Performing Human Rights

Contested Amnesia and Aesthetic Practices in the Global South

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Uriel Orlow

Letter from Lubumbashi

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I am writing from Lubumbashi. I'm using a laptop computer by one of the world's largest tech companies. It's powered by a lithium-ion battery for which cobalt is essential.

This region, Katanga, the southwestern part of the Democratic Republic of Congo, is rich in copper and cobalt. Most of the world's cobalt for smartphones, laptops and electric cars comes from here. The extraction process is a predictable story of enrichment for multi-nationals at the expense of local communities—with huge concerns of human rights abuses, child labor, health risks and corruption.

Is there any other place on earth which has been looted and exploited as thoroughly as the Congo? Slaves, ivory, rubber, copper, gold, timber, uranium and the list goes on. It's hard not to see the specters of colonial capitalism and its contemporary, extractive afterlife in all the fissures and lesions that cross the landscape.

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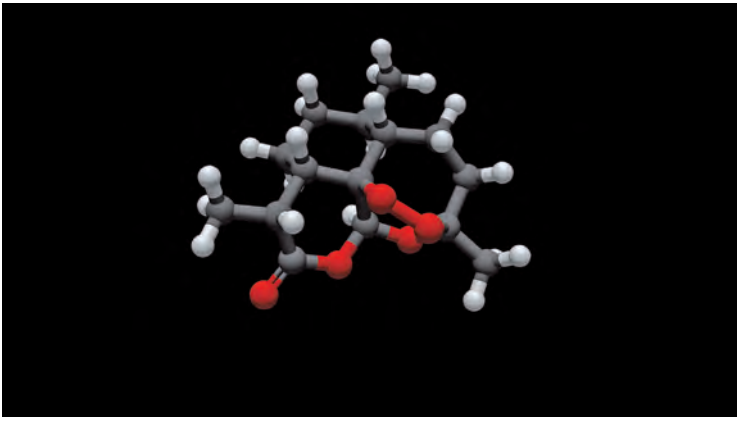
Malaria is omnipresent here. Even the urban fabric of Lubumbashi is marked by this disease. I read that in 1920 the Belgian colonial administration of what was then Elizabethville separated the city into two areas. A white and black district divided by a "natural" barrier, known as the neutral zone or "sanitary cordon." This "empty" space of around 500 meters was thought to correspond to the maximum flight distance of the malaria-transmitting mosquitoes.



The day after I arrived in Lubumbashi a friend told me they had just recovered from malaria thanks to an infusion of a locally-grown plant. I'm told that it is being cultivated and processed by a collective of women in Lumata, an hour and a half from Lubumbashi. It's called *Artemisia afra*, African Wormwood.

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After dark, I delve in the history of malaria treatments, which like the history of Western medicine in general, is translocal and inseparable from the history of colonial extraction. I find out that when the bark of the Peruvian cinchona tree—named thus by Linnaeus in 1742—was found to be effective against malaria, extraction was not far off. Once quinine was isolated and the cinchona tree transplanted from Latin America to British India and Dutch Indonesia it played an important role in the colonization of Africa by Europeans, "armoring" them against the threat of malaria.

But there is a catch: over time the partial use of the plant, through the extraction of what is considered to be the active ingredient, allows the malaria parasite to adapt and become resistant to it, forcing scientists to look for substitutes.

After WWII, a German-developed synthetic compound—chloroquine—together with DDT, became the principal "arsenal" in the global campaign to eradicate malaria led by the newly founded World Health Organization (WHO). However, chloroquine resistant malaria is thought to have appeared in four separate locations starting with the Thai-Cambodian border around 1957; in Venezuela and parts of Colombia around 1960; in Papua New Guinea in the mid-1970s and in Africa, starting in 1978 in Kenya and Tanzania and spreading by 1983 to Sudan, Uganda, Zambia and Malawi.

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I'm getting further and further into malaria history: The cat and mouse game of treatment and resistance can take on historical proportions: Project 523 (or task number five hundred and twenty-three: 523项目) was the code name for a secret military project of the People's Republic of China during and after the Cultural Revolution, looking for antimalarial medications. The project was launched in 1967 at the behest of HŻ Chí Minh, the prime minister of then North Vietnam, in order to find new drugs to treat malaria, which claimed more lives than battles. The Chinese ended up supplying the Vietkong with *qinghao* (*Artemisia annua* or Sweet Wormwood), a rediscovered traditional remedy against fever and malaria and taken as an infusion. The Americans, using the by now less efficient chloroquine, racked up an estimated 400,000 sick days because of malaria.

Of course, it's not long before artemisin is identified and extracted from *Artemisia annua* and in combination with another ingredient that makes it more stable, it has become the main line of defense against malaria. As before, resistance to artemisinin-based medications has eventually begun to develop too.

Despite their limitation malaria drugs are big business yet out of reach of many. A child still dies because of malaria every two minutes, mostly in Africa. I'm still thinking about the infusion of *Artemisia afra* that treated my friend's malaria. Could this be a solution? One that could grow in every back garden without relying on big pharma? But why isn't it more widely used?

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Artemisia afra is a sister plant of *Artemisia annua* and is indigenous to large parts of Africa. It does not contain artemisin, yet scientific studies have demonstrated it is still highly effective against malaria and can be used as a simple infusion. The plants contain a cocktail of minerals including copper, which they get from the mineral-rich soil in Katanga. Because of the synergy of different components, the parasite is less likely adapt to it and thus the plant resists resistance. It sounds simple—but there is a catch.

The World Health Organization (and big pharma behind it) is against the use of *Artemisia afra*; and in some European countries both *Artemisia* annua and afra are banned. They are worried that it could increase resistance to artemisin-based therapies, despite its apparent lack of the ingredient. Moreover, Western medicine relies on clinical trials to prove the efficacy of a drug and these are based on monotherapies with ultrapure products. But nature never uses isolated pure products and there is growing evidence that crude plant extracts often have greater potency than isolated constituents. Biosynthetic synergistic compounds endow nature's library of chemicals with an evolutionary advantage over man-made chemicals. But the pharma industry and the local suppliers of malaria medication would have a lot to lose if a simple tea could be used to treat malaria, so the use of *Artemisia afra* as well as research into it is suppressed, often violently. Instead of encouraging the planting of *Artemisia afra*, ignorance is being cultivated.

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It seems that we need new ways to address what we know and what knowledge gets suppressed. Agnotology—the study of ignorance—would allow us to ask: Why isn't the news of a plant-based treatment of malaria shouted from every rooftop? Why don't we know what we don't know? It would allow us to understand that our ignorance is not simply an absence of knowledge but rather the result of cultural and political struggles. It would

allow us to see that our ignorance has a history and a political geography and that it is inscribed in a colonial matrix of power.

But we also need a new multi-species science, one that would allow us to ask: how do plants do medicine? How can engaging with plants as living, agential entities with capacities and abilities—not just as a passive resource to be mined selectively—allow us to re-imagine human health differently? How can we include botanical forms of knowing and doing in our approach to illness?

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I decide to visit the cooperative of women in the village of Lumata, south of Lubumbashi. As it turns out their cultivation of *Artemisia afra* is a kind of guerrilla gardening, taking health into their own hands, against the advice of the WHO and without any government support. Each of the 40 women works one day a week in the jointly-managed fields of *Artemisia afra*. The proceeds from the plant sales in turn fund a mutual health insurance which covers the medical costs of their families.

I keep making the hour and a half long journey to Lumata and on my visits to the fields I begin to document the process of growing, drying and packaging the plant. The women encourage me to take their portraits, but I become weary of using my camera. I am acutely aware of my position as a white European and of what could appear as another form of extraction; that of images.

With the women we decide on a less representational mode and begin to plant an *Artemisia afra* garden in Lubumbashi to spread the news in the city, create a new selling point for their tea and also allow people to take cuttings from the plant and begin growing it themselves. With Musasa, a local sign-painter, we design a mural that explains how to prepare the infusion.

Meanwhile I keep drinking the tea myself for my own malaria prevention. It has a slightly bitter taste but I'm slowly getting used to it.

Postscriptum

This letter was written at the end of 2019. Barely a few months later a new health crisis has engulfed the planet, bringing social injustices and long-time crises of ecosystems into stark relief as well as highlighting the need to link science and knowledge production to social concerns of care, reparation and justice. And *Artemisia afra* is again being studied for its potential benefits in treating Covid-19.

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