly brought the years-long court fights over the legitimacy of Chinese cooling tea to a halt, there have been media reports arguing that if northerners who live in cold climates drink cooling tea, they will be less able to acclimatize to their region (“*Waidi*” n. pag.) and that individuals with distinct temperaments should opt for their own specific blends of cooling tea (“*He Liangcha*” n. pag.).

While the locally adaptive Chinese medical discourse is appropriated to promote legislation and policies that endow Chinese cooling tea with geographic specificity, such a measure has in turn to a certain extent circumscribed the tradability of Chinese cooling tea. The lawsuits against cooling tea companies outside of Lingnan and the questions about the applicability of cooling tea to people outside of its origin constantly remind us of the irreconcilable tension between essentialized and embodied regional culture and the bio-body of the nation. Another controversy lies in whether the principle of “homology of medicine and food” should and can be modernized and standardized. Although some advocate for broadening the state authorized list to incorporate the controversial *Prunella vulgaris* as a solution to disputes and the like, others deem it unrealistic since all the companies producing cooling tea have a distinctive formula containing variegated ingredients which can hardly be exhausted and standardized. Treating cooling tea as a kind of “food” with medical effects also makes it impossible to create official regulations for users and dosage.

In terms of international marketing, Chinese cooling tea also faces great challenges of drug testing standards from the countries it would be exported to. Despite the joint effort of the Guangdong, Hong Kong, and Macau governments to introduce South China medicine and Chinese cooling tea to Europe, none of the herbal medicine used in these products has passed registration in the 7-year transition

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<sup>16</sup> When the PRC’s Ministry of Health in 2010 sanctioned the controversial use of *Prunella vulgaris*, *Microcos paniculata*, and *Plumeria rubra* as ingredients for Chinese cooling tea according to the “Food Safety Law” and “Management Method for Food from New Resources,” the provincial government of Guangdong, quoting the “homology of medicine and food,” maintained that the herbal medicine used to make Chinese cooling tea has been utilized in food therapy “since the days of yore” (“*Guanyu pizhun*” n. pag.).

period following EU's implementation of the "European Directive on Traditional Herbal Medicinal Products" in 2004 ("Oumeng" n. pag.). Although the Guangdong, Hong Kong, and Macau governments and pharmaceutical corporations endeavor to forge the imagination of an internationalized Chinese cooling tea by underlining Hong Kong's and Macau's former colonial relationships with the UK and Portugal, the "dream of internationalizing Chinese medicine" is still at best a marketing blueprint of the pharmaceutical companies and an international constituent under the provincial government's policies to become a "Strong Province of Chinese Medicine."

## Conclusion

As a state-endorsed project, the promotion of herbal cooling tea is neither a top-down decision with local actors passively involved or a state-monopolized national discourse, as it was in the early days of Communist China. Central to this particular nationalist project is the cultural imaginary of Lingnan. The traditional Chinese theory of the "body constitution/local environment" lends itself to serve the place-making of Lingnan as a homogeneous cultural realm, rendering Lingnan Chinese medicine not only an effective antidote to control epidemics but a cultural heritage to pass on and a trendy concept of individual health care in an age of risk. Characteristics specific to the geography of the ancient Lingnan region are appropriated by the provincial government of Guangdong to assert its Chineseness on the one hand and its legitimacy of leading the regional development of Chinese medicine on the other. Exploring the recent development of Chinese herbal cooling tea from the perspective of cultural regionalism, this essay has shown the ways through which "Chinese culture" are now constituted, the evolving dynamics between national culture and market economy, and the government mechanism that endeavors to harness such dynamics at varied geographical scales, all of which entail a complicated role of Chinese medicine in China's current biopolitical landscape. By invoking provincial governments and local enterprises as the major agents in promoting Chinese medicine in the marketization era, the operation of this particular nationalist project is both highly localized and contested in nature, and can only be achieved by evoking a particular mode of regional governance that has thrived in contemporary China.

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