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Introduction

- 1 Gatherers in present-day China pick and cultivate, transport and store medicinal plants. Their legal status relies on the geopolitical legitimacy of their knowledge and labour. Medicinal plants growing in a habitat around the peak of Qinling mountain range in northwest China, named Mount Taibai, constitute such a geopolitical terroir. In this "Taibai" habitat, unlicensed 'herb physicians' (*cao yi*) include all the above workforce. Since the late 1970s, pickers and cultivators, traders and scientists, local hospital doctors and Daoist ritual masters have been collecting drugs in a collaborative effort to maintain supply and to establish a medical, pharmaceutical and botanical system of their regional medicinal produce while they remain situated in an otherwise little-known mountainous environment. How they work and circulate medicinals in different ways demonstrates that they contribute together to the supply of "raw" plant parts and to the production of "crude" drugs. This raises questions about the scattered practices that make sourcing these "wild" natural resources possible. How they legitimise this loose informal web of gatherers involves supranational discourse down

to local legislation aimed at preserving rare natural produce. The Taibai case has led to regulation and politics on local, provincial, national and supranational levels. The gatherers' local status is so precarious that we need to address supra-local levels of recognition, especially in regards to the consequences on biodiversity and cultural heritage.

Herb gatherers: a multi-facetted activity

- 2 Historically increasing social mobility among the formerly little educated autodidacts has resulted in a plethora of new opportunities for personal income, professional licences and sociocultural status as representatives of a *materia medica* region. Likened to “herbs”, the gatherers carry out different roles in the production process of Taibai medicines. In a lifetime, a gatherer's informal part-time work is likely to shift from one role to another. Their practices cover stages of producing the different raw medicinals, from the highland habitat down to the increasingly processed drugs sold to lowland physicians and apothecaries. Their craft is free-style and autodidact; they carry out this work part-time while their occupational status and livelihood are officially determined by social class and occupational identities, for example, as a peasant, as an entrepreneur (*getihu*), or within professional institutions of healthcare and pharmacy (*yiya*o). In colloquial discourse, all these tasks are lumped together as three ones, according to class background: ‘pharma-peasant’, ‘pharma-worker’, ‘pharma-trader’ (*yaoshang*). As we will see, the gatherers' actual status and spatial circuits of exchange fall into patterns different from these three expressions, which tell us little about careers and collaboration among them. Gatherers collect the medicinal plant parts, whole plants and mushrooms in the wild. Local law tolerates this informal sector. Furthermore, aiming to sustain this precarious web of collaborative medicinal plant collection, some have gained local rights for agricultural land usage and thus local licences for cultivation. Contrary to economic strategies of large-scale industrial exploitation, picking and cultivation of medicinal plants is rare and small-scale. Gatherers underline how they subtly supported the ‘life’ of the medicinal plants ‘in the wild’ (*yesheng*), i.e. in situ by building small terraces right at the original spot in the remote mountainous terrain. Gathering and cultivation in the wild supply raw materials for export to other regions. Finally, some gatherers sell processed Taibai drugs via their circuits to other regions in and outside China.

Building up legitimacy

- 3 This export - to cities in the same and in other provinces, e.g. Henan, or to other countries, e.g. Japan - has increasingly been changing the spatial scale of knowledge as well as the socioeconomic scale of trade. As a consequence, botanical surveys and legal regulation target the produce of these gatherers. During the recent decades since the 1980s, it has been their ‘herbal [folk] medicines’ (*caoyao*) around Mount Taibai in North Western China that have been surveyed according to botanical standards, named in folk scientific literature and standardised by regulatory law. Scientific discourse and gathering of botanical specimen enhance the local gatherers' at least negotiable quasi-legal or legal status.

- 4 Since the mid-2000s, the 'herb physicians' rather than their products have become the targets of preservation and regulation. In legal discourse aimed at preserving local cultural heritage, individuals instead of collective indigenous entities achieve status. Besides regulatory standards and pharmaceuticalisation, this is a second mode of geopolitical legitimacy. It combines the gatherers' Euro-American-centred "collective" and "indigenous" heritage as "traditional knowledge holders", with their local individualised status as a representative 'transmitter' in Chinese discourse (*chuancheng ren*). The gatherers need to switch between multiple national, provincial and local small- and large-scaled levels of science-based regulation, as well as layers of mainstream Chinese culture. Daoist rituals and folk technological landscapes provide additional layers of legitimisation and ensure local business with trusted traders and clients.
- 5 This collective process of social mobility, specialisation and classification involves a unique case of a specialised Taibai drugstore at a local district hospital, which has built its business on gathering 'Taibai' knowledge with the help of local Daoist ritual masters. Below, we discuss this case of a hospital in Yangling District and its drugstore. Tackling regulation mainly in the provincial capital Xi'an, and responding to local decision-making in different parts of mountainous Taibai region, the gatherers benefit from increasing scientific legitimacy collectively. Still, legalisation of their labour at marginal localities raises questions of collective indigenous identities and revitalised Daoist popular culture. Particularly puzzling, in this discourse about a supra-local community context, are the gatherers' long-term claims for their ancient cultural history set at what they claim to be the centre of early historical Chinese Daoist culture.
- 6 The passage of raw materials into a Taibai system, and of botanical specimen into a regional folk science in mostly Chinese characters confronts opportunity structures based on globalized discourse about indigenous rights of ownership. Establishing legal status of their technology of gathering medicinal plants, which has hardly changed historically, the so-called "traditional knowledge holders" gain new socioeconomic rights for their time-tested trade. As a result, rural craft and local folk culture – instead of large-scaled pharmaceutical regulation – become new alternative angles for claiming one's legitimate local business of gathering wild medicines.

Methodology

- 7 The various gatherers claim the status of their region as a medicinal system. This is a material, social and symbolic "technological landscape": a "repertoire of skilled material practices and artifacts to produce food, shelter and clothing; to communicate; to worship, fight or to trade" (Bray, 2017, p. 97).
- 8 Furthermore, they challenge the predominant version of a Chinese cultural landscape centred on Han-ethnicity. How they do so is by a blunt claim: they propose an alternative Han "technological culture": "ideas about the forces mobilised by technological activities of various kinds; about how, whether and to what ends they should or should not be used; the nature of their effects; and their political, moral or metaphysical significance" (*ibid*, p. 98).

- 9 Reference frameworks of such a *materia medica* shift between small and large scales - depending on a context of global values of profit maximising (Herzfeld, 2003) and on 'development' (*fazhan*) including its legal regulation. As a challenge to discourse centred on production within the framework of standards according to Traditional Chinese Medicine (TCM), I propose to take the contributors' own gathering-based natural capital and Daoist perspectives into account. I have reconstructed their positioning based on ethnographic fieldwork and interviews about their narrated careers. I aim to deconstruct their bold claim for a technological landscape and culture in present-day Han-ethnic China, as vast as TCM but more subtle, moral and sustainable.
- 10 We do not have exact numbers about these mostly part-time, autodidact gatherers. Their products, too, are deemed too raw and rural to be covered by pharmaceutical statistics or large-scale agriculture. Due to the marginal status of Taibai region in Han-China, we encounter the methodological difficulty to handle access to a region in the context of overly powerful Han-discourse. Identification of the region's *materia medica* is covered neither in early historical textual records, nor in the later *materia medica* literature. As a consequence, I conducted ethnographic fieldwork. Surprisingly, I discovered not a minority medical position or system. Instead, the various gatherers I met cite historical literature and recent botanical surveys. As a consequence, we need to consult this literature and interpret it in the ethnographic context.
- 11 In spring 2014, I first visited Tongchuan City and learned about tertiary *materia medica* education in Xianyang City at a Chinese medicine section affiliated to the Shaanxi Normal University of Science and Technology, with a curriculum and a museum for Chinese *materia medica* specimen (*biaoben guan*). The museum director introduced his philological scholarship from a journal article questioning the contradictory records about legendary "Pharma King's" unlikely high age. The director of the library, too, pointed out folk names of 'Seven drugs' (*Qi yao*) and brought up preliminary surveys from the Maoist period.
- 12 Herb-like qualities or even a sociocultural feature of the Daoist healers and unofficial physicians are examined and documented in Wang Ningyu's scholarship and studies about 'intangible cultural heritage' at the provincial Academy of Art (*meishu xueyuan*) in Xi'an City. The preface to his book from 2010 outlines this current history going back to an initiative by Fei Boxiong, the first ethnographer and social anthropologist of China. I returned in 2015 and again in 2016 and 2017 to conduct more fieldwork and to collect secondary literature.
- 13 When I first visited former gatherer Mu Yi (born in 1946), he recalled his own personal endeavor, which has been threefold. His goal was firstly to collect and compile the mostly plant-based medicines of Mount Taibai in a standardised reference work. Thus, he was going to continue running his hospital based on a dispensary supplied by just the herbal botanicals from the region around Mount Taibai, aptly calling it 'Taibai hospital' or officially Daoist 'Renhe Chinese Medical Hospital' (*Renhe zhongyi yiyuan*). Thirdly, he aims to increase the scale of the Taibai *materia medica* by providing professional and lay education, cultural historical scholarship, as well as authorised scientific nomenclature. So, Mu's story tells of gathering herbs in the mountains, echoing Daoist images of sages - and claiming space in the history of names in Chinese for medicinal folk technology.

- 14 To locate the different sites constituting the web of making Taibai medicinals, we need to take a step back to zoom out and orient ourselves on the Chinese historical landscape. Mu's introductory cultural and natural historical preface to his co-authored publication of a *Taibai Materia Medica* from 1993 and a second edition from 2011 guides us towards the past. We land in a technological culture going back to a time prior to the early modern into the medieval time and even farther to the beginning of imperial culture, and to the timeless aesthetic of early Daoist legendary figures.
- 15 To grasp the scale, rather than merely remoteness, of Taibai *materia medica*, we need to follow the gatherers and hospital director Mu, an author with his team recording the gatherers' medicinal plant knowledge. Our vantage point moves in space towards them in the west, away from the more well-known cultural sites and centres of today's China. To confirm that this spatial claim by Mu is not far-fetched in respect of the material landscape either, digital and printed topographic maps of China show Mount Taibai as the peak of the Qinling mountain range, a historic geopolitical north-south division of China in its West. While the two rivers Yellow River and Yangtze form the main structuring divisions of cultural space in eastern China, in the west of the Han-dominated region of China, the Qinling mountain range is a similarly influential spatial dividing marker in the Chinese cultural landscape (illustration 1).

Illustration 1 - Topographic map showing Mount Taibai in China

Authors: J. Xin, L. Dejouhanet, L. Springer, 2019.

Overview: exploring the landscape of herb gatherers

- 16 To contribute to a growing body of fieldwork-based studies on medicinals in South, Inner and Eastasian highlands, this article introduces the practices and status of gatherers in a habitat that is situated between the Himalayan highlands and East Asian

lowlands. In their day-to-day working situation, they face a mix of both legal and scientific, sociocultural and religious status. By claiming spatial dimensions of their personal webs of supply, they legitimise their status in geopolitical contexts: botanical biodiversity, cultural heritage and local availability.

- 17 As a tour through this field of gathering medicines in China, let me sketch some landmarks in this ethnic and technological landscape. A few personalities make the business and heritage transmission possible, which leads to the production and circulation of the usual set of one to five hundred drugs supplied in a Chinese pharmacy (or its modern reinvented standard version 'traditional Chinese medicine' TCM). Within this range, gatherers of 'Taibai' delicacies claim their socio-spatial position according to three different aspects:

- Daoism at Qinling mountain range and Mount Taibai
- Publications according to science-based regulation, and Daoists
- Renhe hospital as a site for plant conservation, and a vendor of preserved "wild" heritage products

Herbs, Daoists, and Mount Taibai

- 18 Situated at the fringes of scholarship, of science and economic urban industries, director Mu positions his Taibai region as just one of three Han-ethnic sites of pharmaceutical culture and resources. The three medicinal mountains (*yaoshan*) in Han-territory are, firstly, the 'Mountain of the Divine Husbandman' (Shennong shan), named after the legendary author of the first known text in Chinese on medicinals and pharmaceutical names, secondly 'Lasting White Mountain' (Changbai shan), well-known for its exquisite raw ginseng resources, and Mount Taibai.
- 19 The first few pages of Mu's latest published *Taibai Materia Medica* list contributors, including Mrs Yang who has played a crucial part in helping him to contact the knowledge holding Daoist ritual masters. Photographs show her in front of the door of a Daoist's clay-walled home, a senior man with a long white beard in a blue shirt and dusty trousers. This woman – a senior employee at Renhe Hospital – forms a piece in the process of surveying and compiling the reference work. Together with her, the senior Daoist knowers of the materia media, traced from their recluse lives in the mountains, belong to the personnel sketched above, that has enabled the production and circulation of the 'Taibai *materia medica*', the texts and the medicines.
- 20 The prefix 'herb' (*cao*) characterises either a physician (*yi*) or a drug (*yao*) as unnamed, known in colloquial discourse, unlicensed and occurring in a free unplanned fashion. As for the herb-like healers, certainly, their socioeconomic status is precarious. All the more, delicate subtleties of drug identification require their everyday situated artisan expertise. In their memories, they recall difficult campaigns against their superstitious beliefs and in some cases even fleeing from other parts of China to these mountains in the first place as "rightists" (Wang, 2010). Local part-time physicians just as consumers of medicinal plants are just beginning to rebuild the Daoist wooden temples burnt during that Maoist revolution.
- 21 Director Mu Yi's favourite representative image of himself shows him on the top of what he reveres as a sacred Daoist site, that is, the area around Mount Taibai (illustration 2). He is sitting on the peak of the Qinling mountain range, among rocks that seem to be gazing out of the 'ocean of clouds' (*yunhai*). During a walk with me and

during a meal, he recalled how he and others used to climb the mountain regularly in their everyday life as pilgrims. Wearing shoes had been a taboo back then and even in cold winter-times, in his young years, Mu had walked barefoot through the snow up to the peak and down.

Illustration 2 - Mu Yi in front of a Daoist 'ocean of clouds' (*yunhai*) on Mount Taibai, the peak of Qinling mountain range

- 22 The figure of the gatherer in historical sources echoes Daoist images of miraculous mountains. In 2014 I and director Mu started speaking about pharmaceutical culture in the southern part of Shaanxi Province in northwest China. In response to my interest in the historical figure of 'Pharma-King' (Yaowang) Sun Simiao and in the image of Sun's sacred mountain, director Mu decided to speak, from his own perspective, about nowadays gatherers of medicinal plants. They revere Sun's legendary power in Daoist rituals as their guide to the best sites for gathering in the wild, or harvesting at just the right time of the year (Wang *et al.*, 2010).
- 23 In addition to director Mu's own various activities related to Daoist rituals, the main supplier to Mu's hospital, master Cao, is re-building wooden Daoist temples in the valley where he harvests Taibai medicinals that he has cultivated 'in the wild' (*yesheng*) (illustration 3). Fortunately, Cao points out, agricultural land of roughly 1000 mu (six hundred and fifty square metres) has been allocated to him, which allows him to carry out his small-scale business with raw medicinal materials from the Taibai region. Cao produces Taibai medicinals in Mei County, a three-hour drive further by car from Renhe Hospital, in a hilly valley region of the forest, and in his workshop buildings nearby, grouped around a large square. Elsewhere in China, in Uighur Hotan District (*Hetian* in majority Han Chinese) producing jade and knives for example, such a workplace for manufacture would deserve being called a 'factory' (*gongchang*) and would insofar be sized large enough to count as industry-scaled. Still, the district is a region developed mainly as a "green" tourism destination, but less for its rural industries.

Illustration 3 - The main supplier of Taibai medicinals to Renhe Chinese Medical Hospital Master Cao showing one of his medicinal roots cultivated by him in the wild (*yesheng*) in Mei county

Author: L. Springer, 2015.

- 24 Elsewhere in Shaanxi Province, in Tongchuan City (*Tongchuan shi*), the respective local tourism bureau develops so-called *Pharma-King Mountain Landscape District* (*Yaowang shan fengjing qu*), which celebrates mythical Sun Simiao. Contrary to that site - widely marketed for commerce with an annual fair for *materia medica* trade -, Taibai medicinals are neither marketed nor advertised, at least not on such a large scale. As my ethnographic fieldwork has shown, 'Taibai Ginseng' for instance must not be sold at all at the tourist spot at the peak of Qinling mountain range. As director Mu had travelled up with me on a state-of-the-art Austrian ski lift with gondolas, we repeatedly ran into traders secretly trying to offer the local variety of ginseng roots to us. Quite a few tourists bought some – as Mu and I could see clearly – without any secrecy, but my attempt to take a photo shocked the traders since the selling was illegal.

From Daoist rituals into a botanical folk nomenclature

- 25 The second aspect in the network of gathering Taibai medicines underlines the role of Daoist ritual masters and other unofficial knowledge holders. They have legitimised the gatherers' status by actively introducing plants from the habitat into Taibai botanical nomenclature.
- 26 Baoyi City houses a landmark site of the Taibai system. The administrative unit here has been responsible for the textual knowledge production and circulation of the Taibai *materia medica*: this was the first editing committee publishing a reference work *Taibai Materia Medica* (1993).

- 27 Since the publication of the *Taibai Materia Medica* in 2011 as a digital edition by Shaanxi Science and Technology Publishing House, with an informal print-version that Mu hands out personally to me, the publication process is still ongoing. Previously in 1993, Mu Yi had been one member of the editorial committee. This preface makes rather broad and general statements about the purpose and benefits of such a publication of a reference work. During my latest visit, Director Mu and his hospital manager showed me the original botanical specimen (*biaoben*) from Mu's first collections from the 1970s. This is when, later than elsewhere, local healthcare and artisan economy have changed in Shaanxi province, including the Guanzhong valley around Xi'an, and Mei County, Yangling District as well as Baoyi City (Eyferth, 2015; Heilshatter, 2013). Mu recalled the stories of applying for funding in the early 1980s to publish the book. Apparently, this was postponed until a decade later.
- 28 Peter Ho's private *materia medica* collection in southwestern Lijiang City (Ochs, 2015) and the early modern *materia medica* text of Yunnan (Yu, 2002; Unschuld, 1986) are other cases of unorthodox collections and compilations. Confucian scholars' disregard and rare interaction with local rural matters, even in the early twentieth century (Harrison, 2005), underline the marginalised status of rural suppliers in global capitalism today (Tsing, 2015). Generally, establishing the genre of a regional *materia medica* is hard, even for a nation-state like Korea (Lee, 2016; Suh, 2017).
- 29 Interestingly, with the authorship of Mu Yi personally, rather than an editorial group as previously in the edition from 1993, the *Chronic of Taibai Materia Medica* has also seen the addition of an increasingly long introductory chapter about the status of the region in Han China. It is giving the natural and cultural history, and it is all about scale. The prefix Taibai expresses claimed integration into worldwide botanical terminology. It is on the one hand a consequence of the medicinals in this distinct corpus not being part of the national *Pharmacopoeia*, and thus a sign of regionality and limited scale. On the other hand, this is a choice for the place name of a geographical habitat instead of folk vernacular names.
- 30 The prefix 'herb' (*cao*) for a physician or a drug signifies free-style usage of the gathered medicinal plants. This prefix is beginning to be replaced by either the prefix 'Taibai' - to signify the habitat in botanical names of a scientific *materia medica* genre. To highlight Daoist folk culture, other reference works published in the same genre of *materia medica* literature use the prefix 'Qi' (literally the number 'seven'). This is also a lucky number that Paul U. Unschuld has frequently encountered during his translation of the *Compendium of Materia Medica* (Unschuld, 1986). Mao Shuilong is a botanical fieldworker, academic educator and promoter of this prefix Qi, echoing Daoist connotations. His publication of *Qinling Qi Yao* (2011) included entries of medicinals that had been philologically investigated and, at least preliminarily, botanically identified, as Mao emphasises. The entries name drugs with the prefix or suffix 'Seven' (Qi, not to be confused with another hardly translatable character Qi, literally meaning the steam from boiled rice). The academic claim of Mao's publication is rather broad in scale, both scholarly-scientifically, as well as spatially: "Book Series of China's Qinling Materia Medica". This wide scale of investigating Taibai medicals echoes with a much more local way of understanding gathering medicines, which is our third aspect.

Wild heritage

- 31 Mu runs the Renhe Chinese Medical Hospital as a mainstream district level hospital of Yangling District, a few hours' drive from the provincial capital Xi'an of northwestern Shaanxi Province. It lies half way from Xi'an on the highway to (and from) the supplying Taibai region. Since the mid-2000s, the district had received increased funding to boost its agricultural industry and it attracts students to a vocational school for forestry. As director Mu proudly explains this economic transition, he points at the green fields on both sides along the broad new road, lined by newly planted trees and meticulously cultivated decorative patches of flowers.
- 32 The meaning of 'created [in and by] the wilderness' (*ye sheng*) has only become clear to me during my latest visit to supplier Master Cao. What he actually does to achieve a crucial delicate mix of gathering in the wild and cultivation is building roughly half-a-metre-wide terraces. "Traceability" is a general concern, which gatherers can hardly meet, about large-scale industrial supply chains to control working conditions and the origins of raw materials (Dejouhanet, 2014). I observe similar complexities as for "scalability". Where a medicinal plant happens to grow, Master Cao disperses the shoots in a surrounding larger area, provides the best available nourishing earth, or transfers the whole plant slightly or for a few hundred metres within his patch of roughly 1000 mu of agricultural land (six hundred and a half square metres). The extracted plant still counts as "wild" as long as it has not left an original spatial scale.
- 33 In addition, terrace building has another "wild" connotation: exotic ethnic heritage. Today, just terrace building for agricultural ethnic produce does count as an indigenous heritage in China (Chio, 2013). Central Chinese television channel CCTV9 presented director Mu Yi, his hospital and Mount Taibai as part of a series of documentaries. Similar to European arte's documentary series *Médecines d'ailleurs. Rencontres avec ceux qui soignent autrement*, the audience travels to individual producers and prescribers of medicines in remote places and learns first-hand about their exotic environments. In China, Mu's Taibai hospital thus gets mixed together in television with visual imaginations of, e.g., the town Biasha in southwestern Guizhou Province. There, the population of Dong minority nationality (*Dong shaoshu minzu*) are allowed to build beautiful terraces for agriculture and wear their ethnic custom, which is said to be woven from traditional textiles, both in everyday life and especially for the crowds of visiting tourists who observe performances of the risky Dong haircutting technique. Men are allowed to carry weapons with poisoned arrows, employing pharmaceutical biochemical mechanisms of the deadly effective substances. Concerning health, the place is first of all attractive due to the mysteriously long life of its population. However, director Mu would certainly not want to be labelled a representative of an ethnic minority. Similarly, my inquiry in Biasha after a tourist performance with some of the performers if they used Dong medicines (*Dong yao*) - for gynaecological treatments for instance or to self-medicate minor ailments -, the men laughed about my silly idea. Of course, they went to the county hospital nearby, especially to give birth and for women health. There was no mention of using the Dong drugs in their stories of healthcare in an ethnic Dong village.
- 34 Moreover, the idea of the "wild" harvesting and cultivation ground echoes late imperial ethnic relations of exploiting natural capital. Early nineteenth century imagination let Chinese desire the neighbouring Mongolian mountains, which held rich and "pure"

mushroom resources desperately needed to redeem what Chinese perceived as the "mushroom crisis". Han, Manchu and other Chinese gatherers entered Mongolian mountain territory to reap it for mushroom import (Schlesinger 2017).

- 35 Ethno-botanists also speak of "wild" Taibai plants. They have undergone a process of carefully gathering local produce, not only knowledge but also a supra-local corpus of specimen, each of them named as Taibai or Qi. A series of surveys, re-editing, and recontextualisation of the regional drugs has begun to integrate them into scientific nomenclature in academic compilations. However, current ethno-botany contributes to such surveys speaking of Taibai "indigenous uses" (Na, 2017). With the aim to pick up Daoist folk language and the plant-based medicines from a larger habitat than Taibai region, i.e. along the whole mountain range, ethno-botanical naming establishes claims to integrate the regional medicines further into scientific standards for nomenclature and into a wider scale of legal trade law and rural economy. Still, ethno-botanists call the medicinal plants "wild" (Kang, 2013).
- 36 Terraces count as small enough to be "wild", while gathering in "pure" mountains overcomes limitations of ethnic business.

Legitimacy through Heritage

The negotiable quasi-legal status of 'transmitters'

- 37 For director Mu, the central facet of his story is that he represented the twenty-fifth generation in a lineage of Taibai *materia medica* knowledge holders. In the regime of 'intangible cultural heritage' recognition, currently, just five recognised generations (*dai*) suffice to claim financial support and a local legal status. In this series of men, his son is next and is currently in the process of testing a new strategy of marketing Taibai medicines: as a tea. For that purpose, the hospital has founded a company to license their produce with a registration number as a 'wellness product' (*baojian pin*) rather than trying to achieve the registration with a number for a pharmaceutical 'national drug' (*guo yao*).
- 38 I was personally involved in intangible heritage protection of traditional medical knowledge from 2013 to 2017 and collaborated with professor Ma Zhiguo who promotes individual gatherers and herb physicians via intellectual property rights and local licenses. Director Mu found his idea that he personally would turn into a representative 'transmitter' (*chuancheng ren*) of cultural heritage conflicting with his commitment to Daoist morals and to his web of suppliers, which he needed to cultivate personally at numerous localities, and whom he therefore calls 'herb [-like] physicians'.
- 39 A chapter in Jianping Zhu *et al.*'s book (2016) on medicine 'among the population' (*min jian*) – in a history of China during its last one hundred years of post-imperial history since the revolution in 1911 – mentions director Mu Yi in person. The authors present him as a holder of cultural heritage, quite in line with the ongoing ethnic politics of 'traditional knowledge holders'.
- 40 My first photo of director Mu (illustration 4) shows him in front of some of the illustrations of Taibai medicinals, photographs with botanical names, in the room of his hospital where he has given study classes (*xuexi ban*) for locals just as for senior physicians from far-away regions of China.

Illustration 4 - Director Mu Yi in front of some of the illustrations of Taibai medicinal plants with botanical names in the room of his hospital where he has given classes

Author: L. Springer, 2014.

- 41 The following 26th generation of Mu's lineage includes a loose group of participants in a series of further education classes. Photos on the internet and on the walls of his hospital show him teaching in the wild. Like other patents in China and their many fakes, this lineage encourages a loose group to participate in the circulation of news, historical texts and marketing strategies.

The Spatial Scale of Han-Medicinal Herbs from the Taibai Habitat

- 42 The scale of local 'Taibai' medicinal plants is surprisingly large. This is how unofficial 'herb physicians' (*caoyi*) claim their supra-local importance and their transregional mobility, i.e. based on a specific historiographic narrative and in the attempt of establishing their relevant role within a vast 'Han'-ethnic technological landscape and culture of *materia medica*. The same products of gathering may be of the spatially smallest scale (around Mount 'Taibai'); they may be significantly larger-scaled ('Qi', along the mountain range); or they may cover the whole Eastern half of present-day China ('Han'). Similar to medicinals in Ladakh used as Tibetan Sowa Rigpa (Blaikie, 2018), different ways and webs of supply continue to coexist in China, too, and are typical of a series of previous historical changes. 'Herb physicians' originally use only a handful or even only one medicinal plant, and still do, depending on local availability. A complete set of standardised TCM drugs is a feature of hospitals just as of historical (elite) literature. Folk *materia medica* comprise a higher biodiversity and number of medicinal plants in Han-dominated regions.

- 43 As we discuss the marginal Taibai habitat, vice versa, we need to set out the ethnic majority's cultural space. Taibai gatherers claim it, too, as a habitat of their produce. The largely plant-based Taibai *materia medica* turns into ethnic produce of 'Han'-ethnic Chinese culture. The herbs per se constitute this *materia medica* and the herb-like unofficial physicians gather, manufacture and store them. They operate an ethnographic exercise regarding regionality just as mobility, as they enact and author what this *materia medica* is.
- 44 Some gather medicinal plants, which are scattered in the mountain area of present-day China with the broadest range of natural conditions in one distinct habitat, to supply them for the practice of Chinese (or East Asian oriental) 'Han-medicine' (*Han yi*). Other 'herb physicians' cultivate the medicinal plants in the wild of this highest region of Han-dominated territory, which is situated in Qinling mountain range, a strong Chinese topographical landmark and cultural division of south and north. In Mu's words, the mountain region is a 'botanical garden' (*zhiwu xueyuan*) of *materia medica*, representative of the scope of medicinal plants in the entire 'Han-region' (*Han di*) of China. With this statement, Mu places his 'Taibai' region and its produce in China – neither merely in present-day China's culturally and politically remote Western part, nor accepting marginalisation as an ethnic minority region.
- 45 Taibai authenticity (*daodi yaocai*) is not what I had expected as a regional feature, i.e. a terroir of Chinese medicinals. Coming from a European background, I had expected "slow" high-value commodities. Instead, director Mu's pictures his personal project at the tip of the biodiversity iceberg, a meticulously selected fraction of the mountain's indigenous biocultural resources. Calling this a 'botanical garden', he introduces conveniently available versions – in local contexts of low income and little road infrastructure – of all the standard drugs used in TCM, or in 'Han medicine' as he would call it. During my fieldwork, a sociocultural misunderstanding has occurred on my side. Hospital director Mu, just as the performers of Dong tourism ethnicity, had both laughed about my assumption that medicinals were delicacies, like European wine or violins. Spatial and sociocultural Taibai mobility contradicts other findings about ethno-medicine or folk science insofar as the assumed feature of such embedded knowledge is situated local and limited or even immobile. The unofficial physicians live scattered and work free-style, quite like herbs, in the mountains. Without any formal education or licensed status, they are enacting a folk culture and its legendary Daoist historic personalities. Yet, these cultural historical narratives and folk rituals are highly mobile across the Chinese cultural landscape, and not specific to any ethnic 'minority nationality' (*shaoshu minzu*) but well-known legends in the nationalist globalising imagination of cultural heritage across China.
- 46 The extract Artemisin from a folk medicinal plant (Hsu *et al.*, 2010), which has won China the first Nobel Prize in science, is a strong example of the straight link from local plants to *materia medica* in China. The plant does not belong to standard TCM drugs but stems from a range of folk usage throughout the Han-medical region that is broader than TCM. Gatherers handle this gap and tension between *materia medica* usage in China as opposed to fewer TCM drugs, not by just replicating the officially classified ethnic nationalities.
- 47 The multi-lingual *materia medica* genre is continuing historical science and at the same time engaging in revolutionarily new science, through Latin Linnean botanical taxonomic classification regime (Springer forthcoming). Neither physicians assembling

herbs, nor Daoist and manuscript popular folk culture (Harper, 2004, 2010, 2017) are established in mainstream elitist medical literature in Chinese. Instead, manuscript culture and folk culture do constitute a past historical channel for the *materia medica* exchange with neighbouring regions in China and beyond. From Mu's proposed long-term historical perspective, Taibai loses any marginal feature reflecting its current remote position, marginal both in the cultural and technological landscape, and in the mainstream *materia medica* literature and business. Mu argues that Taibai *materia medica* held a position on a historical landscape going back prior to the historic regional shift of the cultural mainstream from the west to the east in China. He evokes early imperial capitals and economic prosperity from the ancient past, which may return in the future. The richness of medicinals and higher diversity than elsewhere was not only of a material and botanical nature, but in a *longue-durée* cultural-historical framework also grounded on print and manuscript texts.

- 48 "Mount Taibai is one of the three medicinal mountains in Han-territory." This is how hospital director Mu Yi began his story of 'Taibai *materia medica*' in his conversation with me. On a map (illustration 5), Mount Taibai lies in the remote west of China, yet, director Mu insists that its position was far from marginal, in light of its cultural historical heritage and based on the scale of its rather representative botanical resources. Thus, the eastern part of present-day China, which is inhabited and historiographically shaped by a Han-ethnic majority, forms – within the larger national-political territory of China – what is colloquially called 'Han-territory' (*Han di*). It lies hundreds and thousands of metres below the "Western" part of present-day China. This is opposed to the culturally and politically influential East, including the Lower Yangtze region (Bretelle-Establet, 2010; Hanson, 2011) and various former dynastic capitals of the Chinese empire, starting already with Luoyang in the Eastern Zhou. From a long-term historical perspective –as director Mu underlines by referring to his recent revision of the preface –, prior to medieval and late imperial China, the Chinese technological landscape and culture looked different. Mount Taibai lies next to Tang dynasty's capital Chang'an, and next to the Western Zhou and Qin emperor's capital, as well as at the Eastern end or beginning of the Eurasian trade route 'Silk Road'.

Illustration 5 - Map showing Mount Taibai on the highest section of Qinling mountain range, and the sites of Taibai *materia medica* production and circulation

Authors: J. Xin, L. Dejouhanet, L. Springer, 2019.

- 49 During my ethnographic fieldwork throughout the Western part of China, I have heard the expression 'Han territory' (*Han di*), which Mu uses, both in southwestern and in northwestern China. Suppliers of medicinal materials use it not only in East Tibet, 'Kham' in Tibetan language, which comprises mostly the present-day western half of Sichuan Province, but also in the northwestern region around Mount Taibai. On the one hand, Eastern Tibetans appear to use the phrase from a comparative angle, situating themselves outside that other, geologically significantly lower, 'Han'-part of Sichuan Province, which lies further in the east (Springer, 2015). On the other hand, as in the words of director Mu Yi, the same expression 'Han-Territory' rejects marginality and includes the Taibai region among a larger cultural landscape.

From Gatherers to Archive – and *vice versa*

- 50 Hospital director Mu is a Daoist, networker among 'herb physicians' and recognised holder of 'Taibai *materia medica*' knowledge in the twenty-fifth generation of a lineage of 'transmitters'. He is actively engaged in integrating Taibai medicinals peu à peu into the official national *Chinese Pharmacopoeia* (2015), and into the provincial and national regime of 'intangible cultural heritage' (*feiwuzhi wenhua yichan*). Continuously he is switching between enacting and maintaining Taibai practice and, on the other hand, representing its status. This switching happens through two modes. One is science-based pharmaceutical market regulation. The other one since the mid-2000s is heritage preservation.

- 51 “Culture”, in quote according to Carneiro da Cunha (2009), is a result of cultural heritage politics since the *Convention on Biodiversity* in Rio 1992, defining “traditional knowledge holders” as indigenous owners of profit in plant genes. “Green” world politics begun in Brazil to determine and legally safeguard world heritage of indigenous biodiverse natural resources, and of the natural capital and collective livelihoods intimately connected to them. This discourse defined such rights as collective. In my current applied research project, we await the latest stage of this process, announced as Nagoya Protocol, i.e. the founding of national centres of decision-making. On a smaller scale than in Carneiro da Cunha’s history of the collective indigenous property rights in Brazil, Taibai *materia medica* in director Mu’s story experience the “boomerang effect” that da Cunha has identified. Representing Taibai – either through the mode of scientific regulation or through the mode of biocultural heritage – changes the represented technological landscape and culture of Taibai gatherers.
- 52 Already in imperial China, an adjusted material landscape used to change historical science; science was undergoing a passage into popular technology, and vice versa (Bray, 2008). In the Taibai case, too, the boomerang effect explains the extraction of folk science, derived through rural collaborating knowledge holders, as well as a return to them of the popular or folk science.
- 53 Thus, Mu’s publishing project represents “red” handy and pragmatic folk science, accessible popular science derived from ‘among the population’ (*minjian*) – a basic meaning of the Chinese character ‘herb’ (Dictionary, 1988) – and returned back to it. Ethnicity is multidirectional and oral, just as it is based on the historical textual record. Mu’s story resembles the historic explosion of the *Flora of China* in Chinese language during the 1970s, which is today, according to the compilers of the English version, a past period of an “isolated taxonomy”. The *Chinese Pharmacopoeia* is much shorter than a complete version of the complete pharmacopoeia throughout China. The *Flora of China* in English, too, is a selective shortened standard version, with the purpose of making knowledge available and mobile globally.
- 54 The small and large scales, folk and mainstream medicine, depend upon popular culture and technology, as well as on provincially or nationally authorised written science. We face the curious case of an ongoing ‘Taibai’ system produced since the 1970s.
- 55 This folk science boomerang resembles what Erik Mueggler (2011) has described as a “paper road”. In a dialectic of “archive” and “experience”, modern European and North-American naturalists and plant hunters in the west of Tibet and in present-day southwest China surveyed and experienced a complex multi-ethnic landscape of cartography, nomenclature and often limited spatial accessibility. Turning this into text turned out to be as limited and personal as their personal routes through forests and mountains with the help of local (non-Han) collaborators, creatively contributing their languages and perspectives on the land and its resources. The roles as gatherers and cultivators, naturalists and co-authors of scientific publications have been shifting.

In Conclusion: Geopolitical Legitimacy of Gathering Medicinal Plants

- 56 In an ongoing process, gatherers of medicinals in a mountainous 'Taibai' habitat are legitimising their ethnic produce. By authorising folk classification and vernacular nomenclature according to Chinese secondary scientific literature and regulatory standards, they attempt to avoid a marginalised status in present-day China. In this remote region with little road infrastructure in its mountainous forests, high-altitude rocks, and lowland rural industries, the case of Taibai medicine gatherers is unique: both as opposed to gatherers and physicians who are recognised by official ethnic classification of minority nationality medicines such as Zhuang or Mongolian, and contrary to the global TCM standard.
- 57 The scale and number of entries, names and items in vernacular and regional *materia medica* within China is naturally higher than in the selective official and regulatory national standard, the *Chinese Pharmacopoeia* (2015). While 72 items are known as Taibai medicinal plants so far, additionally over three thousand in total still lay spread along the whole Qinling range, according to recent scientific surveys. For comparison, the scale of the historical source for regional southwestern Yunnan *materia medica* *Diannan Bencao* includes medicinals on a scale of below five hundred, i.e. 458, while the *China Pharmacopoeia* from 2015 lists 5,608 medicinals and drugs. The latter, however, do not include a high number of Chinese medicinal plants. Most are modern chemical substances and pharmaceutical compounds, but only a limited number are Chinese medicinals. The reason is that these are just the established set of below six hundred standard TCM drugs while the majority of medicinals in China is excluded from the national standard.
- 58 The rich natural resource in the Taibai habitat and along the Qinling range is what gatherers claim as a basis of their livelihood in the region and as prospects of nationwide exchange. Their local economy requires a complex web of part-time work to gather and cultivate medicinal mushrooms and plant-parts in the wild. Traders handle a balance between either export to other regions and countries, or sustaining the local markets in the region including the drugstore of a Taibai Chinese medical hospital. Day-to-day and year-by-year, maintenance of the supply involves tedious paperwork to legitimise the passage of medicinal plants into regulated products: they are officially registered as pharmaceutical supply and regulated as Chinese medical treatments.
- 59 The legal status of different Taibai gatherers falls under local, provincial and national jurisdiction. This is not law dealing with ethnic minority rights or folk economy. Instead, the gatherers need to tackle law in the face of predominant mainstream Chinese medicine and its respective healthcare institutions, including TCM hospitals, drugstores, local diploma of further education for staff, and scientific discourse. They sort out registration of their crude drugs as either 'wellness-products' or 'national pharmaceuticals', and they gain rights for land-usage in agriculture and forestry, and for access to natural resources in territory governed by regulators of tourism and religion.
- 60 Furthermore, they negotiate their legal status - of local part-time work up to running a drugstore in a Taibai hospital - in a twofold framework. In addition to the above layers of status in China, supra-local Chinese world heritage is a second mode of legitimacy

and claims for geopolitical importance. In line with participatory heritage discourse, they have documented a process of letting various gatherers collectively and creatively contribute to the authoring and publication of a *Taibai Materia Medica*. In their conversation with me, and during their changing occupational paths in the region and its web of gathered wild medicines, they switch between two modes of legitimisation. They enact a technological Taibai landscape by their gathering practices and, on the other hand, represent it as technological Chinese “culture” independent from this limited region. Da Cunha (2009) describes this as a “boomerang effect”: due to international conservation discourse of the 1980s to 2000s, officially recognized “traditional knowledge holders” of natural capital participate in new negotiations of their now “indigenous” livelihoods and “collectively” enacted material culture. In Chinese discourse, gatherers experience an additional effect of recognition as “transmitters” of national cultural heritage modelled on UNESCO law.

- 61 Let me conclude with a vice versa of this development and social upward mobility. While the boomerang effect follows afterwards and has added new opportunities and division of labour among gatherers, the passage of gathering technology from a folk landscape of Daoist ritual masters and part-time jobs into technological culture continues.
- 62 Published regional standards of pharmaceutical raw materials in other Chinese provinces (*difang biao zhun*), such as, for example, available through trade or sourcing in the prosperous southeastern Chinese Jiangsu Province, do not include any drugs with the prefix Taibai or the suffix Qi. According to the knowledge holders of Taibai *materia medica*, this is due to the absence of an esteemed sociocultural process of surveying and archiving, which they patiently await, feeling legitimised by Daoist religious folk and manuscript culture and by the Chinese cultural history of ‘Pharma-King’ (*yaowang*) Sun Simiao.
- 63 Generally, yet unclassified ethno-medicines, and officially classified minority ‘nationality medicines’ – with the exception of Tibetan medicine’s textual sources – have required surveys and writing from scratch (Lai *et al.*, 2014). Ambitious attempts at creating written languages for classified minorities fall short of the linguistic and medical practice, which awaits further investigation. From their remote position, the Taibai herb-physicians argue for continued accumulation and supplementation of their folk *materia medica*. They situate it as a newly revived piece of the wider technological landscape, yet as ancient. In a spatially large-scale Daoist context, their patience stems from a perspective on technological culture that is continuously changing and evolving since early history. Back then, their legendary forerunners had used to be mainstream in Daoism and healthcare, as transmitted in the popular religious and manuscript folk culture. Now the various gatherers grant the *Chinese Pharmacopoeia*, just as world intangible heritage, the opportunity to gradually harvest the biodiverse Taibai *materia medica*: possibly historically nourished via the silk road and promising the purity of mountains since early history. Status and numbers of small-scale local gatherers will hopefully be maintained and should even increase. Tools that gatherers are already employing to this aim include informal Taibai further education, Taibai business on local district levels according to mainstream standards, and a web of Daoist rituals and aesthetics.

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ABSTRACTS

In a habitat of mountains in North West China, with few roads and covered in forest and rock, mostly autodidact part-time 'herb physicians' gather medicinal plants. Around Mount Taibai, the highest spot in the Han-dominated Eastern half of present-day China, they claim geopolitical legitimacy of their materia medica. Due to its complex climate, the Taibai habitat supplied a complete set of Chinese medical drugs, the unofficial knowledge holders report, and they introduce additional unique local delicacies. Collectively, they enact the picking, cultivation, and storage of the medicinals, and they represent and export them as 'Taibai materia medica'. Representation has caused changes of the gatherers' status. One mode is botany-based official regulation of production and pharmaceutical trade. A second mode is cultural heritage preservation based on Daoist lineages.

Dans les montagnes du Nord-ouest de la Chine, traversées par de rares chemins et couvertes de forêts et de rochers, la cueillette des plantes médicinales est surtout assurée par des "phytothérapeutes" (*caoyi*) autodidactes travaillant à mi-temps. Aux alentours du Mont Taibai, le point culminant de la Chine des Han, ces phytothérapeutes revendiquent la légitimité géopolitique sur leur *materia medica*. Selon ces détenteurs non-officiels de savoirs, le Mont Taibai, en raison de son climat complexe, offre la panoplie complète des matières médicales chinoises, auxquelles ils ont ajouté des espèces locales précieuses. De façon collective, ils pratiquent la cueillette, la culture et le stockage des matières médicales qu'ils présentent et exportent comme "*materia medica* du Taibai". Cette représentation a entraîné des changements dans leur statut. Une des modalités de ces changements consiste en la régulation officielle grâce à la botanique de la production et du commerce des plantes médicinales. Une autre est la préservation du patrimoine culturel reposant sur les lignées taoïstes.

INDEX

Keywords: materia medica, geopolitical legitimacy, North West China, cultural heritage, botanical biodiversity, folk nomenclature, Daoism

Mots-clés: materia medica, légitimité géopolitique, Chine du Nord-Ouest, patrimoine culturel, diversité botanique, nomenclature vernaculaire, taoïsme

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