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Rural Health Care Delivery

Modern China from the Perspective of Disease Politics

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Preface

Diseases, births, and deaths are everyday, ordinary occurrences, so it would be surprising to connect them to the grand affairs of politics. This book, however, attempts to do just that.

Both diseases and politics have long histories, but it was only until recent times that the two were linked. The state (the main subject of political science) usually consists of population, territory, and government, among other things. Undoubtedly, the people are directly related to the strength of the state, and therefore, the health of the population, or the diseases that at least some will inevitably contract, will concern the state. In traditional China, however, the governments, low in their capacity, had no alternative but to practice laissez-faire. Just as Sun Yat-sen said, “Other than the provincial governor-general and the district or county magistrate at the district or the county level to govern the people, there was no strong connection between the emperor and the common folks in the Qing Dynasty. The only link to connect the two was that the people had to hand over grain to the emperor. Because of this, the Chinese people were not politically-minded at all. They did not care who the emperor was. As long as they handed over the grain, they thought that they had fulfilled their responsibility. The government, on the other hand, cared nothing except whether the people had turned over the grain. They just let the people emerge of themselves and perish of themselves” (Sun Yat-sen 2000). For this reason, a feature that characterized the Chinese people for a long period was their high birth rate, high mortality rate, and short life span. Life expectancy at the founding of the PRC was a mere 35 years. One Chinese proverb said, “Since ancient times, seldom can anyone be expected to live into their seventies.”

It was only until modern times that diseases became a paramount concern of the state and that the medical treatment of diseases became a kind of state behavior. In Western countries, the constitution of the people was significantly strengthened and life expectancy was lengthened to a great extent in modern times, signaling their rise into power. In the Middle Ages, and previous to that, however, the Western states would have been standing by helplessly in the wake of diseases. The Black Death, lasting three centuries and at the cost of one third of the population of Europe, was a case in point. With industrialization and urbanization, however, especially

with the arrival of the modern states, the population and diseases became issues of the state's concern; the state became heavily involved in the provision of medical treatment. Life expectancy had reached 40 years by the mid-nineteenth century. The strengthening of the population and the state was then followed by the expansion overseas. What they relied on was, of course, their advanced fleets and weapons, but of equal importance was their strong physical body, without which they could not have survived the hardship of a long sea voyage and dramatic climate changes.

When the Westerners entered China, they found a group of diseased people, which they termed the "Sick Men of East Asia." Actually, Chinese people had been "sick men" for a long time, but they had been so accustomed to the fact that they turned a blind eye to it. Their long history of failure in the struggles with the Westerners led some Chinese people to profound meditation. Diseases, or the people's constitution, started to be connected with the fate and the strength of the state. In modern times, especially since the twentieth century, China began to have specialized medical and health care institutions. The treatment of the diseases of the common people was upgraded to the level of state behavior. Since then, diseases began to be closely related to state affairs and politics.

When it began to include diseases into the category of state management, China faced a stark choice between traditional Chinese medicine (TCM) and Western medicine, the latter being from the major world powers. Those people who were well acquainted with the Western countries would usually seek to vigorously uphold Western medicine, while those people who adhered to the Chinese tradition would find the TCM markedly superior. In order that the conflict could be mitigated, the "unity of the TCM and the Western medicine" appeared as an attractive alternative. In China, the conflict between the TCM and Western medicine ceased being simply a choice of the mode of medicine; it had escalated to the choice between the developmental trajectory and the choice of the values concerned. Currently, the problem has yet to be solved.

The real value of this book lies in the adoption of political perspective in approaching diseases. Diseases had always remained apolitical. Although the cadres in New China devoted attention to the treatment of diseases and regarded it as a political issue, diseases did not enter into the field of political science. This is the first time that any book has connected diseases with political science, so I think we can safely assume that the book has been created with foresight. Over a decade ago, the author of the book began to address the issue of the relationship between diseases and politics; later he chose this as the topic of his PhD dissertation. At the time, scarce attention had been paid to this issue. Now that the state has made people's livelihood the focus of its development (e.g., the exemption of peasants from taxation and free compulsory education), the diseases and medical treatment aroused general social and governmental concern. At such a time, we would know how much academic foresight was shown in the book.

Both the framework for and the perspective on the modern state are used in this book. The modern state with an industrial civilization constituted a considerable step forward in human civilization. It changed not only people's mindset and behavior but also the process of human civilization. The appearance of modern states

(the product of the integration of the world) symbolized the substitution of social interaction for social isolation. However, diseases, which were once very localized, can now quickly spread across the nation or even across the globe. Epidemic outbreaks are good examples. The very mention of "SARS" would make the Chinese people distinctly recall the national tension felt during the SARS outbreak in spring 2003. A modern state is also a democratic state, which means that its state power actually belongs to the people. A government is born because the people need it; it exists because its people recognize it. It is the government's responsibility to relieve people from the pain and sufferings brought by diseases. The framework for the state in the analysis of this book is enlightening in comprehending the status and significance of diseases in state management.

The author of the book offers his analysis on the interaction between diseases and politics after conducting an extensive investigation. Only after the painstaking work of conducting investigations in numerous places (the administrative buildings as well as the fields) was a large amount of firsthand materials collected. The investigation also helped the author to understand how such small a thing like a disease could become a state affair and how diseases affected the common people. In the book, we can acquaint ourselves with the knowledge of how the Chinese people with foresight advocated the "new people" movement through the strengthening of medical care service, how the medical care services (at one time solely concentrated in urban areas) was delivered to the countryside, and how the governments began to shift their attention to the health of the commonalty and the lengthening of life expectancy.

Based on his careful investigation, the author offers an in-depth analysis of disease politics. In this book, issues such as the privacy and communality of diseases, the apolitical and political aspects of diseases, the responsibility of the state involved in the issues of diseases, and the universalism or the specialization of the treatment mode of diseases are discussed in great detail. Some of the ideas in the book are indeed enlightening, although some opinions would have to await further discussion and research.

I cannot say that the author is the most intelligent scholar, but he is certainly one of the most diligent ones. He had a sort of awe towards academia. Sometimes the awe turned into a kind of infatuation. During his stay at my university as a visiting scholar, the author read a great many books. Such was his infatuation and persistence that sometimes it was difficult for others to communicate with him. In his mind, to be a scholar meant gaining a spiritual benefit, rather than simply a material benefit. While he was my doctorate student, he conducted fieldwork in addition to his extensive reading. Only through fieldwork can one come to the realization that although diseases can be caught by anyone despite his/her social status, it was not until modern times that mass medical care arrived. With such an innovative topic, the follow-up research was extremely difficult indeed. Sometimes, the author would be puzzled for a very long time before he finally worked out a solution to a problem. Only by overcoming one difficulty after another could the author finish his PhD dissertation. After the defense venue, he could have taken the opportunity for a much-deserved rest or quickly published his dissertation so that he could become a

professor. But he did neither. Instead, he went to a well-known university to study further in order that his dissertation could be further improved. Only after continual revisions did he allow the book to be published. The author's earnestness can be discovered here.

The author has completed his school life and commenced his scholastic life, maybe for a long time into the future. It is said that he is planning to further his research based on what he has done: the problem of schistosome (the pests by which "the ablest physicians were baffled," as Mao Zedong said in one of his poems). I sincerely hope I have the opportunity to read another new and more influential book of his in the near future.

Wuhan, People's Republic of China Xu Yong
July 22, 2011

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Contents

Part I Introduction

1 The Double Meaning of "the Sick Man of East Asia" and China's Politics 3
References 8

2 Presentation, Discourse, and Absence 11
References 24

3 Rural Health Care Delivery and State Building 27
References 32

4 The Structure and the Content of This Book 33

Part II The Emerging Concept of Hygiene and Medicine from the State Perspective

5 National Defense and Hygiene 37
5.1 "Disease Politics" 37
5.1.1 The Plague in Guangzhou 38
5.1.2 The Plague in Northeast China 39
5.1.3 The Shanghai Plague 40
5.2 The Emerging Hygiene 42
5.3 Discipline Imposed by Hygiene 46
References 50

6 Abolishment of Traditional Chinese Medicine 51
6.1 The Introduction of Western Medicine to China 51
6.2 The Calamity for Traditional Chinese Medicine 53
6.3 "Medicine from the State Perspective" 57
References 62

7 Rural Medical Care Delivery: The Experiment and Follow-Up in Ding County 63
7.1 Rural Construction Movement 63
7.2 Rural Medical Care Delivery: The Ding County Model 65
7.3 "China's Approach" 68
References 71

Part III The People's Medical Care: A Brand New State and the Guideline for Health Care

8 State of "the People" 75
References 80

9 Guidelines for Health Care Services 83
9.1 "To Cater to the Needs of Workers, Peasants, and Soldiers" 84
9.2 "To Put Prevention First" 87
9.3 "To Unite the Traditional Chinese Medicine with Western Medicine" 90
9.4 "To Combine Health Campaigns with Mass Movements" 94
References 96

Part IV The Political Aspect of Hygiene: The Patriotic Hygiene Campaign

10 Building a New and Clean State 99
10.1 The Ban on Opium Smoking and on the Opium Trade 99
10.2 The Abolishment of Prostitution 103
10.3 The "Cleanness" of the State and Legitimacy Construction 107
References 110

11 The Patriotic Hygiene Campaign and the Construction of Clean New People 111
11.1 A Brief History of the Patriotic Hygiene Campaign 111
11.1.1 Prelude (1949–1951) 112
11.1.2 The Fight Against Germ Warfare (1952–1954) 113
11.1.3 "To Eradicate Diseases and to Exterminate Pests" (1955–1965) 116
11.1.4 "Two Managements and Five Conversions" (1972–1977) 118
11.1.5 A Turning Point (1978–Present) 119
11.2 To Remake the Nationals 120
11.2.1 Politics of "Cleaning" 121
11.2.2 The State Perspective of Individual "Cleaning" 122
11.2.3 The Discipline Imposed by Daily Life 124
References 125

12 A Farewell to the "Sick Man of East Asia": The Irony, Deconstruction, and Reshaping of the Metaphor 127
12.1 The Irony of the Metaphor 127
12.1.1 "The Sick Men of East Asia" Defeated the World Police 127
12.1.2 Controller of Communicable Diseases? "Manufacturer" of Communicable Diseases? 129
12.1.3 The "Uncivilized" Side of the "Civilized World" 132
12.2 Deconstruction and Reshaping of the Metaphor 133
12.2.1 Construction of the Metaphor of "the Sick Man of East Asia" 133
12.2.2 The Reinforcement and Acceptance of the Metaphor of the "Sick Man of East Asia" 134
12.2.3 The Dissolution and the Reshaping of the "Sick Man" Metaphor 135
References 137

Part V "China's Road": The Cooperative Medical Services

13 "To Put the Emphasis of Medical Care on the Countryside" 141
13.1 "Ministry of Health Only for Urban Lords" 141
13.2 "The Higher the Education Level One Has, the Sillier He Is" 144
13.3 "Comments on Wearing a Medical Mask" 147
References 148

14 Mobile Medical Services 151
14.1 "Good Doctors Sent by Chairman Mao" 151
14.2 The Discipline Over Western Medicine 153
References 155

15 Cooperative Medical Services in Rural Areas 157
15.1 The Agricultural Cooperation Movement 158
15.2 The Cooperative Medical Services 160
15.3 A Communal Medical System 164
References 166

16 "China's Road": The Cooperative Medical Services as a "Paradigm" 169
16.1 "Neo-Traditionalism" 170
16.2 The "Optimal" and the "Most Feasible" 172
References 175

Part VI A Public Country: The New Cooperative Medical Services

17 A Risk Society 179
17.1 Small Peasant Economy Versus Big Market 179
17.2 A Disrupted Medical Care Network 182
17.3 From "the Benevolent Medicine" to the "Formula for Money-Making" 186
17.4 One's Life or Death Is Utterly Dependent on One's Fate 189
References 192

18 New Cooperative Medical Service 195
18.1 Reconstruction 195
18.2 Difficulties 198
18.3 The Crux of the Problem 199
References 201

19 A Public Country and Its Expansion 203
19.1 The Public Dimension of a State with Its "Internal Demand" 204
19.2 Increasingly "Broader" Public Aspect of a State 206
19.3 From Group Orientation to Individual Orientation 207
References 210

Part VII Conclusion: Disease Politics: A Nation-State or a Democratic State?

20 The Logic of Disease Politics 213
20.1 Nationals: Diseases, Politics, and the State 213
20.1.1 From the Church to the State: Medical Politics in Western Countries 214
20.1.2 From the Filial Subjects to Nationals: The Turn in China's Medical Politics 216
20.2 The People: Rights and Disciplines 219
20.2.1 Discipline the State Enforced 219
20.2.2 Discipline Over the Discipliner 220
20.3 Citizens: From Rights to Benefits 221
References 223

21 Curse to the Latecomer 225
21.1 The Advantages of Being a Latecomer 225
21.2 Curse to the Latecomer: The Displacement of Time and Space 227
References 229

22 Local Knowledge and Localized Knowledge 231
22.1 Local Knowledge 231
22.2 "Localized Knowledge": The Construction of Health Care in Ding County 232

22.3 "Local Knowledge": Rural Cooperative Medical Services 233
References 235

23 A Nation-State? A Democratic State? 237
23.1 The Simultaneity in State Building: Coexistence and Tension 238
23.2 An Abnormal Mode 239
23.3 The Retreat and the Return of the State 240
References 242

Postscript 243

References 247
I. Translated Works 247
II. Works in Chinese 249
III. Articles in Journals 251
IV. Collective Works and Historical Materials 252
V. References in English 253
VI. Other References 253

Part I
Introduction

Chapter 1
The Double Meaning of "the Sick Man of East Asia" and China's Politics

China, a country of ancient civilization, possessing vast territory, abundant resources, a large population, thriving economy and trade, and intelligent culture and institutions, has long demonstrated a sense of superiority. The nation was vainly convinced that it was the center of the world, which justified its being an excellent model for neighboring barbarian countries to follow. The meaning of "China" in Chinese characters (*Zhongguo*) suggests a sense of pride and narcissism.[1] When Western explorers, merchants, and missionaries first flooded into China during and after the Age of Discovery, they were amazed with the alien culture they found and wrote abundantly of their expectations and longings. Those texts, which lavished praise and adoration on China, infused Western people with an immensely romantic notion of the Orient.[2] However, when attacked by an advanced fleet with sophisticated weapons, and defeated in the Sino-Japanese War of 1894–1895 specifically, China bid farewell to prosperity, wealth, balance, and confidence that it had once enjoyed and moved gradually towards the humiliation

[1] "*Zhongguo* is in the center of the world, and the four *Yi* are in the remote areas." *Yi* includes *Nanman* (in the south of China), Beirong (in the north of China), *Dongyi* (in the east of China), and *Xidi* (in the west of China). In historical literature, *Zhongguo* means a country in the central position, not only in geography but also in civilization.

[2] Examples are numerous; Voltaire and Baron Gottfried Wilhelm von Leibnitz are both familiar ones showing faddish cult for Chinese culture. Now I will add one or two more for illustration. (1) Archibald Ross Colquhoun wrote in *China in Transformation* that the Chinese people enjoyed unparalleled freedom…the Chinese people have total freedom in industry and commerce, migration, entertainment, and belief. The limitations and protections are offered not by a council but by legislature (Roberts 1999). (2) British novelist W. Somerset Maugham said that "the feeling that the *carriere ouverte aux* talents and the lack of hereditary privilege gave the Chinese a kind of equality greater than that in America and Europe. Status and wealth made occasional privilege over others does not constitute barrier to their social activities" (Dawson 1999).

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of the colonial and semicolonial era.[3] When the situation worsened, China, a country that claims a 5,000-year civilization and that took the lead among the countries in the world for most of the time,[4] was permeated with the degrading image of "the Sick Man of East Asia,"[5] a characteristic expression of prejudice, contempt, and even insult.

The implications of "the Sick Man of East Asia" concept are rather complicated. First, it pointed to a biological phenomenon: the Chinese people were prone to diseases because of their overall low health level. In the image constructed by Western people, grotesque caricatures of the Chinese people abounded: thin, physically weak, ill fed, sickly, dirty, and lacking in personal hygiene. "A braid and a pipe (an opium smoking pipe)" had almost become the stereotyped portrait for the Chinese people. Some of the insightful Chinese agreed on such descriptions, but not without bitterness: "Chinese people are at their last gasp; they are as weak as a girl, they are as aloof as bodhisattva, they are as tame as sheep (Liang *Qichao* 1999)."

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[3] Things changed dramatically during the years. When Emperor Qianlong refused George McCartney's request to conduct trade between Britain and China in 1793, he said, "Our kingdom's virtue is known to the remotest country, and every country comes to call me king. We have all kinds of treasures and everything you can think of." What was permeated here was a sense of pride that "the world needs China more, and China needs the world less." It was only to show the kingdom's kindness and to allow the foreigners a livelihood that the Qing government opened 13 places in Canton for people to engage in foreign commerce. In 1900, however, when Beijing fell into the hands of Eight-Power Allied Forces, the empress dowager Cixi did her best to show her humbleness, begged to be forgiven and said that "we shall leave no stone unturned to cater to the needs of your countries." This dramatic change was, undoubtedly, the symbol of the arrival of the era when China was subjected to humiliation.

[4] Andre Gunder Frank did not agree on Euro-centralism widely accepted in modern society and in world history. He maintained that until 1800, "if any regions were predominant in the world economy before 1800, they were in Asia. If any economy had a 'central' position and role in the world economy and its possible hierarchy of "centers," it was China." (Frank 2005) At the Thirteenth International Economic History Forum held in Argentine in 2004, consensus had been reached among the roughly 3,000 participants of the forum: before the Industrialization Revolution of the nineteenth century, it was not Britain but the Netherlands and China that enjoyed the highest productivity (see Yang Nianqun et al. 2004).

[5] There has been no monograph about the detailed textual research about the words "the Sick Man of East Asia" (*Dongya Bingfu*). Zheng Zhilin's research in his article "The Earliest Historical Record of 'the Sick Man of East Asia'" [in *Zhejiang PE Science*, 1999 (4)] could be said to be systematic. Zheng holds that "*Dongya Bingfu*" first appeared as "*Bingfu*," and then as "*Dongfang Bingfu*" (the sick man of the orient) and was mentioned side by side with "*Dongya Bingfu*." The words first appeared in the magazines around the time of the Reform Movement of 1898 (*Wuxu* Reform Movement): (1) In March 1895, in his article "On Strength" in *Zhi Bao* (a newspaper published in Tianjin), Yan Fu wrote that "the affairs of a state are just like the affairs of a person…. Today's China is like a sick person." For the first time, Yan proposed the resemblance to "a sick person."(2) On October 17, 1896, *North China Daily News* published an article "Facts of China" in which it said, "China is the sick man of the Orient, and the Chinese people are indeed numb. It was once said that China bettered the other countries; it is no longer held to be true now." (3) An article published in a newspaper in Japan in 1901 was entitled "*Dongfang Bingfu*." (4) In 1903, Zeng Pu, a well-known novelist, used the penname *Dongya Bingfu* for his book *A Flower in the Sea of Evils*. From then on, "*Dongfang Bingfu*" or "*Dongya Bingfu*" was used everywhere in newspapers home and abroad.

In 1906, the Second School Sports Meet was held in the then Imperial University (later Peking University). In its report of the meet, the school summarized "the reasons why countries east or west of China all labeled Chinese as sick men. As far as I can see, among the 400 million compatriots, half the population (women) was foot-binding; as to the other half of the Chinese, those skinny opium smokers account for one third, those indulging in dissipation account for another one third, and the rest are the high-sounding recluses advocating quietness and inaction. By this account, 375 million of the 400 million Chinese people are, indeed, sick."[6] Besides, "the Sick Men of East Asia" was more than a description of the visible diseases of the body; it was also an invisible political metaphor representing the nation and the Chinese people. It pointed to the decline of the country, the decrepitude of the state power, and the numb and disunited state of the Chinese people. With the backwardness of the arms, the bureaucrats caring for nothing but their own protection, the inferiority of the military, and the weakness and disunited state of the populace, the country had no means or intention to counterattack the foreign aggression. It had no choice but to subject itself to the exploitation and deprivation of the Western countries. In the Opium Wars, 4,000 British soldiers toyed with a country with 400 million Chinese people. Then, the Western powers vied with one another for the occupation of China, looting and bringing devastation to this country. According to related statistics, during the past one hundred years, China has been compelled to sign more than a thousand unequal treaties, statutes, or agreements with Western powers, the first being the humiliating "Sino-British Treaty of Nanking." Consequently, national sovereignty and national interests, both political and economic, were lost; the compensation paid by China to foreign powers amounted to an equivalence of 1.3 billion *liang* (or 65 billion grams) silver in total or 18 million *liang* (or 900 million grams) every year on average. Cession of territory reached 1.5 million square kilometers, three times the size of France. The metaphor of "the Sick Man of East Asia" was fully manifested under such backdrops.

The Chinese people were sick; China was sick. It was no longer the "sleeping lion" that would shock the world, as was prophesized; rather, it was like an "ailing elephant." China required more than just a simple waking-up (Fitzgerald 2004).[7] Effective treatment was more important. With the crises increasingly exacerbated, national subjugation and extinction of the Chinese nationality would be a terrifying experience that might befall everybody. "Save the nation, save the Chinese

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[6] On May 6, 1906, *L'Impartial.*

[7] What John Fitzgerald tried to illustrate in the book *Awakening China: Politics, Culture, and Class in the Nationalist Revolution* is a kind of "awakening politics" that connects an individual's destiny with that of a nation. In fact, the Chinese people were, to a more significant extent, woken up by the heavy blow of the Western powers. What is more substantial, however, was how to connect an individual's destiny with that of a nation after they woke up for being beaten. For this, I would prefer to interpret it as a process of mobilization, discipline, and integration. Fitzgerald's another contribution was an in-depth research to the author of the coinage "sleeping lion," which he believed came from a remark passed by an anonymous missionary rather than from Napoleon, as we have long believed.

nationality"[8] was the slogan that was let out by a nation after it had suffered and contemplated on its own situation. It soon became a marked tendency in discourse and in ideology.

Even in the Westernization Movement (*Yangwu* Movement), people still believed that "the law of the ancestors should not be altered" and they should "learn special skills from the barbarians to subdue those barbarians." However, this proved to be only wishful thinking, harboring unrealistic ideas of the restoration of the empire. The grandiose manifesto that "there had never been any individual who died for a reform, now let me be the first one" (by Tan Sitong, a martyr in the Reform Movement of 1898) was repeatedly dramatized as a tragedy for the elites. Actually, what China confronted was a state of overall crisis and sickness and as a result also needed a comprehensive rescue and betterment accordingly: new people and new state.

The term "new people" suggested the betterment of the Chinese people as a whole. The meaning is twofold: First, the diseases in the body must be treated so that the Chinese people were generally in a good state of physical health. "The policy of strengthening the nation begins with strengthening people's body, which in turn begins with the attention paid to the human health. Only if the people have a strong body, can they have lofty ideals, daring spirits, moral courage, and a strong drive," can they "defend the country and repulse invasion," and can they eventually establish a powerful nation (Xue Hongyou 1936). Secondly, people's intransigent thoughts and morbid behavior should also be ameliorated. Lacking in organization and internal cohesion, building a strong nation would have been "a castle in the air" even if the people had enjoyed good physical health. Only if spiritual spontaneity, behavioral bravery, and courage had all been present could an everlasting "Great Wall" of resistance have been built. Only a body governed by state ideology and discipline could be used by the state and become the state's source of strength. This cognition impelled lofty ideals in such people as Lu Xun, Qiu Jin, and Sun Yat-Sen to give up medicine to pursue literature, military service, and politics, respectively.

The phrase "a new state" highlighted the revolution of the state. Although every effort was made to improve and sophisticate the arms, it might not avail when the decision-makers were subservient, the officers afraid of dying, and the soldiers mutinous. The solemn exclamation of "who but myself will die for the cause" of the Illuminati reformers who sacrificed their lives for the commonalty only appeared comical when the watchers of the execution were actually numb to the tragic fate of the reformers who died for them. The strength of the state originates, first and foremost, from the expansion of the power to reach all corners of the country – from the streets of cities to the mountainous areas, from the high imperial court to the remote grass roots. It originates from the reform to the institutions and the organizations.

[8] Professor Chow Tse-tsung held that after China was defeated by the Japanese in 1895, the Chinese, especially intellectuals, realized the danger, faced by China of not being able to survive in the modern world. So they raised the slogan of uniting the people and "saving the nation." Before that, the Chinese people believed it was their mission to "strengthen the nation and the army," unaware of the danger brought about by the imperialist countries. See Chow Tse-tsung (2005).

A closely woven power network should replace the irresponsible and the non-disciplinary state in which “no rule is the best rule” (*wuweierzhi*). When the government begins to take care of every aspect of the people’s life (including death, sicknesses) and their daily necessities, the state will have completed the channels and facilities of mobilizing, disciplining, and taxing its nationals, and of integrating the state goals. The third goes to the reconstruction of the discourse and ideology, as the premise of unified action is unified thought. The discourse and the ideology are the “two sides of one coin” in the unification process of thought. The discourse directly stimulates one’s consciousness, enthusiasm, and strength in their action, while ideology plays a dominant role in the follow-up and continuation of the action.

The success of “new people” also pointed to the success of the “new state.” Firstly, it will become incumbent on the state to be directly responsible for the overall state of health and of people’s lives. Efficient medical technology and institutions should no longer be a privilege enjoyed by a few people, nor should they only be for the recording and accumulation of knowledge or hobbies indulged in by some rulers (an emperor in the Song Dynasty, e.g., took a great liking, even a craze, for Chinese medicine); instead, it will be the macro politics directly related to saving the nation, as well as the Chinese nationality. Secondly, the state will have to abandon the age-old paternalistic ruling and curb the continuation of empery where “there is no land under the sky that is not the king’s land; there is no person across the land that is not the king’s men.” It is imperative for the country and its people to feel interdependent for the sake of the continuation and the development of the state. Every decision the state leaders make must pertain to the populace. It is upon this mutual trust and interdependence that a country survives and thrives.

That is why medicine as an institution and medicine as technology are equally conspicuous. On the one hand, traditional Chinese medicine (TCM) was nearly suffocated because of its failure in epidemic control when the discourse of caring for the people’s health level as a whole became mainstream. For a time, it was even completely prohibited (see Part I for details). In the general atmosphere of anxiety over saving the nation and the nationality, TCM was blamed for political reasons. In 1929, Yu Yan proposed at the first conference of the Central Health Committee of the Kuomintang Government that the government should “abolish the old medicine and practice the new.” He held that “neither the new medical care nor the health administration could progress without the abolishment of the old medicine and the change in people’s thought (Zhen Zhiya 1987).” On the other hand, Western medicine (also called modern medicine), based on science and experimentation, had been regarded as being directly related to community health because of its strength in promoting public health. Therefore, Western medicine was lauded as a political strategy. Meanwhile, the development of bureaucracy and departmentalization within the Western medical system followed a similar course with the establishment of bureaucracy in a modern nation. More importantly, modern medical institutions had become, to some extent, the source of modern political institutions. The creation of hygienics endowed a society with such power strategy as large-scale “quarantine,” “control,” or “exclusion,” while the invention of a casebook provided basic knowledge and a model for the modern registration and police system in the efforts to pursue a

digital control over people.[9] When the state began to care for community health and to construct modern medical treatment, it unintentionally reaped the windfall of its support and promotion.

Therefore, surrounding the basic metaphor "the Sick Man of East Asia," there produced a complicated entanglement among diseases, medicine, and the state, developing into a unique scene of disease politics[10] characteristic of modern China.

The logic of disease politics continued with the founding of the People's Republic of China (PRC). Germ warfare waged by the Americans against the Chinese stimulated the Chinese people's political sentiments of nationalism. Under the banner of patriotism, a large-scale mass movement was launched fighting against imperialism to defend people's lives and the nation. After that, various campaigns were mounted to fight against various epidemics or endemic diseases (schistosoma, for instance) that had threatened the Chinese people for a long time. Then, the rural cooperative medical system was devised. All these events did not change the "narrative mode" of "the sick man"; they only signaled New China's determination to take action to bid farewell to the history of "the Sick Man of East Asia." On the other hand, the tension and strain between modern medicine and the rural society had its response at the political level through the development of cooperative medical services.

Disease politics of "the Sick Man of East Asia" metaphor could no longer dominate China with its rejuvenation in the reform era. Nonetheless, the same logic can be equally applied. Seeming much more secretive and plain at this time (when it was once very boisterous), politics now hides itself in the daily life. However, the outbreaks and the spread of serious epidemics exposed the hidden politics to public scrutiny and discussion and induced the questioning and reflection on China's politics. Cases include SARS and the bird flu, which brought about social panic and social awareness of imminent crisis.

The reflection and the examination of disease politics, the exploration and categorization of its development, the externalization and interpretation of its internal logic are justified in reality, since the construction, change, and dissolution of the metaphor of diseases are an important part of the political scene. Furthermore, disease politics should involve greater theoretical consciousness.

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[9] Han Yuhai, *Biopolitics—Capitalism and Diseases*, Sannong China, http://www.snzg.net 2005–2–8 19:00:56.

[10] Disease politics is the political scene constructed on the basis of diseases. On the one hand, it employs the basic principles of politics to examine and analyze diseases and what is attached to diseases (e.g., a metaphor); on the other hand, diseases can also serve as an approach in the discourse and in the analysis so that relevant political phenomena can be reflected upon and be interpreted.

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Chapter 2
Presentation, Discourse, and Absence

Susan Sontag, held to be the most prominent among modern female intellectuals, said in her book *Illness as Metaphor*, “Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place” (Sontag 2003). An old Chinese saying also states, “Everyone eats all sorts of grain and will have to experience birth, aging, diseases, and death.” Diseases and health have always been believed to be something that is integrally related to people’s daily lives and experiences. Diseases and the medical treatment of diseases can be said to be both the oldest and the most modern social phenomena, and contracting diseases and receiving treatment necessarily haunt people’s daily life.

Fernand Braudel, a well-known French historian, thought that “to maintain life, a person has to continue to struggle along two lines. One is the lack or shortage of food, for man generally preys on other creatures for food; the other, many latent diseases prey on human beings” (Braudel 2002a). Swedish pathologist Folke Henschen also said, “The human history is also the history of diseases” (Henschen 1966). Indeed, human beings have been invaded by all kinds of diseases ever since recorded history and the threat of invasion is not likely to be reduced in modern times. Diseases are an integral part of human history and civilization.

Nevertheless, such an ordinary phenomenon closely connected with human history and people’s daily life should be concerned by no researchers other than those engaged in medicine, medical treatment, or medical history. Even historians, who always take it upon themselves to research and interpret the evolution or transformation of human society, seem to have neglected the possible effects of diseases upon history. Even if they sometimes might touch upon this topic, they tend to provide some record of the epidemics, rather than research deeply and adopting the holistic approach.[1]

[1] Feng Erkang pointed out that “it can hardly be said that the historical circle totally ignored this historical field, but it might be said that few achievements have been made.” Cited in Yu Xinzhong (2003, 4).

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The social progression and the continual outbreak of diseases at last awakened people to this side of life. Life experiences and common sense were at last reviewed, questioned, and reconstructed by sociologists, historians, economists, political scientists, and so on.

The development of medicine has increased people's awareness of diseases. Three stages of development can roughly be seen in the development of Western medicine: clinical medicine, preventive medicine, and social medicine. "The origin of modern Western medicine can be dated back to the 16th and 17th century, with Andreas Vesalius's (1514–1564, in Renaissance Belgium) anthroponomy, William Harvey's (1578–1657) physiology of human blood circulation being the milestones" (Ou Jiecheng 2005). This symbolized the entrance into the first stage of clinical medicine. During this time, the main task of medicine was the categorization of diseases, the treatment of patients, and the invention of new drugs. Patients were only the subjects of the doctors' observation and research; the patients were used for medical training, for the perfection of the so-called clinical observation, and for the treatment within a standardized framework of reference. During this stage of clinical medicine, the concern for diseases far exceeded that for the patients. The patients were regarded as merely a sick body, obscured by medical terminology such as family, genus, or species. The "person" disappeared. The application of the microscope to medicine greatly pushed pathology, bacteriology, and epidemic prevention; laid a firm foundation for the improvement of public health in the nineteenth century; and ushered in the forthcoming preventive medicine. During the public health campaign of the nineteenth century, a growing number of people became aware that the outbreak and spread of epidemics were accounted for by biological infection as well as social factors. The prevention and treatment of communicable diseases meant more than simply the employment of medical technology and medical means; they also had their complicated social and political reasons. By the latter half of the twentieth century, the Western countries had experienced the systematic process of industrialization and entered into a postmodern society. People's conceptions of health also experienced major changes. In people's eyes, health not only means a body without physical diseases, but also mental well-being.[2] This suggests that the whole society has entered into a new stage of medicine.[3] With an improvement in housing, nutrition, and personal hygiene standards during the period of social medicine, people begin to show increased concern about the diseases caused by one's personal behavior or social environment. Behavior intervention was adopted to deal with diseases, in addition to medical treatment and preventive measures. The health care sector is no longer the only agency to maintain health; it even does not play a major role. From treatment to prevention, from individuals to community, from one's body to one's mentality, the medical mode is thus revolutionized and the treatment of diseases

[2] In its "Constitution" of 1984, WHO raised a new concept of health: Health is a state of complete physical, mental, and social well-being and not merely the absence of diseases or infirmity.

[3] It is also called the "post-medicine era," or "new era of public health." See Liang Haocai (2005).

proceeds from being at the technological level alone to more levels than one and to a broader vision, too.[4]

It is the evolution of society that stimulates the social imagination of diseases. Since the Middle Ages, the shadows of large-scale pandemics, such as influenza and Black Death (a form of bubonic plague), loomed large in Europe and in the people's mind. Influenza killed 21 million people by the end of World War I, while the Black Death wiped out a quarter of the Europeans in the fourteenth century, the death toll of which accounting for 70 % or more of the population in some cities. A large number of urban residents fled to the countryside to avoid being infected by the epidemic. In the brutal primitive accumulation of capital during the Industrial Revolution in the eighteenth century, the living standards of a large number of industrial workers who had flooded into the cities were very low. In the residential areas of the workers, sanitary conditions were very poor: Sewage waste was everywhere, garbage was piled up, and flies, mosquitoes, and mice existed everywhere. Alexis de Tocqueville (and others) issued such a description in the narration of his travels: Whereas Birmingham was still like this world, Manchester was almost hell. The urban population rose rapidly: in Manchester alone, the population increased ten times from 17,000 in 1760 to 180,000 in 1830. When land was not enough, 6, 7, or even 13 floors of factory buildings were erected on the hills. General street layout was lacking – the workers' shantytowns scattered in various corners of the city, side by side with the luxurious mansions. There might be a few avenues covered with stones, but there were much more alleys with roads muddy and full of puddles and sludge. Men, women, and children were crowded into filthy houses; a dozen or more people might share the same cellar. At the bottom of the society were about 50,000 Irish people (Braudel 2002b). As Marx pointed out, "Consumption and other lung diseases among the workpeople are necessary conditions to the existence of capital."[5] Meager income, extremely heavy work load, poor living conditions, scarce food provision, and lack of basic medical care all led to workers' low level of physical fitness, the threat of diseases, and frequent outbreaks of epidemics, plagues included. However, humans had begun to be considered the property of the nation because of their productive forces within in the eyes of the eighteenth century Europeans.[6] Diseases not only hindered the productive forces but also directly affected the creation and accumulation of national wealth. Under the influence of

[4] In 1940s, medical sociology (sociology of health) appeared as a discipline in America, its major content being "the social causes and social effects of health or diseases" (see William C. Cockerham's 2000; Fredric D. Wolinsky 1999). In 1960s, medical anthropology emerged as a discipline when the name appeared for the first time in N. A. Scotch's article "Medical Anthropology" of Stanford's *Anthropology Review Bimonthly* in 1963 (Ma Guoqing 2001). What medical anthropology focuses on is not the diseases themselves but the sociocultural factors that cause illnesses and the patients' social and psychological reaction to the diseases (Wang Shuqi et al. 1989).

[5] *Complete Works of Marx and Engels*, Vol. 23, People's Publishing House, 1979, 529.

[6] A German physician called Belcher said in his article "The Rise and Fall of a State, and the Politics of the Growth of the Population and the Development of the Ability to Raise the Population in Particular" that the population constitutes the state and the state should escalate its ability to raise the population. Cited in G. Venzmer (1985).

this concept, there arose a wide range of public health campaigns in nineteenth century Europe. Meanwhile, it was generally realized that diseases were more than a physical phenomenon; they were also connected with the broad social system and political arrangements. Medical care and health care services are the embodiments of political philosophy,[7] as put by Donald Wright.

The history of colonization was connected with diseases in multiple ways. As we know, the development of capitalism was also the history of colonization. Diseases exerted their profound, yet subtle, effects when the capitalist countries exploited, controlled, or ruled their colonies in order to develop the overseas market and to obtain cheap materials and cheap labor. The colonizers needed to protect themselves as they were exposed, troubled, and threatened by new diseases in the colonies. With a view to this, a defense system against diseases was urgently needed in the colonies to ensure their own safety. The need was expressed in the researches of malaria, yellow fever, and other diseases native to the tropics, in addition to the public hygiene practices in the foreign settlements. On the other hand, diseases were developed as a tool for colonization, as they brought diseases new to the colonial people, both intentionally and unintentionally. American colonizers sent blankets that had been used by smallpox patients to the Native Americans as "gifts" in order to make peace with them. It was owing to the double effect of such serious diseases and the appalling massacre of the Native Americans that the population of the Native Americans in North America just a century after Columbus arrived decreased from 20 to 1 million (or by 95 %).[8] At the same time, the conquered country was labeled to be sick, unhealthy, and poor in hygiene during the process of colonization. When the humiliation of their bodies and their morality was practiced, a political metaphor and ideological colonial discourse was constructed to cover up the disasters brought to the colonies by the colonizers, to defeat and encroach upon the colonized country and its people in psychology, and to stabilize their rule or control. In addition, the process of using Western technology to treat diseases was also a process to communicate or impose Western ideas on the colonies[9] so that the long-term strategic welfare of the Western countries could be promoted. "The task unfinished by the canon" was thus realized by the small surgical knife.

In the postmodern era, a multilevel discourse has been built around the human body. As Western society bid farewell to the industrial period and entered into the postindustrial society, or the postmodern society, in the late twentieth century, consumerism and hedonism became prevalent, and the materiality of the body had never been acclaimed so high. Hair dyeing, cosmetic surgery, fashionable clothes, and fitness exercises are all prevalent in the modern world. The emphasis on the

[7] Cited in William C. Cockerham's (2000).

[8] The US primary school students will know from their textbooks that there had been one million Indians only, however. See Jarel Diamond (2000).

[9] The author of this book holds that Western medicine is more than a product of a science; it is also closely connected with the overall Western thinking. The Western medicine is actually a part of the Western culture; it is a part of the Western religion, thoughts, and a more general intellect hypothesis of values such as subjectivity, freedom, free market, and others.

materiality of the body has gone far beyond the instinctive needs of the body. In entertaining the body, it has undoubtedly become the major consumptive subject. Such consumptive properties of the body have rewritten or even eliminated its natural attributes. In consequence, the body has been increasingly divorced from its own nature and will even become the opponent of its nature. In the process of its self-dissolution, self-extension, and self-alienation, the body finds itself in a postmodern situation; "The body has become something with no essence within; it no longer prescribes itself, it no longer opposes to itself, and it has become a non-prescriptive nothingness in the postmodern world" (Ge Hongbing and Song Geng 2005). In such a context, the body itself and all the constituents of the body are isolated, split, and disintegrated before they are re-imagined, re-shaped, re-planned, or re-presented. Diseases have also obtained a multilevel meaning as a constituent of the body, as a metaphor for morality, as medical autocracy, or as means for obtaining political legitimacy.

The biological nature of diseases has constantly been debilitated by the progress of medicine and the evolution of society. In the constant examination and reexamination, diseases have been divested of its original nature and began to show richer and more diverse social, historical, political, cultural, and ethical implications. Disease politics is also quietly constructing an image of its own during the process.

The analogy of diseases to politics has a long history. Aristotle, a great thinker in Ancient Greece, listed monarchy, aristocracy, and democracy as three modes of politics and listed usurping, oligarchy, and the civilian system as "abnormal" or "pathological" politics when he drew up his ideal political blueprint. He thought, "The worst form of government is the least easy to be protected," because this kind of regime was "like a sick person or a ship with poor construction and poor driving system," and "cannot stand the slightest risk" (Aristotle 1965).

In his book *Leviathan*, Thomas Hobbes also related politics with the state. The state was compared to an "an artificial man, though of greater stature and strength than the natural, for whose protection and defense it was intended." He called it "Leviathan," with "concord" being its "health," "sedition" being its "sickness," and the civil war being its "death" (Hobbes 1986a). Meanwhile, Hobbes diagnosed a number of diseases that haunted Leviathan: the lack of indispensable state powers (such as national defense), the surrender of the sovereignty to civil rights, the exclusion of the sovereign absolute right to private ownership, the partition of the sovereignty, etc. He thought that these severe diseases of the state would lead directly to its disintegration. The state also would contract other diseases, such as in the difficulty to raise funds at the outbreak of a war, the drain of the state exchequer, the possibility of disloyalty of the high-ranking ministers, overexpansion of cities, parasitic classes, insatiable territorial expansion, mortal wounds to the state given by the enemy, conquered territory that has yet to be incorporated, idleness, vanity, and wastefulness. In Hobbes's view, these were debilitating illnesses of the country and if they were not treated and cured in time, the country would be sick past all hope; they would lead to the collapse and the perishing of the country (Hobbes 1986b).

In China, the term "diseases" is also often used to refer to politics. As presented in *Yellow Emperor's Canon of Internal Medicine*, the principles of medicine could

be used to "manage people, to restore the fitness of one's body, to free people from catching diseases, to unite the court and the common people, to distribute bounties received from a monarch to the people, and to make the descendents carefree." In *Guo Yu*, it was argued that "medicine is first of all used to heal the country, and then it is used to cure human beings. So a doctor is also an official." The philosopher Wang Chong's metaphor was more detailed: "A doctor's prescription is like the strategy of a country, diseases are like riots, a doctor is like an official, and drugs are like education. When the prescription is given and drugs are taken, the diseases are cured. When the strategy is implemented, people are educated, and the riots are quelled."[10] Doctor Xu Dachun in the Qing Dynasty also saw a unity in the principles of medicine and those of politics: "The cure of the body is like the governance of the world."[11] Spurred by the reality of China in modern times, the metaphor of diseases thrived.

The medieval church was among the earliest groups to connect the term "disease" with politics. At the time, the church attributed the diseases of the body to the devil's malice or God's anger. Aurelius Augustine held that the various diseases that plagued Christians were caused by the devil. Martin Luther also attributed the contraction of diseases to jokes played by Satan. It followed that what resulted from supernatural causes should be treated by supernatural means. In the battle over the body, the biological significance of medical treatment subsided and the religious and political significance was increasingly being highlighted and appreciated. At the time, a doctor unaware of church politics would likely be accused of sorcery and apostasy. Anatomy was excluded by the basic teachings of Christianity. Even inoculation incurred the opposition of the clergy in the eighteenth century: Bacteria were created by Satan, or the devil, rather than from an unknown source in nature; patients needed political treatment of the church more than inoculation.

Charles de Secondat Montesquieu's *The Spirit of the Laws* and his theory of geography are well known. He believed that the geographical environment of a place (climate and soil, especially) is related to the local people's character and their emotions. The political system should be designed with due considerations of these factors. Montesquieu believed that hot weather causes listlessness in the body. It makes a person lazy and lacking in courage. That is why the people in tropical areas are often reduced to slaves; cold weather, on the other hand, deprives the body not only of the sensitivity to pain but also the susceptibility to happiness. Thus, these people are courageous and capable of engaging in tough jobs or jobs that need patience. In his analysis, a morbid body and temperament are the premise of slavery. In other words, the morbidity in politics results from the "illness" in the body.

After Susan Sontag studied various metaphors imposed on diseases, she discovered that, in the process of history, diseases such as tuberculosis, AIDS, or cancer had been gradually converted from merely diseases of the body into a metaphor for a moral critique, then developing into political oppression. The term "military terminology"

[10] Wang Chong, *On Balance—To Determine the Virtuous Person.*

[11] Xu Dachun, "The Unity of the Principles of Medicine and those of Politics," *The Origin and Development of Medicine.*

is used to describe the treatment of diseases: diseases are an invasion upon society, and the efforts to reduce the threat of diseases are often described as assaults, wars, or fights.

If we say that the thinkers of different historical periods only provide us with their occasional inspiration or materials about disease politics, then Michel Foucault, a French thinker, should be ranked as the first to construct the theory of disease politics. As a structuralist that was opposed to structure and a historian that was opposed to history, he did not agree with the practice in the social theoretical circle of interpreting a strange phenomenon by an analogy to a familiar phenomenon (because things should be self-referential); neither was he satisfied with the simplified practice or the practice to eliminate the discontinuity of historical periods in history. He thought that history was fractured, one-sided, and noncontinuous. It was said about Foucault that "rather than drawing upon analogies with the familiar to explain the unfamiliar, his writings aim at creating distance, revealing and threatening what was hitherto taken for granted" (Baert 2002). Foucault advanced the theory of disease politics. His contribution was reflected in his brilliant expositions of the modern medical care system and modern political system.[12]

In Foucault's theory, medicine is divided into the medicine of species and the medicine of social spaces (Cockerham 2000).

Medicine of species shows itself more in the clinical medical practice as it aims at individual diagnosis and treatment. "Let us call tertiary spatialization all the gestures by which, in a given society, a disease is circumscribed, medically invested, isolated, divided up into closed, privileged regions, or distributed throughout cure centres, arranged in the most favorable way" (Foucault 2001, 16). During this process, the patients that have been diagnosed are first distributed to different places (wards) in accordance with the attributes of their diseases, and specialized staff (doctors, nurses, etc.) would manage and care for them. The patients should not only obey the doctor's arrangements and comply with the orders given by the hospital but also constrain and regulate their own behavior in order to recover more quickly. Foucault was keen to discover that the diagnosis of diseases depends on a powerful scientific discourse, dominated by which the feelings of the individual patients are ignored. Space technology is adopted in the division of wards. A ward with patients infected with the same diseases not only eliminates cross-contamination among the patients but also creates neat group behavior. With specialized management from the doctors and nurses and to the hospital's requirements, patients are monitored by various means, their social connections are cut, and a new order and behavior pattern are built (i.e., the order of the hospital and the patient behavior pattern).

The medicine of social spaces places emphasis on the prevention of diseases rather than on their treatment, as the prevention of diseases is a matter of public health. As defined by Foucault, epidemic diseases are "all those that attack, at the

[12] Foucault's thoughts related to disease politics are expressed in a series of his works: *Madness and Civilization, The Birth of the Clinic, Discipline and Punish, The History of Sexuality*, while *The Order of Things* and *The Archaeology of Knowledge* provide us with his methodological basis.

same time, and with unalterable characteristics, a large number of persons" (Foucault 2001, 24) and should be controlled and dealt with, first and foremost, by the doctors' expertise and experience, but more importantly, "this experience could achieve full significance only if it was supplemented by constant, constricting intervention" (Foucault 2001, 27). Epidemics as a discipline would not exist without borrowing resources, such as the monitoring of police force, the enactment of health regulations by the state, and the supervision of the doctors.

Once we are involved in problems such as diseases, medical experience, and the doctors' monitoring of the social structure, it is necessary to give "the definition of a political status for medicine and the constitution, at state level, of a medical consciousness" (Foucault 2001, 28) when studying politics. In addition, the responsibilities that medicine has assumed, such as regular tasks of the provision of information, supervision, or control, "relate as much to the police as to the field of medicine proper" (Foucault 2001, 28). Doctors themselves have undergone the process of politicization; "The first task of the doctor is therefore political: the struggle against disease must begin with a war against bad government. Man will be totally and definitively cured only if he is first liberated…" (Foucault 2001, 37)

After the in-depth analysis of the two medical modes, Foucault further developed his concept of biopower. Foucault believed that there are two major forms of biopower and these forms constitute the two directions in the development of power. One is the anatomo-politics of the human body centered on the mechanics of the body, which stresses power techniques. Through monitor and discipline, rules are patterned, the body is reproduced, and then they are tested in the administrative and economic systems. The other is biopolitics centering on species, which highlights birth, birth rate, mortality rate, health, life expectancy, and the quality of life. Concentrating on life, such power actively regulates, intervenes, and manages the population. A significant increase of political techniques begins to permeate the body, health, diet, living styles, and even the whole living space. Life has become the basis of power.

Based on this, Foucault performed further analysis of how modern medicine becomes the origin of the modern political system. Foucault believed that the core of the modern medical system lies not in medicine itself but in the medical system, the establishment of which not only reflects the progress of medicine but also demonstrates the development of the techniques for organization and control. In this sense, the medical system can be said to be the origin of the modern political system: First, medicine created such basic discourse as "diseases," "health," and "hygiene," which provided a method of discourse for political ethics and morality politics in the modern society; second, clinical practice demonstrated the techniques of power for monitoring, disciplining, or excluding people; third, the use of medical records provided models for the modern archive system.

While the phrase "Sick Man of East Asia" is now rarely used, the concern of the contemporary Chinese scholars about diseases originates from the rise of the Nouvelle Histoire and the spur of SARS.

Influenced by Liang Qichao and Fu Sinian that "history of a special field should be researched by experts of this special area," medical treatment, though directly

related to life, has “fallen through the historian cracks” (Yu Xinzhong 2003, 1) and become an “internal research”[13] or technological research among historians. The rise of Nouvelle Histoire, especially the rise of New Social History, has effectively changed the situation. After casting off the grand theory of “a history of emperors” or the “history of revolutions,” some newly arisen theoretical models and new analytical methods were introduced to historical research. As a result, some subjects that had been overshadowed or neglected emerged, and things once forgotten by history came to the forefront of historical discourse. Some curious historical explorers have discovered some specialized histories, such as medical history or disease history, and remarkable achievements have been made. With the method of New Social History, a variety of emerging methods and theories replaced the mere technical approach. Diseases and their medical treatments are interpreted against broader social, economic, cultural, or even political backdrops. With the change in methods, diseases and medical treatments are no longer the subject and center of concern; instead, they are now used as a tool or perspective to connect society, culture, and history. Diseases and medical treatment merely served as a platform for researchers to analyze, re-question, and re-account the complicated relationships.

In 1987, Dr. Ke-chi A. Leung (Liang Qizi), a Taiwan scholar studying in France, published two articles: “The Transition of the Preventive Measures of Smallpox During the Ming and Qing Dynasties” and “Medical Organizations in Ming and Qing Dynasties: Official and Folk Medical Organizations in the Lower Reaches of Yangtz River.” This was the beginning of the medical social history. Afterwards, Du Zhengsheng, a director in the Historical Linguistics Department of Taiwan’s Central Academy, proposed the definition of “New Social History.” He said, “The so-called New Social History, based on political system, social structure, and means of production, is an expression of people’s life and mentality, making history a field with flesh and bones and with emotion.” In his agenda for New Social History, he includes the idea of “life maintenance,” whose content “heavily relies on medical history.” Advocated by Du Zhengsheng, a research group was established in July 1992 and a monthly academic forum, as well as several seminars, was held, such as “China’s 19th Century Medicine” (held in May 1998), “Health, Medical Care, and Religion” (held in January 1999), “The History of Health and Beauty” (held in June 1999), “The Image of a Witch,” “Divination and Medical Care” (held in August 2003), “Religion and Health Care” (held in November 2004), and so on.

Taiwan’s medical history focuses on social history and is influenced by the French Annales School because it stresses the treatment of a subject over a long

[13] Medical history is divided into internal history and external history. While the former mainly deals with the development of medical history itself, the latter mainly studies the external social or cultural factors outside the medical circle and their interaction with medicine. China’s medical history mainly circles around internal history. This tendency dominates although there are exceptions, such as the medical history books written by some historians in early twentieth century such as Chen Yuan, Chen Yinque, the theory of medical history of Hu Houyi and Luo Ergang, and *China’s Thought History of Preventive Medicine*, written by Fan Xingzhun in 1953. In 1990s, New Social History arose and this put an end to the dominance of internal history of medicine. See Zhu Jianping (2005).

period of time and tries to put the subject in a structure. Taiwan scholars share similarities with the French School of Annales in methodology and in the subjects chosen for research. Articles published were numerous; in the periodical *New History* alone, 50 articles about medical history had been published. Similar articles about medical history also appeared in *Taiwan: A Radical Quarterly in Social Studies*, *Bulletin of the Department of History of National Taiwan University*, and the *Taiwan Journal of Religious Studies*. In addition, in the *Collection of Thesis of Central Academy on Historical Linguistics*, there are theses on this topic. Achievements in this respect are accounted in detail in Yu Xinzhong's *Plagues and the Society in Southern Yangtze River Area in the Qing Dynasty: A Study of Medical Social History.*[14]

Researches on medical history started in the 1990s in mainland areas, mainly concentrating on epidemics, and resulting in a number of high-quality papers. For example, Shuchi Cao (Cao Shuji) wrote *The Plague Epidemic and the Social Change in North China (1580–1644)*. Lai Wen and Li Yongchen wrote *A Research on the Plague in Canton in 1894*. Li Yushang and Cao Shuji wrote *The Epidemics of Plague during the Reigns of Xianfeng and Tongzhi and the Death Toll in Yunnan*, and Yu Xinzhong wrote *A Preliminary Research on the Plagues of Southern Yangtze River in Qing Dynasty*. Yu Xinzhong's book *Plagues and the Society in Southern Yangtze River Area in the Qing Dynasty: A Study of Medical Social History* can fairly represent the research level of mainland China in the medical history of diseases, researching the plagues prevalent in the Qing Dynasty and proposing that the coping strategies of society and the government were related to the modernization process in the Qing Dynasty.

The numerous achievements made by Taiwan scholars on medical social history show their theoretical consciousness, their broad vision by using approaches from various angles, and the ability shown in their application of emerging theories and new methodology. They provide inspiration for the interpretation of the rich connotation of diseases. Scholars in mainland China also offer ways to approach what underlies history via diseases by their in-depth analysis and detailed accounts.

The rampant epidemic of SARS in 2003 threw the public into mad panic, exposed a problematic Chinese government in transition, and brought about pressures from other countries. A series of political reflections on SARS during and after its rampancy appeared to be on the verge of constructing "SARS politics."

Wang Shaoguang places the SARS crisis in the institutional background and holds that the government and market's failure in public health provision resulted from the craze for economic growth and from the market economy. The principle that "development is of overriding importance" should be given further examination, and the awareness of the limitations of the market (market failure and its flaw in granting fairness) should be increased. The government should assume the duty

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[14] Some of the articles include *"Concern for Life—Medical Social History Studies across the Straits"* (in the 3rd issue of *China Social Economic History*, 2001), "From the Society to Life—Past, Present, and Possibilities of the Explorations on China's Diseases, and Medical History." (*Nouvelle Histoire: a Vision of a Multi-disciplinary Talk*, Vol. II, China Renmin UP, 2004)

of "investing in health care" (Wang Shaoguang 2003). In his subsequent studies, Wang Shaoguang focuses more on the analysis of government policies. He believes that the government's policy orientation has an impact on its inclination to invest in health care and that the government's revenue affects its ability to invest in health care. Under the influence of the "Washington Consensus," however, both of these aspects of the government have been weakened and the accumulative effects of social and economic inequalities lead to medical inequalities among residents (Wang Shaoguang 2005a, b).

In his articles "The SARS Incident and Changes in Governance," "The Civil Society in the SARS Crisis," and "The Political Significance of the SARS Crisis," Mao Shoulong analyzes in detail the problems in social governance and the governance reform identified in the SARS crisis. He holds that the SARS incident exposed many of the problems of governance in public affairs, although the government also made tremendous progress in its efforts to control the SARS outbreak as far as the legalization of the government's behavior, the transparency of political affairs, and the expansion of free public space are concerned.[15]

Wang Ming'an applies body politics to the SARS incident and discovers that the body was both a victim and a source of danger. Supervised by powerful organs, the bodies were under threat of being imprisoned if found to be abnormal. The most economical means of epidemic prevention was information sharing, as the impartation of information to the individual shaped and determined the individual's behavior of disease prevention and diagnosis. Information became a kind of power. In this way, the trinity of the powers composed the disease-prevention program: the power of information, government's power of disease prevention, and the power of medicine (Wang Ming'an 2004).

A number of scholars also conducted research from the angles of the government's crisis management, government's duty, and public finance.

Among the Chinese scholars, Yang Nianqun is the most prominent to approach diseases and medicine from the political angle.[16] "Converted from the honorable Confucian studies to the non-mainstream medical history" (Wu Fei 2006), Yang proposes "space politics" of medicine. He borrows Foucault's archeology of knowledge and systematically studies China's medical history from the nineteenth century to the twentieth century, especially the encounter of Chinese traditional medicine and Western medicine in the colonial context.[17] His studies stress the tension between the modern medical mode and the traditional mode, highlights the conflicts between institutionalized medicine and the dispersed folk medicine, and reveals the conflicts as well as the homogeneity between the overall construction of modernity

[15] It is from a website of Institutional Analysis and Public Policy.

[16] Yang Nianqun once said, "What I care about the most is in fact political issues." See Wu Fei (2006).

[17] Related literature includes "The Control over Life and Space Shift in the Early Years of the Republic of China in Beijing," *Sociological Research*, 1999 (4), "The Double Role of the Doctor Missionaries and the Structural Tension in China," *China's Social Sciences Quarterly*, 1997 (5), "A Sense of Locality and the Establishment of the Medical Space of the Western Medicine in China," *Scholar*, Vol. 12, Jiangsu Arts Publishing House, 1997.

and the diverse forms in the folk culture. In his book *To Recreate the "Patient" – Space Politics in the Context of the Conflicts between the Western and the Chinese Traditional Medicine (1832–1985)*, Yang sorted out and interpreted the relationship history of the "medical" behavior and the "political" change during the past 150 years, beginning from the colonial identity of the "modern 'imperialist,'" the confirmation and reconstruction of "locality," and the role of a "modern tradition." His viewpoint is that "all the changes in the medical field were mainly a historical phenomenon centering on the conflicts and fusion of the Chinese and the Western medicine. The rich content should be regarded as an important political step of the basic construction of 'modern China.'"[18] Meanwhile, "the political events in modern times, big or small, were implicated in the repeated balancing of medical modes and had become an important ingredient of the modern political reality."[19]

Additionally, there are also numerous researches on medical care reforms or medical institutions, such as on the cooperative medical service, the New Cooperative Medical Service, the hospital system, the medical care system, and the health care system. Although the researchers adopted different perspectives and methodology, the basic orientation is policy studies rather than academic analysis.

The subjects of researches by overseas scholars could roughly be said to span about two time periods: One is the late Qing Dynasty and the Period of the Republic of China; the other is New China. There are two research modes in the former case: One is conducted in the framework of "colonial studies" and "the imperial history" with an emphasis on health. David Arnold's research is classical in that he points out that health care is a tool used by the imperialists and that the intention of the colonial rule to implement health care is to "colonize the body" (Arnold 1993). After his research into the health care in Tianjin, Rogaski finds that health care in modern China has experienced two stages: "protecting life" and "defending the nation" (Rogaski 1996). The second mode revolves around the framework of "national reconstruction." Ka-Che Yip sorts out the health care service of the Kuomintang government and finds that they were closely related to "state building" (Ka-Che Yip 1995). Bae Kyounghan regards public health as the major content of metropolitan administration in modern China and tries to show that the formation process of a centralized nationalist state can be observed from the perspective of its provision of public health (Bae Kyounghan 2004). When he discusses the institutionalization and legalization of public health in the process of the formation of a nationalist country in modern history, Wataru Iijima also elaborates on health care as a ruling means and how health care is merged into the nationalist construction or institutionalization (Wataru Iijima 2000).

The researches into New China were mainly in the United States. Out of its national strategy, the United States redoubled the researches into China after the founding of New China, gathering a vast number of scholars following the banner of "American China studies." Wide areas were covered in the American China studies: history, politics, economics, culture, etc., and a lot of influential authors (along with

[18] "Medical History, 'Locality' and the Imagination of Space Politics." See Huang Donglan (2005), 282.

[19] "Medical History, 'Locality' and the Imagination of Space Politics." See Huang Donglan (2005), 283.

their works) were produced, such as John King Fairbank, Philip C. Huang, and Prasenjit Duara, who were quite familiar among Chinese scholars. Specialized areas of medicine were also covered, such as in Ralph C. Croizier's "Traditional Medicine in Communist China: Science, Communism, and Cultural Nationalism," *Traditional Medicine in Modern China: Science, Nationalism, and the Tensions of Cultural Change*, and "Medicine, Modernization, and Cultural Crisis in China and India" (Croizier 1965, 1968, 1970); J. Bruce Esposito's *The Politics of Medicine in the People's Republic of China* (Bruce Esposito 1972); and Chinese American scholar King Hai-tung's *Medicine of the People's Republic of China* (Information Institute of the Chinese Academy of Social Sciences 1981). Other representative works include Victor W. & Ruth Sidel's *Serve the People: Medical Care in the People's Republic of China*, C. C. Chen's *Medicine in Rural China: A Personal Account*, and Joseph R. Quinn's (editor) *Medicine and Public Health in the People's Republic of China*.[20] The literature mentioned above introduces and describes medicine in China in a general manner; however, it neglects China's background among the complicated relationships of diseases, medical treatment, and politics, limited scholastically in its focus on the dichotomy between modernization and the framework of the ideology of Communism. Among the researchers, David M. Lampton (an Assistant Professor at Ohio State University) is prominent. In addition to his PhD dissertation *The Politics of China's Public Health: 1949–1969* at Stanford in 1974, Lampton also wrote "Public Health and Politics in China's Past Two Decades," "Health Care in the People's Republic of China," and *Health, Conflict, and the Chinese Political System* (Lampton 1972, 1974), in addition to various programs such as "China's Politics of Medicine: The Policy-making Process during 1949–1977." Lampton combines factionalism models with bureaucratic politics models and provides an original analysis of the roles and behavior of the central government agencies, health departments, and teaching and scientific research units in his books *The Politics of China's Public Health: 1949–1969* and *China's Politics of Medicine: The Policy-making Process during 1949–1977*.[21]

The multilevel characteristics of diseases imply research potential. However, a review of the previous literature will demonstrate the lack of the accumulation of facts. The reasons behind the situation are that diseases and medical treatment have not been able to connect with politics, being mainly in the form of folk culture and individuals' life experience. Disease politics failed to emerge and attributes of politics in diseases were failed to be discovered. Not until the eighteenth and nineteenth centuries, when the public health campaigns arose in Western society, did diseases and medical treatments become public political issues. On the other hand, diseases seem to be too commonplace and too personal in one's life to enter into the vision

[20] The citation comes from Liu Peng's (a doctorate student in the Department of Politics and Administration of the Chinese University of Hong Kong) *Public Goods and Political Legitimacy: an Empirical Study Based on Cooperative Medical Treatment* (unpublished). I should acknowledge Mr. Wu Licai for providing the material for me.

[21] Liu Peng, *Public Goods and Political Legitimacy: an Empirical Study Based on Cooperative Medical Treatment* (unpublished).

of the researchers under the present norm of social science research. More often than not, it becomes an analogy or contrast by which to explain other social phenomena.

Although the Chinese people have the tradition that "to govern a body is like to govern a country," and although details and materials have been provided in modern history, a reflection upon China's disease politics will reveal that it has been hiding behind the mainstream of macro politics. Nouvelle Histoire has broadened the vision and horizon of history, but it has unfortunately not entered into the arena of disease politics. SARS might have been a turning point, but alas, the related researches subsided after the initial enthusiasm. Researchers seem to have returned to their original track and are waiting for the next opportunity. The researches of disease politics lack the necessary detailed description, exploration, incisive analysis, theoretical consciousness, problem consciousness, or historical perspective. Compared with the discussion of such topics as villagers' autonomy, rural governance, or the reform of the political institutional reform, disease politics exists in an awkward situation by being silent or even absent. The situation does not commensurate with the course of disease politics in modern times, and neither is it in accordance with the rising "people-oriented" political philosophy.

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Chapter 3
Rural Health Care Delivery and State Building

The interpretation and construction work of the theory and practice of disease politics are enormous and cannot be expected to be finished in a day. What this book pursues is something preliminary; it proposes a search for an approach to understanding and interpreting modern China's politics by way of researching disease politics. With a view to this, the book offers an analysis within the framework of state building, circling around the shaping of the nation, and of the people based on the incident of rural health care delivery. The internal logic is expected to be exposed by comparing the different stages and forms of rural health care delivery and by revealing the state-people relationship behind the comparison.

My choice of approach is based upon my judgment of modern China: China was pressured to undergo an overall state-level and social transition after the arms of the Western countries forced entrance into the unwilling gate of China. This process was accompanied by two problems. First, China has traditionally been an agrarian country. The countryside occupies a much wider area than the cities. Agricultural civilization has reached a high level during the long process of history and agriculture has been the lifeline of the national economy. The peasants are also the majority. Fei Xiaotong once described the basic feature of Chinese society as being rural or agrarian (Fei Xiaotong 1998). This Chinese feature is sure to persuade or even determine the process of social transition: The revolutionary civil wars are depicted as "the rural areas surrounding the urban areas"; industrialization began with the primitive accumulation from agriculture; it has been agriculture that supported industry; and the "*sannong*" problems persist during the reform phase. An understanding, or even consensus, has been reached by a growing number of people that the modernization of China is, to a considerable extent, the modernization of agriculture. Fortunately, the rural areas now occupy a very important, or even strategic, position when the Party and the state make decisions. Second, the state plays a leading role, of which there are two connotations. The first connotation is that the state transition takes priority. During the process of the development of society, a precocious state with a long history and complete institutions came into being. However, such a state with "a territorial aspect," but without "defined territorial

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boundaries," (Giddens 1998) experienced crises and was on the verge of collapse in modern times. In consequence, the establishment of an independent nation-state was of first importance. The second connotation is that the social transition was conducted by the state. Owing to the cramped space and time, it was difficult for the modern China to start the spontaneous and gradual Western-style transformation. Instead, China was forced to undergo the social transition while the state planned, shaped, presided over, and gave impetus to the transition. A mode of "planned social change" was thus formed.[1] These distinctive characteristics of China's social transformation highlighted the importance of the state being in the central position of modern China's politics studies.[2] Any analysis and research of modern politics should cross the huge barriers of the state. Therefore, the understanding of the state or the processes of the construction of various causes led by the state has become the chief means and main channel through which modern China's politics can be deciphered, understood, and interpreted. On this premise, the book presents the analysis mode of "state building."

"State building" is a concept or framework that is frequently used in political science, sociology, history, or anthropology. The understanding and the usage of the term varies: "state formation and regime type,"[3] "nation building,"[4] or "state building," etc. The term "state building" is used in this book because the author holds the term capable to present the two connotations of the state (being a nation and being a state) and to be in accordance with state transformation. "State formation and regime type" can only reflect part of the content of state building but fails in expressing the

[1] See Fei Xiaotong's *Economy of Jiangcun Village*, Wang Mingming's *The Process of a Community* and Xiao Fengxia's related works on the Pearl River Delta.

[2] Professor Xu Yong has always stressed the central position of the state in researches of political science in his in-depth researches of the issue of social transition. He has made a basic but important and insightful position in understanding modern China's politics here. Related works include Xu Yong's (1992, 1999); and "'Return to the State' and the Modern State Building," http://www.ccrs.org.cn.

[3] Charles Tilly was among the early users of the concept. What he refers to was the emergence of specialized personnel, control over consolidated territory, and permanent institutions with a centralized and autonomous state that establishes monopoly over violence over a given population as in the European countries in the eighteenth century. It circles around the process of conferring such powers to lower levels of government and the social reactions. Approaches of "gentry," "bureaucracy governance or people governance," and "state or local characteristic" are found, with the main path being "the distribution of state power – mobilization by the elites – social resistance." The internal tension of this framework analysis has been noticed by the academia. Criticism of it can be found in Zhang Jing's *The Regime of the Lowest Levels*, Zhang Xin's *The Social Transformation of the Beginning of the 20th Century—The State and the Elites in Henan Province (1900–1937)*, and Kenneth Pomeranz's *The Making of a Hinterland: State, Society and Economy in Inland North China, 1853–1937*. The author believes that the biggest limitation of this theory is the interpretation of the state as something homogeneous and stagnant, while the great transition of China's politics has proved that the state itself can be a variant.

[4] "Nation building" can be found in the British scholar Thomas Humphrey Marshall's and the German scholar Reinhard Bendix's works in the 1960s. They maintain that "nation building" is the process of rationalization of the relationship between the state, the market, and the society. Although it seems to be able to be applied to the analysis of China's social change after 1978, this analytical mode both diachronic and synchronic still has its tension with the Chinese tradition and experience.

overall transformation of the state. "Nation building" emphasizes the tripartite division (the state, the market, and the society) and reflects the ideal type of classic politic economy in a sense. But with the omnipresence of the state in state power and the expansion of the publicness of the state, it is difficult to define the boundaries among the three.

Based on China's history of political science, especially the materials and the experience provided by the transition of China in modern times as well as the development of modern China, this book attempts to define "state building" and to comprehend and analyze its major content at the following three levels.

First, state building means building in the idealistic or cultural dimensions, namely, the building of identity. Identity reflects the relationship between the state and the people and suggests interaction between the state and its people. "Whose country it is" or "what the state means to me" becomes key queries. On the one hand, it demands the state to change its grimness and solemnity and to stoop to care for the daily life of the population (eating, housing, dressing, and transportation and so on) so that the basis of identity can be built. On the other hand, it demands that a national consciousness be established among the population, a conception of a state based on culture, space, and political power. With the concept of "identity" in mind, we can see that the traditional country of China was "a family in possession of the empire"; that is, the state belonged to an individual or a family. With a view to this, to maintain order became of first importance, and "not to disturb the people" became the cardinal principle, while "simplicity in government and in punishment" was the ideal that was pursued[5] in the governance of the state. To the general public, the state had been the "other" irrelevant to one's daily life. Except when it was time to turn over grain to the higher authorities or to serve in the army, one was born and died without the intervention of the state, neither did the people show any interest or have the ability to participate in state governance. When "there appears a new banner for a new regime," it meant nothing more than some insignificant sounds or some new experiences to the general population. Liang Suming referred to it as a "cultural state," a cultural community constructed by using the same language or Chinese characters. When such a nation was attacked by a sudden external force, however, it would find itself unable to muster the support of the populace in its resistance. In consequence "money for peace" was the path frequently used and the following means were often utilized to strengthen relationships: sometimes a marriage was arranged to cement the relationship with an originally hostile country; or sometimes articles of tribute were paid to a neighboring state. However, in modern times, the traditional way of "money for peace" was unsuccessful when some rapacious countries attacked the nation. That was why the demand for the reconstruction of state identity and of the interaction between the nation and state was

[5] Lv Xinwu in the Ming Dynasty has said in his article "On the Way of Governance" that "not to disturb the population means safety, not to extract from the population means offering, not to harm the population means beneficence, and not to propose unnecessary affairs means to get rid of the harmful things – this is the way of governance." See *Self-selected Collection of Liang Suming's Academic Works*, Beijing Normal College Press, 1992, 327.

increasingly heavy. Liang Qichao's attempt to rebuild a population with his "revolution in New History," Sun Yat-sen's republic governed by the people, enjoyed by the people, and owned by the people, and Mao Zedong's "people's republic" were all cases in point. In the time of crisis, identity building mainly embodied itself in stimulating the responsibility and obligation of the population to the state, whereas peacetime relationship stressed more on the equivalence of right and obligation. The concept of citizenship, continuously developed in the 1980s, reflected the turn in the state-people relationship. Nevertheless, enormous international pressure on China still exists and gaps remain in discourses and in ideas.

Second, state building means building in the institutional or systematic dimension. Institutions are a medium through which the state controls, motivates, integrates, or shows concern for society; it is also a channel through which the population can participate in state affairs and be cared for by the state. Institutional building should embody the overall state development while being in accordance with the social base. From this standpoint, the basic institutions of the traditional state of China did not extend to the grassroots groups: "the emperor's reign stops at the county level"[6]; hence "the emperor reigns but does not rule," or "the emperor's rule is remote in the mountainous areas," as was noted by scholars and the common people alike. In modern China, the state extended state institutions and facilitated correspondent institutional innovation, but a differentiation arose when it came to the requirements of encouraging public participation, caring for popular needs, or the correspondence with the social basis. Hence, a complicated political scene appeared in modern times: Only rural revolts resulted when the government of "a family in possession of the empire" in the late Qing Dynasty made efforts to devolve its power to the grassroots groups, while the building of a scientific republic proved to be impractical. Mass movements in the 1970s degenerated into mob politics, while "modernization-oriented" reform led to the fracture of society.

Third, state building also means building at the operational level and the dimensions of the manipulation and exercise of state power, with the focus being that of the microlevel and the concrete implementation of the state goal. A direct dialogue and interaction between the state and the grassroots society is required at this level. The tension between the state's uniformity requirements and local diversity, however, might result in possible outcomes of deviation, friction, ambivalence, or conflicts. Here we may find that the bureaucratic clan of "a family in possession of the empire" might lead to "organized corruption" (Hu Zhihong 2002) and "hidden rules" in the political field; the state building of the regime in the late Qing dynasty shaped the "involution of the powers" in return (Duara 1995). Use of force and model demonstration alternated in the mobilization and integration process after the founding of the PRC, while the reform period was interwoven with the struggle of ethics and human desires.

The reconstruction of the state-people relationship had found an entrance in the rural health care delivery in these dimensions of "state building."

[6] In "The Rural Grass-root Control in China's Traditional Empire – the Rural Organizations in Han and Tang Dynasties," the author Qin Hui has a different idea. See Philip C. Huang (2003).

Firstly, rural health care delivery was governed by state behavior. The traditional state, with the political principle that "no rule is the best rule," did not care about the medical care of the population. There was neither specialized administrative behavior nor other similar lasting efforts, nor was medical care listed as the basic task of the state. In a larger sense, social or folk medical service dominates. Even if the state was occasionally very involved in medicine, it was at some special levels (e.g., in the supervision of arsenic distribution or in settling the litigation caused by medical malpractice) or at some special times (in a pandemic, the ruler monarch would often promulgate edicts to remit some crimes, reduce taxes or compulsory labor, or set up an organization in an attempt to cure the patients). Such involvements of the state were more with the intention to impose its rule than to implement medical care. In the vast areas of the countryside, land played the role of social security and production. With the traditional agricultural technology, however, land was not very productive and the surplus produced was small. The scarcity of their resources would aggravate the annexation of land and overpopulation. Thus, an individual peasant household could obtain little security from tilling the land. They were unable to afford to pay social security contributions, and neither could they afford medical treatment. That is why the medical resources and agencies in the traditional medical system were mainly located in the urban areas or towns: A medical system could not be supported without a relatively large population. In rural communities, however, there existed only those roving doctors or some low-paid or even free-of-charge doctors (they might be paid by gifts or favors, nevertheless) that specialized in bone-setting or injury treatment. Such a context explained why all kinds of folk remedies or folk medicine (such as cupping, scraping, etc.) were widely practiced. When there was no way or no economic means for the peasants to receive proper medical treatment, a witch doctor became the patient's last resort. In conclusion, the lack of doctors and medicines was widespread and was the natural result of the spontaneous distribution of medical resources. When the health of the body became not only the symbol of state indignity but also a political tool to resist the aggression from foreign countries, building the body and increasing the health level became equivalent to increasing the strength of the state, and the delivery of medical care became a basic task of the state. In this sense, the so-called rural health care delivery refers to the fact that the state delivers medication, medical technology, or medical service to the rural areas in need of medical care and sets up an epidemic prevention system to protect people from contracting the diseases.

Secondly, the rural health care delivery in China also implies the ideological and state requirements. The delivery as state behavior was a more complicated matter than being merely the provision of cure to the sick or the weak or health protection. It was also a channel established by the state to transfer the state ideology and state requirements or a tool of the state for state building. In the transition from being the "other" to being the protector caring for the life and death of the population, the state-people relationship had been reconstructed. On the one hand, the state gave up its superior air and created space for its recognition and legitimacy; on the other hand, the population with the care of the state would have to change the carefree

lifestyle of "feeling like a king after turning in the grain." Instead, they were constrained by many national obligations at the time. The input of medication or medical technology and the establishment of the epidemic prevention system implied the overall discipline of popular life: Life began to be segmented and shaped by science, hygiene, patriotism, and other terms.

Finally, the rural health care delivery in China also demonstrated the change of the political scene. The delivery was not something contingent; it had experienced historical changes that spanned nearly a century. During this time, changes in the political scenes were witnessed: the "abolition of the traditional Chinese medicine," the pride that "Chinese medicine and pharmacology are a great treasure house," the barefoot doctors who went around the countryside and the cities with its efficiency and noises, the complaint that "to see the doctor is really hard" and the "cracking down of the unqualified practice of medicine," a disrupted health care network, and the panic in SARS. In the process from the urban to the rural, from substandard to standard, the state also experienced a return from crises and passion to common sense in the daily life.

In this way, the health care delivery had been assigned multiple meanings: It had been a transfer of medicine, medical technology, and services; it had been a process of shaping people's ideas and habits; it had been a reconstruction process of national identity and legitimacy; it had been a process of establishing a medical and health care system in the rural areas to care for and treat the diseases in one's daily life; it had been a process of the imposition of more duties on the general public; and it had been a process of expanding state power and introducing institutional innovation. In the multilevel interweaving rural health care delivery and medical care delivery, the rural areas and the state had been closely knit together.

In short, the rural health care delivery had been connected with state building and has become a basic approach to and a perspective of comprehending the development of China's politics.

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Chapter 4
The Structure and the Content of This Book

This book intends to seek an approach to understanding and interpreting China's politics by researching disease politics. In the Western countries, the research and curing of diseases is driven heavily by money. A construction process based on citizenship would generally start when the civil conflicts were alleviated. In modern China, disease politics was mainly a response to a nation facing a survival crisis. It accompanied the process of the social transition of China and its building of a modern state.

This book is divided into seven parts.

Beginning with the metaphor of "the Sick Man of East Asia," the "Introduction" researches the creation of China's disease politics. It then establishes an analytical framework for the "rural health care delivery" as well as "state building." The author holds that the "rural health care delivery" has not only been a delivery of modern medicine and technology but also has multiple implications in "state building" (i.e., institutional innovation, legitimacy reconstruction, and state-people relationship reconstruction). Thus, the delivery of medicinal carries an ideal type to interpret modern China's politics.

The body of the book is divided into five parts (Parts I, II, III, IV, and V), which begin with the state takeover of medical care and health care. The author describes and discusses the Patriotic Hygiene Campaign and the cooperative medical services in much detail in order to demonstrate the complicated relationship between disease politics and state building.

Part I describes the background of "national defense" in highlighting hygiene. After offering an interpretation of the double discipline of hygiene, the author attempts to establish the reason for state building behind the "abolishment of the Chinese traditional medicine." Additionally, a discussion develops of Chen Zhiqian's "Ding County Model" of "rural health care delivery."

The concept of "the people" is discussed in the beginning of Part II. After the establishment of the PRC, a powerful discourse of "the people" was constructed before it was turned into political power. A detailed analysis and interpretation of

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the “four major health care guidelines” are offered from this perspective at the inception of New China.

Part III discusses the Patriotic Hygiene Campaign and interprets it in terms of the “clean” politics of New China. It is argued that the abolition of opium and prostitution in this campaign is a continuation of “clean state” policies, and, in addition, it is developed into a “national” clean politics. The political process of cleaning the country not only facilitates the process of disembedding but also deconstructs the century-old metaphor of “the Sick Man of East Asia.”

Part IV first discusses Mao Zedong’s criticism about the Ministry of Health. Then the tension between modern medical treatment and the rural society is disclosed. The tension necessitates the extraction of local resources and the “rural health care delivery” can be said to be its result. The cooperative medical service system, conducive to a solution in the lack of medicine in the countryside, was enforced in consequence. Its innate characteristics showed the rich content of the concept of “China’s Road.”

Part V is mainly a reflection on the development from the “benevolent” medicine to medicine as a “money-making” formula as a result of the market economy and on the rupture of the three-tier health security network. While the small peasant economy failed to cope with the big market, a new dilemma in medical care arose. The newly arisen difficulties in the new cooperative system also demand more in the state being publicized.

In the “Conclusion,” the author summarizes the internal logic of disease politics. Under the pressure from the West, disease politics in China has experienced a process from “subjects as family members” to “nationals” and from “nationals” to “citizens.” In this process, China’s politics also experienced a form of crisis politics, from mobilization politics to citizenship politics. The internal mechanism of this turn is analyzed and the author proposes that there is a “misplacement of time and space” in the “curse to the late comers,” and there are two embodiments in the misplacement: “the non-synchronization of simultaneous issues” and “the simultaneity of nonsimultaneous issues.” A brief analysis of the rural cooperative medical system as local knowledge and of the accompanying tense nation-state and democratic state is carried out.

Part II
The Emerging Concept of Hygiene and Medicine from the State Perspective

Waves of epidemics haunted the late Qing Dynasty. The prevention and control of these epidemics were politicized and changed from “body protection” to “national defense.” Hence, personal hygiene was brought into the spotlight and medicine became a strategy of national salvation. In light of the mounting national crisis, the general public was regarded as being fundamental, awaiting a “reconstruction.” The continual “new people” movements demonstrated a disciplinary process which transferred from discipline over the body to discipline over behavior and rules. In the macro politics of saving the nation and reconstructing the people, medical care experienced a wave of the so-called abolishment of the traditional Chinese medicine before finding its way to the rural areas.

Chapter 5
National Defense and Hygiene

5.1 "Disease Politics"

The term epidemic refers to those communicable diseases caused by the invasion and multiplication of pathogenic microorganisms or pathogens. In the long process of historical development, such diseases brought misery and countless disasters to society. Sometimes, these epidemics even changed history. The frequent outbreaks of epidemics were a serious problem. According to the statistics of some scholars, during the 267 years of the Qing Dynasty (from 1644 to 1911), as many as 134 years (or almost every other year) saw the spread of epidemics on either a massive or a modest scale (Zhang Jianguang 1998). After 1840, the traditionally stable small peasant economy was disrupted owing to multiple factors: the invasion and exploitation by Western powers, the Western powers' selling the peasant economy's products at a dumping price, the corruption of the Qing government, and so on. This led to social unrest, a meager living standard of the people, and more outbreaks of epidemics.[1]

There were, of course, epidemics before 1840, but they remained domestic affairs, with society simply providing relief aid to the victims of epidemics. Often enough, production would recover, the society would be stabilized, and valuable experiences would be learned with the joint efforts of the central government and society. The population actually increased during the reigns of the Qing emperors. While the population was 100 million at the establishment of the Qing Dynasty, it increased to 300 million in the eighteenth century and to 400 million in the nineteenth century (Perkins 1984). After 1840, with the degradation of China into a colonial or semicolonial society and with the signing of treaties that humiliated the nation and forfeited its sovereignty, however, the epidemics were no longer purely epidemics. Instead, they were complicated and politicized by China's connections with its colonizers, developing "disease politics" in various forms.

[1] References of the epidemics in the Qing Dynasty include: Zhang Jianguang's (1998), Li Wenhai et al.'s (1988), Deng Yunte's (1984, 1986). In addition, the 40th volume of *Qing History (An Account of the Disasters and Other Abnormal Phenomena)* and local chronicles are also significant references.

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5.1.1 The Plague in Guangzhou

In 1892, a plague appeared in the urban areas of Guangzhou (Canton) in the 18th year of the reign of Emperor Guangxu. In the spring of 1894, the epidemic was rampant in places of Guangdong, such as Panyu, Nanhai County, and Guangzhou, and “thousands of people died.” In Chaoan County in the summer of 1895, “a plague started (in this year) and the outbreak lasted five years.” In Zhongshan County, “a plague broke out in May.” In Shunde County, “in March, there was a drought, then the plague was rampant and innumerable people died.” In Luoding County, “in the twentieth year of the reign of Guangxu, the plague of Guangzhou spread to the county, causing a dreadful disaster. There was high incidence in the villages, too.” In 1894, the plague struck Hong Kong, and “it was with devastating effect for a time and the death toll reached 2,547” (Zhang Jianguang 1998).

The plague in Hong Kong spread to Southeast Asia and other areas around the world via trade and population mobility. Reactions to the spread of the epidemic were strong. Armed with bacteriology and preventive medicine, the Western powers that still lived in the shadow of the Black Death (a form of bubonic plague) began the pursuit of the source and the prevention of this plague.

In December 1899, the first case of the plague was discovered in Honolulu, Hawaii. The victim was a Chinese shop owner of a store called Yonghetai. He was considered to have contracted the disease by coming into contact with commodities imported from Hong Kong. The plague spread and the Hawaiian authorities executed traffic control. The Chinese and Japanese people living in Chinatown were quarantined into a disinfected area. On January 20, 1900, the fire brigade threw bombs into the rooms of the patients, and the fire caused by the bombs spread to the whole of Chinatown. It was not until April 1 of that year that the authorities finally revoked the order of quarantine and agreed to pay for the losses caused by the plague incident. However, the victims and the authorities were in disagreement as to the sum that should be compensated. The disagreement even led to the case being taken to court. Chinese businessmen petitioned the Qing government and asked the Ministry of Foreign Affairs to pursue a negotiation with the American envoys.

> Using excuses of epidemic prevention, the Honolulu authority burned the whole Chinatown in a fire, and quarantined the Chinese people for several months. A sum of 1.5 million dollars will be appropriated within three years, with a sum of half a million dollars amortized every year without any interest. All the losses of all the countries are to be compensated within the range of this sum of 1.5 million dollars. That is to say, one Chinese will be paid a dozen dollars, a thousand or ten thousand each at most. Roughly a million dollars will be paid to the Chinese… In comparison, those Japanese immigrants claimed 600,000-dollar losses each. Considering the urgent needs of its Japanese compatriots, the Japanese government will first appropriate funds to those Japanese people. And it will then ask the American government to refund the losses by and by… However, in the litigation against the foreign churches, the local governments in China would usually raise funds to pay for the losses once the result had decided… And it had never been heard that the compensation was delayed with the pathetic excuse of being on trial.[2]

[2] See the archives of the Ministry of Foreign Affairs in Qing Dynasty (No. 02-31-1-1-3) “Honolulu Incident of the Burning the Houses of the Chinese Compatriots in Epidemic Prevention and the Compensation Claim” in the Archive Bureau of Modern History of the Central Academy.

5.1.2 The Plague in Northeast China[3]

In October 1910, a plague broke out in Northeast China. The plague lasted half a year and claimed a death toll of nearly 60,000 people and inestimable property losses in the five provinces (the three provinces in Northeast China, Zhili, and Shandong) where it had spread. Tianjin and Beijing were affected to some degree.

This plague began in Siberia and spread to Manchuria and then other areas in Northeast China.[4] Marmots in the Lake Baikal District in Russia were the source of the plague. The hunters there ate the meat of marmots, which caused the plague to spread to humans.

After the outbreak of the plague, the Russians expelled the local Chinese workers who had contracted the disease, which was how the plague struck China. "Recognizing the seriousness of the disease, the Russians expelled all the Chinese workers. It was actually through the medium of those expelled Chinese workers that the disease spread from Dauria to Manchuria and reached epidemic proportions in the three provinces in Northeast China!" (Hou Yuwen 1911). Out of their respective self-interests, traffic was not blocked along the "Southern Manchuria Railway Line" controlled by the Japanese and the "Eastern Qing Railway Line" controlled by the Russians. Therefore, the plague spread rapidly along both lines and then to other nearby areas. In addition, people's customs and the lack of hygienic awareness and practice were also important causes for the widespread epidemic. Many people at that time were too superstitious and had a too deep-seated belief in their gods to believe in Western medicine. They refused to bury the dead in a timely manner, refused to obey the quarantine regulations, and insisted on performing and attending funeral ceremonies for their late relatives who died from the plague, therefore triggering the spread of the epidemic to other areas. Others lamented over the people's strong convictions in their customs that exacerbated the spread of disease.

In modern times, the territory of Northeast China was a sphere of influence of Russia and Japan (in competition with various Western powers), which caused a major complication in the plague prevention work of Northeast China. After the outbreak of the plague, using plague prevention as an excuse, Russia began to expel a large number of Chinese people living in Russia. An excerpt from *Shanghai Journal* states, "The Russians expelled the Chinese people across the Songhua River in hundreds every day. Alas! We Chinese people did not have a place to set foot in."[5] When the epidemic was widespread and the preventive measures in Harbin failed to take instant effect, "the Russian officials placed the blame squarely on us (the Chinese officials) for being too lax in the inspection work and for practicing laissez-faire in the spread of the disease. At present, their envoy condemns the Ministry of Foreign Affairs,

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[3] The following accounts about the plague in Northeast China are written according to Jiao Runming's et al. (2004) and Zhang Jianguang's *Thirty Thousand Years of Epidemics*. The related notes are also made according to these two books.

[4] Russia denied that the source of the plague was Russia. They said that "The plague started to the south of Manchuria and spread elsewhere. It was not started in Manchuria." (Mukden Epidemic Prevention Bureau: *The Northeast China Epidemic Report,* Vol. I, 6, in Liaoning Library).

[5] *Shanghai Journal,* February 20, 1911.

saying that the natives know nothing about the preventive measures of epidemics and that has led to the outbreak of the epidemic in International Settlements. Such poor preventive strategy on China's side surely demands their intervention."[6] When the plague had already ended in Manchuria, "the Russians blocked the crossroads, and all the businessmen (excluding those 18 businesses that had registered in Russia) were forced to the railway station. Altogether there were more than 3,000 businessmen and 40 women, wailing and staggering. The slow ones would be whipped or stabbed, and those Russian soldiers would laugh at such times. After they arrived at the station, they were forced to undress to be inspected whether they had caught the disease. They stood naked in the open until about 10 o'clock at night, when they were driven to the boxcar."[7] They were not released until dealings with the Russian side were made and the Chinese businessmen paid the expenses. *Shanghai Journal* commented: "Alas! Was it really because they wanted to prevent the epidemics from spreading? It was simply the annihilation of the Chinese nationality! How could our compatriots bear it?" Using the plague as an excuse and accusing the Chinese officials for not taking proper measures to prevent the epidemic, Japan "threatened to appoint their own officials (the Military Governor of Northeast China) to bear the responsibility. Dealings might have been made by now."[8] When the plague was widespread in Mukden, the Japanese consul Koike intended to circumvent the Chinese authorities and use their own doctors and police, under the justification that the Chinese measures of preventing the disease were not adequately effective. When this measure failed, Koike contacted the consuls to have a discussion and presented a note to the Chinese government: "The epidemic in the city was really widespread. There were so many people in different countries in Mukden and they might contract the disease. We hope you would designate some doctors to stop it from spreading. If you do not have such staff, the consuls would select their own people to carry out the preventive work."[9] In addition, Japan and Russia also used disease prevention as a convenient excuse to send more troops to Northeast China out of their own respective selfish interests.

5.1.3 The Shanghai Plague

In 1910, a plague broke out in Shanghai. During this period, International Settlement's Municipal Council implemented countermeasures of thoroughly cleaning the settlement area, catching and killing rats, quarantining the plague-infected patients, and organizing a team of volunteers. The International Settlement's Municipal Council believed that "the outbreak of the plague in Shanghai could serve as an opportunity to expand the International Settlement and tough measures should be

[6] "An Account of the Plague of Manchuria," *Shanghai Journal,* December 19, 1910.

[7] "An Account of the Plague in Harbin and Manchuria," *Eastern Miscellanea,* 1910 (12), 379.

[8] *Shanghai Journal,* February 13, 1911.

[9] "The Relationship between the Sovereign and the Plague Control in the Provinces in Northeast China," *Shanghai Journal,* December 26, 1910.

adopted at an appropriate time."[10] Of course, the Chinese side did not agree to these countermeasures. Only with the help of the Shanghai Business Association, Ningbo Association, and Guangdong Association was the issue "peacefully" settled.

In August 1911, the plague struck Shanghai again, with the outer area of the International Settlement in Zhabei as the center of the epidemic. The International Settlement's Municipal Council and the local authority were in a major conflict over the prevention of the disease. The Municipal Council held that "the Chinese officials were not able to repress the displaced masses, nor could they maintain order. In consequence, the International Settlement's Municipal Council has decided to take over the management of the gathering place of the displaced people." Fortunately, the latter (the local authority) believed that "health care is an important issue and closely associated with the local sovereign. We should have independent thinking and pay for the expenses. We brook no foreign interference as to the countermeasures of the epidemics."[11]

It was the weak state of the late Qing Dynasty that caused the spread and the control of the epidemic to go beyond merely bodily protection and become an important political issue.

The epidemics weakened the national economy. In addition to endless disasters and untold sufferings they brought to the people, the frequent outbreaks of epidemics also had a debilitating effect on the economy. Huge numbers of economic resources were used up once an epidemic struck, which aggravated the cash shortage situation at the time. The sum spent on epidemic prevention was so large that "the Beijing government had already appropriated the 740,000 *liang* fund (or 37 million grams in silver), a budget for the reception of the royal family, to be used in epidemic prevention in the hope that the contagious gas (the germs which caused the plague) could be blocked." In addition, "the local public funds have almost been exhausted, the traffic has been cut off, there is panic among the multitude, a call for financial help arises from everywhere, and the overall situation appears to be in danger." When the Heilongjiang governor sent a telegram to ask for funds to be appropriated for the settlement of the ousted denizens, "the Ministry of Finance [thought] that money resources [were] meager" and refused, revealing the depressed state of the economy. This financial difficulty disappointed the populace because the state failed to provide assistance when the people were in need, which challenged the legitimacy of the state. Additionally, the outstanding loans borrowed from the Western powers put the Chinese state authority at risk.

The epidemic gave rise to Chinese exclusionism. American anthropologist Ruth Benedict believed that the plague in Hong Kong was contracted from the plague in Guangzhou, which in turn originated in Yunnan. It was expected that the reason was that the Han nationality actively transacted opium and other businesses with people in Yunnan. Another direct cause for the start of the plague was believed to be the mobility of armed forces during the suppression of the rebellion commanded by

[10] Documents of the Shanghai International Settlement (ul-16-2865), "Memorandum on the Proposed Barricade".

[11] "Can We Relax the Preventive Work of Epidemics in the Concession Area" *Shanghai Journal,* Nov. 25, 1911.

Du Wenxiu in 1867.[12] When the plague struck Chinese communities around the world after the outbreak in Hong Kong, it was suggested that Chinese society was to be blamed for the pervasiveness of the plague. William H. McNeill even believes that it was the Mongolians who brought the bubonic plague to Europe and caused the pandemic of the plague in fourteenth-century Europe. All these arguments triggered the exclusionism of the Chinese people. As a result, the Chinese were discriminated against in many ways. The Honolulu authority not only practiced mandatory vaccinations but also performed unclothed physical examinations of the possible plague victims (women included). During the plague of Northeast China, the Russians expelled the Chinese workers and forbade any Chinese to emigrate from the epidemic area to Russian territory. Russians even burned down houses and extorted property in the name of epidemic prevention. Additionally, in the name of epidemic prevention, the Japanese stipulated that "all Chinese people [were] not allowed to take the passenger car" during the epidemic period.

With the epidemics, the struggle for the nation's sovereignty intensified. It was clear that the disastrous epidemics in Shanghai and in Northeast China also afforded opportunities for the colonizers to seize more power. Realizing this, the state, the local governments, and the public resisted and various precautions were taken. "The governor of the Northeast provinces sent a telegram to declare the seriousness of the plague and said that an inspection bureau has been set up in the hope that the interference from Russia and Japan could be avoided." After the plague ended, the Qing government invited the representatives of Great Britain, Japan, the United States, Russia, Germany, France, Italy, Austria, and other countries to participate in the "International Plague Seminar" held in Mukden. "Report of the Epidemic in China's Northeast Provinces" was compiled and distributed to the consulates to introduce the process and experience of the plague prevention work but, more importantly, to show that the Chinese government was perfectly able to draw on their own strength to effectively fight against the epidemics. Thus, the ambition of the Western powers to interfere with the Chinese domestic affairs was thwarted.

In this sense, epidemic prevention is not only "body protection," but also political resistance and "national defense." At that time, there were increasing appeals to strengthen the construction of the health care agencies, the promotion of people's health, and the improvement of hygienic habits. Thus, the emphasis on hygiene began.

5.2 The Emerging Hygiene

The idea of *Weisheng* (卫生) often appeared in ancient Chinese books. In *Chuang Chou* (*Zhuangzi*), Laozi's words were recorded as "Could the *Tao* of *Weisheng* be one?" Tao Yuanming, a poet in the Jin Dynasty, wrote that "to live forever and never

[12] Wataru Iijima, "Communicable Diseases and the Revolution of 1911," in *The Revolution of 1911 and the 21st Century China* (compiled by the Association of Chinese Historians, Central Party Literature Press, 2002, 1479).

grow old is impossible, and *Weisheng* is difficult and humble." *Weisheng* here roughly means "to preserve one's life" or "to protect one's health." As Guo Xiang reiterated Li Yi's (of the Jin Dynasty) explanation for the word *Weisheng*: "It is to protect one's life to make it act in accordance with *Tao*." Xie Liheng, a Chinese in a later period, also interpreted *Weisheng* as "to protect life" (Xie Liheng 1994).

The modern idea of *Weisheng* was introduced from Japan. According to the research of the Taiwan scholar Liu Shiyong, the current meaning of *Weisheng* in Japan dated back to the transitional time from the Shogunate Period to the Meiji Period, when the Health Secretary Nakayou Sensai (長与専斎) created the term *Weisheng* to translate "hygiene."[13] Later, the term was used by the Japanese government in its health care policies and regulations concerning hygiene. What Nakayou Sensai stressed in his translation was that the meaning of the term "is beyond health protection… It also includes the administrative organizations that take on the responsibility for health care of the general public… The health care cause is a totally new one and has no precedent in the history of Japan." Liu Shiyong further points out that "it is evident that the hygiene involves more issues than merely the good or bad physiological functions of an individual; it also suggests a task for the government to undertake. Hygiene and health not only belong to the category of one's self-interest, but also are the overall public benefit, and hence the necessity of the state to interfere with health care services" (Liu Shiyong 2001).

China's defeat in the Sino-Japanese War of 1894–1895 had aroused the national sentiments of "saving the nationality and saving the nation." In addition, the national humiliation brought about by the failure in the Chinese's naive expectations for the Paris Peace Conference spurred the Chinese into lodging an appeal for the strengthening of the nation. In consequence, a variety of propositions and slogans of "saving the state" and "strengthening the state" emerged and developed into a mainstream ideology at the beginning of the twentieth century. Everything was considered on this premise and corresponding proposals of strategies emerged: to save the nation by industry, by science, by culture, by education, and so on. Not a stone was left unturned to devise a strategy or program for strengthening the less-developed nation. Every blueprint for saving the nation was to be welcomed, hygiene being no exception. When the modern concept of hygiene became well established, community health protection based on the products of modern medicine was included in the discourse of nationalism and was elaborated, giving rise to various expressions of "to save the nation by medicine."

When the Municipal Health Committee of Nanking conducted a physical examination of the urban elementary school students in 1932, it was found that only 631 among the 10,588 examinees claimed perfect fitness. Ninety percent of them had one or more bodily defects, and there were altogether 21,026 types of defects (Jin Baoshan 1934). Average life span was merely 30 years, which meant that a person could only have 15 years to engage in social activities, given that he/she began to work at the age of 15. This was a far cry from the length of years the average

[13] It is said that Nakayou Sensai had inquired of Fu Yunlong (a Chinese who was sent to Japan by the Qing government) about the term and Fu confirmed his idea. See Huang Donglan (2005).

Western person could offer services to society (43 years). Furthermore, the mortality rate (30 %) remained at an all-time high, and every year as many as six million people died. As the frailty of the people was naturally attributed to the weakness of the state, the strengthening of the nation should begin with health work. "The rise and fall of a country or a nationality depend on the power of the people, which in turn depend on whether they are healthy or not. It can be said that without healthy people, there will be no sound nationality or nation" (Xue Hongyou 1936). The logic between health and a powerful nation was put forth by Wu Dui in a more direct way in 1907: "All the so-called civilized people are with good health and are generally in a powerful country. At present, although the people in countries to the west and east of China are not extremely civilized, they are much better than the Chinese people in that they pay attention to hygiene… That is why, when we want to strengthen the nation, first we have to strengthen the people, the body of the people, especially. And if we intend to strengthen the body, we have to begin with hygiene" (Wu Dui 1907). So the building of hygiene was not only the premise of improving people's health status and of strengthening the body, it also served as a viable way to enable the nation to achieve national prosperity.

An epidemic was more destructive to the nation than a war.[14] The frequent outbreaks of epidemics, the consequential heavy blow to the vitality of the nation, and the possible subsequent threat to the sovereignty made people stand to reason that "the matter of health is connected with the preservation of life; it is also critical in the guarantee of the safety of the nation." These grandiose words were actually a natural and logical conclusion drawn from the circumstances: "If we do not have hygiene awareness, we might be a traitor of the country."[15] The incidence of diseases could not be prevented by power and money; the health of the body could not be purchased with money. As to the maintenance of the overall health status, it was beyond what a simple "family clinic" could handle. Although armed with advanced medical facilities, modern medicine failed to improve the situation, limited by its individual style in disease treatment. The health of the people, the reinvigoration of the nation, and the prosperity of the state all depend on the important issue of hygiene.

Hygiene also became the means to building a national identity. When the image of the "Sick Man of East Asia" was still prevalent, the metaphor of "John Chinaman" arrived from overseas. If we say that the "Sick Man of East Asia" was only a visual bodily image, then the metaphor of "John Chinaman" could be said to be an

[14] An author with the pen name of Menghuan commented on the epidemic in Northeast China: "Military expenditure at the time when the communications were closed at the borders was no more than ten thousand; and sometimes the expenditure was less than that number. Now epidemic prevention in the Northeast China, and Tianjin and Peking should cost more than ten thousand. And if we include the cost caused by people's deaths and other property loss, and the cost of epidemic prevention in the southern unaffected provinces, the sum would reach twenty or even thirty thousand. This is something unheard of in history." See *L'Impartia*. January 23, 1911.

[15] See *Shengjing Times,* February 28, 1911.

unsympathetic expression of the unsanitary habits of the Chinese: spitting, urinating and defecating ubiquitously, and keeping long, dirty fingernails. All these habits symbolized more than just poor health or vulgar and barbaric behavior; it implied the nation's lack of ability to govern. When George McCartney (1737–1806) faced the filthy Manchu officials, he had an instinctive aversion towards them, and through the filth, he saw the weakness and incompetence of the Qing Dynasty, which could serve as a cogent reason for the Western interference in China. Western observers, such as H. Woodhend and Rodney Gilbert, were disappointed with and critical of China because of these unhygienic habits. How could one be competent in governing the nation when they could not even take care of themselves? One should not neglect the fact that the restraint of the natural functions of the body and the ability to renounce natural desires had been highly praised as being the necessary conditions for the competent management of a city from as far back as ancient Rome to the modern, highly advanced European civilizations (Brown 1988). The metaphor of the "Sick Man of East Asia" suggested the arrogance of Westerners. It was an indisputable fact that the Chinese people had a frail body. Although the concern for community health in modern medicine might improve the situation, the specific implementation process would unavoidably confront many difficulties. But how could the disdain shown by the label of "John Chinaman" be avoided when bad habits were so deeply embedded in the people?

As a result, in the context of modern China, hygiene was far more than the welfare of providing public health care services and the construction of the state's medical system, as it had been in some people's imagination; it directly affected the rebuilding and reshaping of the behavior of the Chinese. In other words, thanks to "hygiene," a new meaning was assigned to the relationship between the state and its people, and both were designated new fields and new tasks. Divorced from purely self-knowledge or self-benefit, the basis of the "hygienic" behavior was directly associated with people's sense of identity and nationalistic sentiments. It began to be merged into the tide of the construction of a nation-state, attempting to resist various kinds of Orientalist images.

Yu Yan, who exerted himself to advocate a "medical revolution," summarized the situation of "hygiene" in China in a more direct way, contrasting between the traditional means of "preserving one's health" and modern "hygiene": "There were the methods of preserving one's health in the ancient books of China; however, it is very much different from today's hygiene… The so-called 'conservation of one's health' was to recuperate the inside, to avoid the outside, and to be cautious in one's daily life and so on." "So the main purpose of conserving one's health was to prolong one's life, to be indifferent to fame or gain, or to refrain from arduous work. Nevertheless, now there is increasingly intense competition; no one could survive unless he/she strives hard to make greater progress. The original methods of recuperating the inside could not have coped with the transition in society." "The present-day hygiene is not about how to lengthen one's life, but how to survive in the competition; it is not about how to keep aloof, but how to get accustomed to the noise; it is not about how to be cautious inside, but how to be expert in

controlling the outside."[16] The argument is straightforward and true: The traditional method of "conserving health" was nothing but the pursuit of lengthening one's life. Faced with the "law of the jungle" or "the survival of the fittest," if one remained aloof to fame and gain, avoided the world, or avoided challenging work, then the state and the Chinese nationality might perish. The essence of hygiene lay in "surviving the competition" rather than "prolonging one's life" and in "getting accustomed to the noise" rather than "enduring the quietness." In Yu's revolutionary affirmation, hygiene had transcended the instrumental value of maintaining corporal health; it implied the reexamination of the normal state of a living body. As a matter of fact, the process of hygiene shows that the rational nucleus of the pursuit of the value of life is always prescribed by the social environment and conditions; hygiene in a capitalist society is pushed by greed and the endless pursuit of profit, while the value of hygiene in China was first and foremost a means of survival. The worsening of the impending survival crisis deprived people of their normal enjoyments in their daily life (diet, sex, aspirations, or hobbies) and carried them along the tide of building a nation-state in the hope of being redeemed.

The debut of the term "hygiene" in the modern sense caused a sensation for the novelty of the word. However, the term began to deviate from its original meaning attributed by Nakayou Sensai in the subsequent development. In a wider sense, the meaning of "hygiene" itself became blurred and seemed to waiver. The traditional and the modern, the individual and the state, the conservation of the nationality and the salvation of the nation all began to merged, fused, and restructured; the characteristics and the complications of the transitional China were fully revealed in its encounter with "hygiene."

5.3 Discipline Imposed by Hygiene

In 1930, Chen Fangzhi felt that many views on the Chinese word *Weisheng* had diverged in meaning from the original sense of "hygiene," which had led to confusion among the people. He thought that many arguments about "hygiene" were nothing but misinterpretations or abuses of the word, and this had adversely affected the launch of the new and noble cause of hygiene. It was a mistake that was to be rectified. With this view, he maintained that "hygiene" should be redefined as "public health" and should be quite distinct from personal hygiene.

However, throughout history, we can see clearly that, in contrast with the earnest expectations for "public health" of the public health experts and with the ardent hopes of the people for "the salvation of the state by hygiene," statesmen showed overwhelming preference for improving one's personal hygiene although they also followed the modern trend and pursued health work in various aspects. Sun Yat-sen stood in sharp contrast to Koto Shinpei, a governor during the Japanese rule in

[16] Cited in Lei Xianglin "Why Hygiene Is not to Preserve One's Life: Alternative Hygiene in the Republic Period, Self and Diseases," www.nthu.edu.tw

Taiwan, who attempted to rule Taiwan with the help of medicine. A doctor for many years before he worked for the construction of the state, Sun Yat-sen never proposed the construction of public health for the state, although other aspects of constructing a nation was elaborated in his article "Three Principles of the People."

On the contrary, what Sun Yat-sen repeatedly mentioned were the unsanitary habits of the Chinese, such as spitting, farting, and belching in public; not brushing one's teeth; and keeping long nails. In his last speech about nationalism on March 2, 1924, Sun Yat-sen even recounted some of his personal experiences to illustrate the importance of such trifles as spitting and belching in reinvigorating the nation's spirit:

> I once had a conversation with an American ship owner. He said, "A Chinese envoy also took the ship the other day. He sneezed and spat everywhere, even on this expensive carpet. It is really repulsive." I asked him, "Then what did you do?" He said: "I cannot think any other way than to wipe the sputum from his face with my own silk handkerchief. But he showed a casual look even when I was wiping it." Even an envoy would spit on an expensive carpet, not to mention an ordinary Chinese. From this we could see that Chinese people lack self-cultivation.
>
> Why did the foreign hotels not allow Chinese in? It is said that once when there was a banquet in a very big hotel in a foreign country, where all people were quite elegant and enjoyed themselves, men and women alike. Suddenly a Chinese farted noisily, and all the foreigners fled and the owner drove out the Chinese. Ever since, the foreign hotels did not allow the Chinese to have meals at their establishment.
>
> Once, a Chinese businessman invited some foreigners to attend a banquet. The host suddenly farted during the meal and even the foreign guests' faces turned red. However, the host was still being very indecent at such a time. He stood up, patted his trousers, and said to the foreigners, "Excuse me." Such behavior was really very barbarian and inferior! And even the Chinese scholars and literary men had such indiscreet behavior. It was incomprehensible to me. Some of them said that if they wanted to fart, they would fart; if they farted, they would fart noisily. This was beneficial for their health. Such opinions were mistaken and I hope we Chinese people can avoid such things.[17]

Sun Yat-sen's emphasis on one's personal hygiene showed that he believed that by changing the unsanitary behavior of the Chinese people, the Western people's belief that the Chinese people could not govern their own country could be altered, that honor could be won, and other countries that wanted to invade China could change their mind. More importantly, one's personal hygiene signified a plan for rebuilding a nation.

Since the beginning of the twentieth century, the change in people's conception at the institutional level (from "a family in possession of an empire" to "a government by a ruler as well as the people," and then to "democracy and republic") had been essentially completed in China. To construct a new nation-state was appealed and put into practice, and "the people being the basis" and "people's resourcefulness" had been recognized and emphasized more than ever before. However, neither the new people movements, nor the militarization of nationals, nor a series of other political reforms under the banner of liberalism effectively changed the reality; there was still a lack of cohesion among the masses. John Fitzgerald observed that

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[17] *Selected Works of Sun Yat-sen,* Vol. II, People's Publishing House, 1956, 654–655.

"traditional methods of indoctrination… sought to train, but not to mobilize people; to maintain, but not to remake society" (Fitzgerald 2004, 55). This pointed to a society as a community rather than merely a gathering of individuals. Based on this idea, Sun Yat-sen defined politics anew: "A governor should manage affairs of the general public. Politics means the governance of the popular affairs."[18] In his mind, the Western-style of freedom and equality were not applicable in China where "communal freedom and communal equality,"[19] instead of individual freedom, were the goal. To pursue such a goal, strict regulation of the freedom of the individual behavior was required. After the lessons Sun Yat-sen learned from the defeat of his multiparty republic or "separation of powers into five parts," and after "taking Soviet Russia as the teacher," he recognized the problem that "actually we do not have any state to govern now, what we can do is only to build a nation through a political party or parties. The nation can be governed only after the nation has been built." It has become his persistent pursuit to build a highly disciplined and highly centralized Leninist party-governed nation.

Hygiene is undoubtedly a powerful tool for the discipline of the people. Evidence from modern hygiene shows that bacteria and viruses are everywhere and undisciplined personal behavior might do harm to one's own health, endanger others' health, endanger the nation as a body, or harm the prosperity of the state. The word "hygiene" implicated more than merely personal behavior; it was connected with the strategy of the salvation of the nation as well as the Chinese nationality. The pursuit of hygiene should act in accordance with scientific principles. Individual freedom should be sacrificed for communal freedom, and personal behavior should be incorporated into the unified pattern of group behavior.

As a result, two widely different scenes appeared after the modern idea of hygiene was introduced in China: One was the scene of the increasing demand for the provision of public health services, and the other was the politicians' bias in favor of personal hygiene. The tension did not necessarily imply a paradox within, but instead reflected the historical situation of the construction of modern China.

The reform within the administration had been too limited to effectively respond to the tremendous foreign pressure. With the form of "reign without rule" having been disintegrated, the grassroots society had never been more important. To build the basis of its legitimacy and to react to the imminent national crisis, the state finally stopped being largely indifferent to the fate of its people and cared more about the daily necessities of its people. It was hoped that regime construction could help mobilize more resources from the grassroots society. In addition, the discipline, constraint, and control of the people were expected to be included within the framework of the overall state building. The original quiet life of the grassroots society was shattered by the invasion of the Western powers, and the subsequent dumping of industrial products further eroded the root of their living. When the small peasant economy was brought into direct confrontation with industrialized production, bankruptcy inevitably followed. Appalling hardship made people

[18] *Selected Works of Sun Yat-sen*, Vol. II, People's Publishing House, 1956, 661.

[19] *Complete Works of Sun Yat-sen*, Vol. IX, Zhonghua Book Company, 1956, 103–104.

acutely aware of the connection of one's fate with state building. The discrimination or indifference they encountered in their daily life directly built up the expectation of the state's presence. In other words, "Missionary demands for better urban planning, more reliable fresh water supplies, improved sanitation and waste disposal systems, more public schools, and more hospitals also anticipated, in the aggregate, a new and expanded role for the state, which came to be spelled out in Nationalist ideology" (Fitzgerald 2004, 57).

In the eyes of the realistic politicians, the possibility of the return to autocracy of the traditional state of China was gone; a republic seemed to be the only choice at that time. However, what else was expected from the dispersed masses other than sensationalized outcries of frustration? The basis of the nation was in no way to be built under such circumstances. As state building should begin with the shaping of "new people," all efforts would be to no avail.

The gap between Sun Yat-sen and Koto Shinpei was thus explained. The rupture and tension of "public health" and "personal hygiene" were caused by different contents within: Public health is a means of ruling, while personal hygiene is a method of state building.

It is evident in French philosopher Michel Foucault's analysis that public health can be used as a power technique: The hegemony of science governed the division between the "normal" and the "abnormal," and the division of space helped the creation of segregation and exclusion. In the segregated space, what is normal and what is abnormal suffered respective "discipline," and "order" was created during the process. What was demonstrated by Koto Shinpei's ruling of Taiwan by means of medicine was none other than such reproduction processes of order employing the technique of power. Of course, Koto Shinpei's strategy of relieving the threat of diseases through the construction of public health not only constructed its own legitimacy but also implied a backdrop of the struggle over the body.

Although it also permeates the scenes of one's daily life and constitutes the general means of Foucault's reproduction of power, one's personal hygiene indicates a level of discipline. For people in a traditional country, discipline means constraint of the circumstances, a discipline that the governed subjects must obey. Politics have been comprehended as something beyond one's daily life, and that was why it was said that "the emperor's rule is remote in the mountainous areas." The modern nation, on the other hand, changes the state-people relationship mode, for politics is no longer something set above most people; instead, it becomes everybody's business and embodies itself on various levels of one's living, including housing, diet, births, diseases, or deaths. When the people recognize that they are the subjective constituents of a nation, they internalize the "external environment" in the internal consciousness. In this way, the independence and prosperity of the nation will have its solid basis. In summary, when people have changed their attitude towards discipline from something that is imposed on them to something that they can also be an agent of and take part in its creation, the individual and the state are successfully incorporated. Sun Yat-sen regarded the process as "the cultivation of one's moral character," and for him, the exercise of discipline begins with the daily trivialities of one's personal hygiene.

Although the same techniques of discipline are used, the purposes are different: The purpose of order maintenance is to control the people, whereas the purpose of discipline is to mobilize the people. Order implies that silence ensues after the subjects of power have been disciplined, whereas discipline requires that the subjects strive diligently. Order derives from the rationality of unquestionably following the rules, whereas the exercise of discipline is based on the impulsiveness of passions. On the other hand, when the state that is lacking in sufficient economic resources hastily starts the construction of public health, an urban-rural split may result, while the constraint imposed by discipline and the improvement in one's personal hygiene might, at least, prove to be the protection of one's life. Rationality exists within these paradoxes, as is proved by the process of history.

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Chapter 6
Abolishment of Traditional Chinese Medicine

6.1 The Introduction of Western Medicine to China

During the long process of the struggle against diseases, Chinese people acquired knowledge about diseases and their corresponding medical treatment, developing a medical system closely connected with Chinese culture and the traditional Chinese medicine (TCM). In the TCM, it is considered that the body is a whole, a "microcosm" that corresponds to heaven and earth. In the treatment of the body, the TCM places the emphasis on "diagnosis and treatment on the basis of an overall analysis of the illness and the patient's condition." The TCM has made great contributions to the health of the Chinese over tens of hundreds of years. In the dynasties of Ming and Qing, Western medicine based on modern science was introduced to China during its contact and communication with Western culture. Western medicine gradually climbed to a predominant position, violently colliding and conflicting with the TCM along the way.

In medical history terminology, there was a so-called double introduction of Western medicine (Fan Xingzhun 1933). Introduction to Western medicine was mainly through missionaries. Western medicine was introduced for the first time in 1582, when the Italian missionary Matteo Ricci came to China during the early Qing Dynasty. Among the numerous missionaries, however, not many of them had a thorough understanding of medicine. In addition, owing to the conservative nature of the Jesuits, the methods and knowledge of Western modern science (e.g., the doctrines of Copernicus, Galileo, Bacon, Newton, etc.) were not actually shared with the Chinese people (Hou Wailu 1960). Western medicine at the time still concentrated on "the four elements" (earth, water, fire, wind) and "the four liquids (humors)" (blood, phlegm (mucus), yellow bile, black bile) and was still confined to the systems provided by Hippocrates and Claudius Galen. The unaccountable diseases were poorly explained by some "mischief of the evil emanations." The doctors at that time did not possess many clinical skills either. ("It seemed like the medicine of the ancient times in Europe.") Nevertheless, missionary hospitals were

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established,[1] Western medical works were translated, and ideas in Western medicine (e.g., anatomic biology) were accepted by some practitioners of TCM. However, anatomy ("an accumulation of knowledge that did not deserve the name science") (Hegel 1962) and other sciences only had a limited influence on the TCM as medicine, which paid attention to treatment during its millenarian development.

The second stage of the introduction of Western medicine began with the introduction of a vaccine prepared from the cowpox virus, which inoculated against the smallpox virus (Liao Yuqun 1991). Tremendous progress was made during this period. For example, W.T.G. Morton successfully performed ether anesthesia in 1846 in the United States, thus putting an end to the hurried nature of surgeries. In 1876, R. Koch proved, for the first time, that bacteria would induce diseases. By the end of the nineteenth century, a majority of pathogens of communicable diseases had been successfully identified, isolated, and cultured. In addition, it was the Protestant missionaries who came to China during this time and a large proportion of them were doctors. They hoped that they could further their interests through medical treatments and propaganda. More importantly, privileges to "set up a medical clinic" (Article 7 of Sino-US Treaty of Wangxia) or "a hospital" (Article 22 of Sino-French Treaty of Whampoa) were exercised after the Western powers had forced their way into China by means of employing weapons. Medicine was included in their colonial strategy in addition to armed forces, religion, commerce, and others. Within such context, Western medicine, with its latest scientific achievements, gradually gained an advantage over the TCM. Furthermore, it exerted a profound influence on China beyond the scope and extent of medicine, eliciting a continual response at the political level.

After the Opium War, the politics of the state became "to make the nation rich, to make the army strong, and to resist foreign invasion." The Westernization Movement (*Yangwu* Movement) was carried out, the principle of which being "to employ Western science with the major body still being the Chinese tradition." Although medicine was not included in the national strategy, it was still involved in the movement in various aspects. Medical science was added in Tongwen Bureau 3 years after its establishment in Peking by the *Yangwu* followers in 1862. Tianjin Medical School was founded by Li Hongzhang in Tianjin in 1881 and was taken over by the Qing government, changing the name to "the Northern Navy (*Beiyang*) Medical School," the first of its kind in China. When the defeat in the Sino-Japanese War of 1894–1895 announced the failure of the Westernization Movement, employing Western science changed quickly into "to save the nation by medicine."

In 1897, Liang Qichao published his ideas about the improvement of medicine in *Current Events* (*Shiwu Bao*): "Medicine is the highest level of global civilization… Medicine is concerned purely with people's affairs, so when we talk about the protection of people, we should begin with medicine. When the British people first changed their way of politics, the way of maintaining physical health and curing the

[1] The earliest hospitals of Western medicine were all built in Macau when the Jesuits came to China at the crossroad of Ming and Qing dynasties. Bishop D. Melchior Carneiro built the first one of its kind in 1569.

diseases were dealt with first before talking about other topics: the general theory for all subjects, and the specific subjects such as chemistry, botany, roads, housing, the law of eating more or less, the way of dressing warmly or coolly, working for a long or a short time, getting pregnant, raising children, preserving one's health, or vaccination…."[2]

It was Liang Qichao's idea that in order to strengthen a nation, its people should first be strengthened. There were two ways of accomplishing this task: "The first is to preserve the soul, and the second is to resort to medicine to preserve the body." The contemporary newspapers also had a similar point of view, stating "the way of strengthening the body is stressed in Western medicine and it quickly spread in China in modern times."[3]

With these appeals, Emperor Guangxu decided to reform. Guangxu said that "the subject of medicine is extremely important. In particular, medical schools should be established to research Chinese and Western medicine. They should be managed by the Imperial University so that medicine could be propelled." Later Liang Qichao commented, "Medicine… is now added as a subject. This is really an important reform policy."[4]

In 1903, the Qing government made stipulations for the Imperial University. Among the 29 courses of medical science, only one of them was based on TCM, and only one of the courses on drugs was about the TCM (Shu Xincheng 1962). It was all too apparent that the TCM was marginalized.

During the process of the introduction of Western medicine, Chinese people's original indifference, in spite of their curiosity, turned to selective learning in the Westernization Movement ("to employ Western science with the major body still being the Chinese tradition") and then to the Western-oriented attitude. Medicine rose from purely a technique to politics, to a strategy of promoting the reform and the salvation of the nation. History shaped the development of medicine, and the escalation of medicine in status had become a proper perspective upon which China's politics could be apprehended.

6.2 The Calamity for Traditional Chinese Medicine

On February 23, 1929, 120 deputies, including committee members, directors of municipal or provincial health bureaus, principals of medical academies, and others in the medical field, attended the 1st session of the Central Health Commission of Kuomintang Government. During the 3 days of the convention, the proposal of Yu Yan, a Western doctor, entitled "To Abolish the Old Medicine and to Clear Away the Barrier to Medicine and Health Work" was passed, and another proposal entitled

[2] Liang Qichao, "The Preface to the Betterment of Medical Charity," cited in *Data of Modern History of China* (*in series*), Vol. IV, Shanghai People's Publishing House, 1961, 449–453.

[3] Cited in Zhao Pushan (1997).

[4] *Data of Modern History of China (in series)*, Vol. II, Shanghai People's Publishing House, 1961, 80.

"To Abolish the Old Medical Schools" was drafted and was to be delivered to the Ministry of Education, and six measures were to be taken: (1) The old TCM doctors were to be registered and licensed within the coming year before they could practice medicine again; (2) a 5-year training program of the TCM doctors was to be introduced. Only those with a certificate of completion issued by the program could practice medicine; (3) for those TCM doctors over 50 years old and in practice for over 20 years in China by 1929, additional training programs could be excused and a special license could be granted, but such doctors could not treat those communicable diseases prescribed by law, nor could they issue a death certificate. The expiration period of such licenses was 15 years and could not be extended; (4) introductions to any TCM doctors were banned on paper; (5) newspapers and magazines were heavily censored to ensure the prohibition of unscientific medical advertisements; and (6) TCM medical schools were not to be established.

This was the sensational "Case for the Abolishment of Traditional Chinese Medicine."

The TCM doctors that had originally lacked any contact with each other achieved unprecedented unity at the news. On March 8, 1929, 40 organizations in Shanghai gathered and the "Association of Medical Groups of Shanghai" was established; a proposition to hold a national deputy convention of TCM doctors was presented on March 17 with the intention of discussing the countermeasures. This meeting was duly convened when 262 deputies from 132 organizations and 15 provinces or cities crowded into the auditorium of the Shanghai Commerce Chamber. Three resolutions were passed: (1) March 17 was established as the Traditional Chinese Medicine Day; (2) the Federation of the National Medical Group was established; and (3) a group was to be organized for appealing to the government in Nanking. On the day the meeting closed, famous doctors Xie Liheng, Cai Wenfang, and Chen Cunren, in addition to two representatives from the pharmaceutical circle, Sui Hanying and Zhang Mei'an, formed a five-person petition group (with Zhang Zanchen and Cen Zhiliang as secretaries) and took a train that night to Nanking to petition. The Ministry of Administration, Ministry of Health, and Ministry of Industry and Commerce were petitioned, and the representatives were received by such Kuomintang dignitaries as Tan Yankai, Jiao Yitang, Chen Guofu, Zhang Jingjiang, Kong Xiangxi, Ye Chuchuang, Li Shiceng, and Xue Dubi. Chiang Kai-shek himself received the representatives and expressed his attitude that they could rest assured.

After a couple of days, Chiang Kai-shek instructed that the Ministry of Administration demand that all ministries concerned revoke the previous order and that the legislature keep a record. The petition of the Federation of the National Medical Group was endorsed and the Kuomintang government announced that March 17 would be established as "Traditional Chinese Medicine Day." Up until this time, the dispute of the "abolishment of TCM" seemed to arrive at a conclusion with the triumph of the TCM.

Nevertheless, a look back at history would reveal that the controversy of the "abolishment of TCM" was by no means the first time that misfortune befell TCM; neither was the triumph of the TCM in 1929 indicative of success in the future. As a matter of fact, the Northern Warlords Government had already begun

to suppress the TCM previous to 1929, and the suppression only aggravated in later administrations.

In 1912, with the feeble excuse that "it is very difficult to adopt both Chinese and Western medicine," the Northern Warlords Government only advocated the establishment of medical schools (Western medicine) in the newly formulated arrangements for schooling or regulations of schools and excluded the TCM in the medical educational system altogether. This case was the so-called omission of the TCM in the educational system. In this regard, as Yuan Guisheng (the founder of Yangzhou Research Council of Chinese and Western Medicine) so piercingly pointed out, the formulation of the arrangements for schooling by the Qing government and the Republic of China were both based on the blueprint drawn during the Meiji Restoration. As the abolishment policies on the Han medicine was implemented during Meiji Restoration,[5] China's exclusion of the TCM from the list was more than evident and could not be covered up by the word "omission."

In 1913, in response to a petition from the representatives of Peking Medical Association that the TCM should be included in the educational system, the then-Minister of Education Wang Daxie said openly that "I have decided to do away with the TCM from now on. It is very difficult to approve of your petition." Subsequently, Jiangxi authorities issued 32 articles to stop TCM; the Ministry of Education also announced "Regulations for Colleges," "Regulations for Medical Schools," and "Regulations for Pharmaceutical Schools," in which it could clearly be seen that the TCM was still excluded in the government's educational system.

On account of this, a petition group to "save Traditional Chinese Medicine from perishing" was formed, consisting of people from 19 provinces across the country in the TCM circle, requesting equality between Chinese and Western medicine and the legitimization of TCM education. However, the Northern Warlords Government just prevaricated, saying that the TCM abolishment policies would not be implemented, but it still refused to include the TCM into the education program. In decrees promulgated by the Ministry of Education, criticisms of the TCM abounded for not being "the latest discipline" and for not being "completely scientific." To grant full registration to the TCM was "an impossible task." The decrees of the State Council were roughly the same. The earliest protest of the TCM circle ended to no effect.

In 1922, the Ministry of Interior of the Northern Warlords Government promulgated tentative ordinance on the management of doctors, in which it was stipulated that those who could gain a license to practice medicine should pass the police-administered exam or have a diploma from a TCM medical school for at least 3 years. This meant more severe measures imposed against TCM practitioners.

Fortunately, the Northern Warlords Government did not persecute the TCM long before it was overthrown. The earliest calamity for the TCM was thus avoided dramatically with the downfall of the Northern Warlords Administration.

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[5] Emperor of Japan Mutsuhito (1867–1912) presided over Meijirshin beginning in 1868; in 1871, the newly appointed Ministry of Health implemented Westernization on a large scale. Han medicine was to be annulled within the subsequent fifteen years. See Li Jingwei (1998).

Even after the case of the "TCM abolishment" in the Republic of China, the situation of the TCM did not undergo fundamental improvement.

Before long, the Ministry of Education and the Ministry of Health announced that instruments used in Western medicine could not be used by TCM doctors; TCM schools would be reduced to a lower rank of merely a "Place for Teaching and Learning TCM" (*Chuanxisuo*) or a TCM society only. The name "school" was forbidden to be used. TCM hospitals would be changed into TCM clinics. The purpose of these measures was still to gradually abolish the TCM.

In January 1931, the Execution Committee of Kuomintang ordered that the National Association of Medical Fellows, a nucleus association safeguarding the rights of the TCM, be dissolved.

In June 1933, in the political meeting of the Kuomintang Central Committee, Shi Ying and other 28 Central Committee members drafted a "Statute of Traditional Chinese Medicine (Draft)," patterning on the "Statute of Western Medicine." However, it was met with many difficulties. It was only after Feng Yuxiang and 81 other deputies, in 1935, raised the proposal concerning the statute again, when the Fifth Congress of Kuomintang was held, that it was finally passed and the legal status of the TCM in the medical system was recognized. Before long, however, a "Traditional Chinese Medicine Inspection Statute" was issued by the Ministry of Health, in which it was prescribed that "the so-called medical schools in the Statute of Traditional Chinese Medicine refer to those registered by the Ministry of Education or local educational authorities." However, the Ministry of Education did not include any Traditional Chinese Medicine schools into its educational system. Therefore, the "Statue of Traditional Chinese Medicine" was in fact a mere scrap of paper.

Kuomintang's repression against the TCM was even more severe after the end of the Anti-Japanese War. No TCM hospitals, schools, or advertisements were allowed. Furthermore, the Committee of the Qualification of the TCM Doctors was formed, and only those who had a certificate verifying they passed the examination held by the government, or those who had the diploma of graduation from a certain kind of TCM medical school for at least 3 years, or those who had a practitioner's license decreed by the government could apply to the Central Committee's TCM Bureau for registration. Otherwise, TCM could not be practiced.

In 1946, the Ministry of Health revoked the decree on doctors issued in 1943, and TCM practitioners were to be called a "medical practitioner" instead of a doctor. Drugs used in Western medicine were not to be used in the TCM either.

In February 1946, the Ministry of Education ordered the Shanghai Education Bureau to shut down Shanghai Medical School and New China Medical School, both being among the earliest and most influential schools of its kind in China. After encountering resistance, the Ministry of Education demanded again that the two schools be disbanded, in addition to Shanghai China's Medical School. The three schools were finally dissolved under the excuse of an omission of registration.

"In Guangdong province, the number of medical schools established during the period of the Republic of China shrank to only one: the Guangdong School of Chinese Traditional Medicine" (Zhen Zhiya 1987).

With such repressions, the TCM, the quintessence of Chinese culture, found itself in a precarious position. Through the founding of the PRC, the vast majority of the 500,000 TCM doctors across China had been suspended from practice. In addition, there was no public TCM school. TCM research was stagnant, it was difficult to publish any book on TCM, the production of TCM drugs declined, and TCM drugstores went bankrupt.

6.3 "Medicine from the State Perspective"

The incident of the "abolishment of TCM" was elaborated in the medical field and the historical field and sometimes touched upon in the humanities field. The interpretations of the scholars had their respective strong points, but they lacked the state perspective, being merely a comparison of the advantages and disadvantages of the TCM with those of Western medicine, or explanations on the cultural level.[6] In fact, without analysis and research from the state perspective, the "abolishment of TCM" as state behavior could not be expected to be understood, nor could the reasons of why different governments from the end of the Qing Dynasty to the whole period of the Republic of China should adopt such similar measures without prior consultation be apprehended.

Although Western medicine as a science has its strengths (it is advanced in surgery and in the provision of public health services), the mere existence of these strengths was not reason enough to abolish the TCM altogether. Although the TCM could not be proved by the empirical studies in modern science,[7] it had, after all, weathered thousands of years of history, and the ideal accumulated by TCM doctors had undergone countless clinical tests. In consequence, the "abolishment of TCM" was not a logical conclusion drawn from the reasoning that TCM had weak elements. A broader vision and scope are needed to be able to explain the incident.[8]

The motivation of the "abolishment of TCM" came from the experience gained from Japan. China's defeat in the Sino-Japanese War of 1894–1895 came as nothing more than a cruel blow to the contemporary Chinese. Both China and Japan were

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[6] Related records and discussions can be found in the Chen Bangxian's (1957), Zhao Hongjun's (1989), Liu Yuchun's (1991), and other literature.

[7] Here I could not help making a response to the newly arisen tide of the criticism over TCM. When people constantly criticize TCM on the grounds that it is unable to be proved by modern science, did the thought ever occurred in the minds of those critics: has modern science falsified TCM? If modern science could neither prove nor falsify TCM, could we say that that the reason came from science itself, i.e., that there is limitation to modern science?

[8] It was Cao Jinqing 's idea that we need efforts in three aspects in order to understand something: first, to put partial experience in the context of the whole; second, to put social facts in the historical background; and third, to distinguish the theory as values from the theory as instruments and to restore the agency of practice. See "Standpoint, Viewpoint and Method of Researching the 'Sannong' Problem," Song Yaping (ed.), *China's Sannong Problem*, Wuhan: Hubei People's Publishing House, 2004 (2), 98–106.

located in East Asia, essentially “locked their doors” against the world, and faced similar pressures and dilemmas. How, then, could Japan, who had once paid tribute to the imperial court of China in an earlier period, circumvent the process that the Western powers had experienced for hundreds of years, and raised and thrived during such a short period of time? The contemporary Chinese had exerted themselves to find the solution to the mystery and tried to follow Japan’s lead. When throngs of Chinese people went to Japan to seek an answer, they found their respective secrets to Japan’s “success,” which provoked deeper thoughts and galvanized them into their actions. Medicine was just one of the important fields of the action performed by these people.

The turnaround of Japan originated in the Meiji Restoration. In 1868, the Mikado of Japan announced the reformed policies and the promulgation of a “Permit of Western Medicine,” which paved the way for the development of Western medicine. Three years later, the then-Minister of Health Nakayou Sensai issued policies of comprehensive Westernization, abolishing the Han medicine. Despite the fact that Han doctors at that time accounted for 79 % of all doctors, Han medicine was to be abolished, through stages, within 15 years. Protests of the Han doctors abounded to little avail: “a meeting held by the six Han doctors with virtue” (in September 1875), three petitions of the Wenzhi Society in Tokyo (on June 16, 1881, on October 19, 1881, and in February 1882), and a petition of the headquarters of Han doctors (in 1892). Consequently, less and less Han doctors were in practice and Han medicine was in decline. In his speech, Professor Shizu Sakai of Juntendo University summarized the motivation of Japan’s “abolishing Han medicine and advocating Western medicine,” as explained in the following: During the Meiji Restoration, most of the doctors were Han doctors and the patients were accustomed to Han medicine, surgery being an exception, as generally it was supposed that Western surgery was relatively more advanced. The reasons why the authorities decided to adopt the system of Western medicine were: (1) A book on anatomy was introduced and many people began to study the Western medical works by themselves, and Western knowledge began to be introduced to Japan. In addition, a Dutch doctor named Von Siebold came to Japan in 1823 and his medical practice and medical teaching made Western medical expertise spread widely; (2) cowpox was introduced to Japan in 1849 by Edward Jenner. This was far superior to the original variolation method (the method of immunizing patients against smallpox by infecting them with the substance from the pustules of patients with a mild form of the disease) introduced to Japan from China, which was both dangerous and difficult to put into practice. The failure in the naturally acquired vaccination mode had largely accounted for the death toll of newborn babies. Hence, the local governments pushed the development of the smallpox vaccine through the cowpox virus on a large scale and such implementation enabled Western medicine to rise in status; (3) cholera struck Japan and became widespread in 1858, when Japan opened its doors to the world. Such epidemics were something that Han doctors had never before encountered. Therefore, the Western doctors took over the responsibility of epidemic control. This reinforced the authorities’ awareness of the superiority of Western medicine; (4) during the Bakufu Civil War, guns and canons played a major role in

the employment of weapons. The British doctors' assistance in the war demonstrated the strengths of Western medicine in emergencies. This was also a reason why the state adopted the strategy of giving priority to the Western medical system.[9]

The experience of Japan's rise by means of medicine unavoidably caused serious concern from the Chinese people and the frequent outbreaks of epidemics shined a light on the benefits of abolishing TCM; indeed, the TCM lacked any resources when encountering epidemics, resulting in bitter and painful memories of the people. Between 100 and 200 deceased were coffined in the Dongyue Mountain Cemetery during the epidemics, and TCM doctors themselves could not escape this fate (Zhang Jianguang 1998). In the epidemic control efforts in Northeast China, some TCM doctors created a prescription of cat's urine, behind which was the absurd logic that "rats fear cats, so the urine of cats will work wonders in the prevention of the bubonic plague."[10] The calamity for the TCM was the inevitable outcome of such strong appeals of the time as "to save the Chinese nationality and to save the nation" or "to save the nation by medicine." Japan's example simply aggravated the already adverse circumstances. (There was also another aspect: the anti-tradition trend of the New Cultural Movement, which held that the Chinese tradition was a burden that would impede progress. Other evidence includes Lu Xun's argument of "2,000-year Chinese history being that of cannibals," the "theory of culture," and the proposal of "China's divorce with Asia and marriage with Europe.")

The "Abolishment of TCM" was also a requirement imposed by state building. The profession of the ancient Chinese physicians was divided into those "official physicians" and those "grassroots physicians" and the division line was fairly clear. The former belonged to the court, each having their respective administrative rank and receiving their salaries accordingly. Their main task was to diagnose diseases and prescribe medicine for the emperor, the ministers, and other officials. Nonetheless, they compiled medical books and engaged in medical education. The grassroots physicians could also be called "folk physicians" who either had a clinic in a crowded city, or wandered around the country with "a bell in hand,"[11] or lived in seclusion in the rural areas. However, nearly all of them would fall into the category of the "tiring profession of curing diseases" (*Pimen* in Pinyin).[12] Distributed in all corners of the country according to their medical skills, prestige, or wealth,

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[9] "The Conversion of Japanese Medicine to Western Medicine in Meiji Restoration," a speech delivered by Prof. Sakai on Life Medical History. Sorted by Chen Yuanpeng, a Ph.D. candidate of the History Research Institute of Taiwan University.

[10] Menghuan, "Gossip", *L'Impartial*, January 22, 1911.

[11] The wandering practitioners generally brought with them a bell. They entered the villages with a bell ringing from his hand or from the head of his horse. When there was a patient, the family members would come to invite him to see the patient. Zhao Xuemin wrote a book called *Bell Experience,* which was the accumulation of experience of this kind of doctors. Other facilities of these doctors include gourds, Hucheng, each with its own stories behind it.

[12] The Chinese character *Pi* means "diseases." As any physician needs long-term practice before he could be skillful (as the ancient Chinese saying goes, never take the medicine unless it is prescribed by the third-generation physician of a physician family). on the other hand, *Pi* also means "tiring." See Mou Mingzhen et al. (1997).

these physicians cured diseases for all kinds of people. The reputed grassroots physicians would sometimes be recruited by the court to be official physicians. Generally speaking, however, the diseases of the common people had little connection with the traditional state or the court. Once they had a serious or incurable disease, the common folk people would only blame their ill fate and submit to the will of Heaven. Only on rare occasions would the court commission the official doctors to cure epidemic victims. The basic status of the multitude in the state building in the modern nation-state, however, dictates the responsibility of the state for the health of its people. Any state that could not guard the health of its people could not justify its existence. In this case, the overall management of medicine became a prerequisite. Just as an ancient state was limited in the expansion of its power as it could not bear the cost of transacting with incalculable smallholders, TCM physicians, with their characteristic being their heavy reliance on one's personal experience and their comparison to a witch (as the Chinese saying puts it, "a physician of Traditional Chinese Medicine is similar to a witch"), found themselves incompatible with the standardization and regulation of a modern nation and could barely be incorporated in the effective management of a modern state. On the other hand, based on experiments and standardized practice, Western medicine was not without its special skills (e.g., skills in surgery). In the dimension of its care for community health, of its achievements in the promotion of hygiene standards, and of the effectiveness in practice, Western medicine served as the antithesis to the weakness of the TCM. There is no question why it won the nation's favor and became a satisfactory substitute after TCM was abolished.

The contrast between TCM and Western medicine could be seen in the following descriptions:

> A very old town in northern Jiangsu Province, an alley paved with cyan bricks, wide, straight – and that was where the clinic was. It was also a residence for many people, many of them indeed, coughing frequently; medicine cabinets could be as high as the beam, the drug desk could be as high as a dozen feet. The doctor's desk was that of rosewood; the ampoules were decorated in a cyan flower pattern; the drug roll was of black iron, the mortar was of purple copper – they all belonged to the family, with my father's fingerprints over half a century; those patients came to see the doctor, and the atmosphere was quiet, or even warm. Having diagnosed, prescribed, and medicated, a kettle of liquor would be warmed. And so the two would drink, slowly, with one or two pickled vegetables; and then, with the moon shining on medical books, red brush pen, and the gourd in the yard, – my grandfather was asleep.[13]
>
> The hospital is a very special place, indeed. It is not only a humane agency through which the patients could recover, but also an agency of isolation through which the patients could be restored to an owner of their originally helpless bodies. The revolving door of the hospital is the passage of two worlds. To some it is only a transfer station; to others it is the final place one goes to. The ward keeps back some patients and they are treated, cared for, and supervised by their respective doctors and nurses; the patients who share a room form an accidental community, which is built up according to the regulations of the hospital. A ward is a narrow, orderly, but inflexible, and quiet place; the beds of the patients are not only the beds to sleep on, but also the observation table and the operating table. The patient on the sick bed is regarded as merely a body, a number, with a case history but nothing else; the atmosphere is oppressive, monotonous, and repetitive; the doctors

[13] It is in Fei Zhenzhong's (1998).

> (they can be kind, grim, or indifferent) see everything, but keep nothing in mind. Seldom will they be shocked by the pain of the patients – they always care for the patients calmly, arrogantly, and confidently, prescribing test reports or diagnosis reports – the patients are ordered to swallow the pills, to climb onto the bed, and become "adult children" who are manipulated and who need assistance.[14]

The description of "a space permeated with the home-like atmosphere" (Yang Nianqun 2006) stands in stark contrast to a cold, rational, and orderly space. It is unimaginable that there had been a struggle for space. It is equally unimaginable that the state would help Western medicine to annul the warm and poetic space provided by the TCM. In addition to the repression against the nonstandard TCM, the state went further to reform the patients; they attempted to "recreate the patients."

Fan Shouyuan, a doctor of Western medicine, said, "Nowhere else would we find so many sick men as we have found in China. Few of them are qualified to be a patient." Hu Shi, who maintained his theory of "New Life," also said, "To be frank, the majority of the Chinese are still not worthy to be patients. And it is really risky for these people who are unworthy to be a patient to catch diseases!"[15]

From the viewpoint of a doctor of Western medicine, a "good patient" should be believing, obedient, and uncomplaining. Conversely, the Chinese sayings are as follows: "The sick man in his distress would arbitrarily choose which physician to resort to," and "a person who suffers long from an illness will be a good doctor." The Chinese were generally not so obedient to the doctors' examination or arrangements. More often than not, the TCM physicians had to accommodate themselves to the sick men. When a sickness or an injury is treated, scarcely will a Chinese patient just see one physician; the patient generally expects the elixir to work instantly and will see another doctor when the medication does not seem to work very well. These habits reveal the impatience of Chinese patients who had no absolute belief in their doctor. In Yu Yan's opinion, that the sick men were impatient was by no means an isolated phenomenon; rather, it was closely related with the nonstandardized society as a whole (Lei Xianglin 2005). As he pointed out, "Alas, when I look at my people, I find that few of the people from all walks of life can discipline themselves and follow the right path with integrity. Most of them tend to be transgressive, idle, indulgent, and undisciplined. When they seek medical help, they still remain disorderly. They will just bring about their own destruction in this way, which really worries me" (Ibid.).

Modern medicine calls for "patients with patience," while a modern nation calls for "disciplined subjects." That is why these two sides would conspire: Modern medicine could borrow the political power to be "culturally authoritative," whereas modern medicine could also become the tool for the modern state to discipline the people.

The state continually strived for the abolishment of the TCM, which caused a great disturbance. However, the tradition of thousands of years had been an integral part of the popular life. In addition, the TCM gained a broad existence by its

[14] It is in Wu Liang's (2004).

[15] See Hu Shi's preface to the Chinese version of Henry Ernest Sigerist's (1936).

characteristics of being “cheap and simple” (in contrast with the costly Western medicine and considering the weak economy of the nation). The dilemma of the failure in abolishing TCM[16] seems to suggest that the state building of China was far more complex than what had been conceived. To judge whether such “revolutionary thinking” would work in practice would have to wait until it proved adaptable to China’s circumstances.

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[16] Ironically, when he suffered from nephritis and the Western doctors were at the end of their tether, thinking that it was incurable, Hu Shi, a person who advocated science, followed the advice of a friend and resorted to a TCM physician Lu Zhongan. Hu was cured. Yu Yan said sarcastically that Hu Shi was a “person without a scientific mind.”

Chapter 7
Rural Medical Care Delivery: The Experiment and Follow-Up in Ding County

7.1 Rural Construction Movement

The 1920s and 1930s witnessed an upsurge in the Rural Construction Movement in China. According to statistics, the academic organizations and educational agencies that were involved in the movement amounted to 600 and as many as over 1,000 experimental zones were built (Yan Yangchu 1992).

The academic world did not strongly allude as to the causes of the Rural Construction Movement. Zheng Dahua's *Rural Construction Movement in the Republic of China,* the first systematic and comprehensive work on the Rural Construction Movement, only summarized the declining rural areas and attributed the movement to the invasion of the imperialist countries, the exploitation of the feudal rulers, and the calamities of nature and those imposed by other people.[1] He did not touch upon any "social" background of the time. Therefore, further research is needed.

Of course, such a great movement that involved nearly all corners of the country had its reasons. It was the consequence of the development of history; it reflected the political and social situation of the time, and the hopes and ideals of "creating peace for the world" were placed on it.

The abolishment of the imperial examination in 1905 severed the link between the government and the intellectuals. As a result, students swarmed abroad. Studying abroad was consequential to the entire generation of that time; to the government, however, it was a sort of traumatic experience. Country squires with foreign education found themselves unable to live in harmony with the old structure. More and more of them became critical of, or even an opponent of, the existing institutions. With the collapse of the Qing government in 1911, the population seemed to assimilate to the idea of "evolutionism." Nevertheless, the disappointment of democratic politics at the beginning of the Republic of China had, in effect, swept away all the Victorian

[1] The analysis within the class framework had been criticized by Liu Wanghua's (2008).

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optimism and dreams harbored by the knowledge elites. The corruption and hypocrisy of the authorities "made people believe that politics equaled 'the root of all evil,' or 'tools used by those ambitious people,' and they could only retain their moral loftiness or uprightness by not talking about politics" (Xu Jilin 2000, 305). It was at this time that these elites began to shift their vision to the lower levels. A prevailing theory of the time, John Dewey's experimentalism (thanks to the recommendation of Hu Shi), provided the theory and methodology for their transition of perspective. "There was a big turn in the mainstream problem awareness: from the concern for state politics only to the concern for the 'root of the problem' – society" (Ibid., 254). Just as Chen Duxiu had claimed, "The thoughts in the modern times were about the state, but the latest thoughts are about the society, not the state" (Ibid., 257). In China's context, the "society" now had a concrete reference, and people were enthusiastic in taking action to reform society.

In the traditional political framework, the government was warned against too much rule (it was believed that such governments were usually short-lived), so the taxation of the state stayed within a rational level. The policies of "suppressing the despots" were implemented in conjunction with the policies of the protection of the smallholders against the harassment of those oppressors. The spontaneous protective tendencies of the country squires also helped construct the defense of security of the rural areas. However, the turbulences at the beginning of the Republic of China brought dramatic changes: overburdened rural areas caused by the pressure from paying for the compensation demanded by some foreign countries and from the requirements imposed by state building at the end of the Qing Dynasty; and the tangled warfare between warlords adversely affecting the production and livelihood of the people and bringing about ruthless exploitation. In the rising tide of New Learning, the country squires, with virtue and achievements, would no longer reside in the countryside; some of them would rather engage in the exploitative "profit-making broker." All these, in addition to the urban-oriented policies and ever-expansive market forces, led to an increasingly declining countryside. When the knowledge elites became aware of the situation in the rural areas, those moral and just people found themselves compelled to seek a way out for the reinvigoration of the rural areas. This became an urgent reality.

After his defeat in the "Second Revolution of 1913," Sun Yat-sen reformed Kuomintang with the help of the Soviet Union. The guideline on "alliance with Russia, cooperation with the Communist Party of China, and assistance to the peasants and workers" was defined; all kinds of peasant movement workshops were founded, the peasants' revolutions were thriving, and peasants became very much "a force to be reckoned with" in the nationalist revolution. The revolutionary enthusiasm and the strength that peasants displayed drew many people's attention to them and the rural areas, and many came to the realization that the crux of the problem in China laid in the Chinese peasants and the Chinese rural areas. As Lu Shaoji pointed out in his book *China's Modern Education*, "Under the influence of the 'nationalist revolution,' the educators in China began to have a new consciousness after sixteen years that the only way of the Chinese nationality was to reform the rural areas. As the rural areas occupy the vast areas of China, they must flourish before the whole society can flourish. If the villages are lifeless, China will not be prosperous.

The rejuvenation of China can only derive from the rejuvenation of the rural areas."[2] The noted leader of the Rural Construction School, Liang Shuming, later admitted that the success of the peasants' revolution led by the Communist Party of China swept away his doubt in the belief that the peasants and the rural areas were the solution to China's problems (Liang Shuming 1990). He firmly alleged that only by rural construction could China's problems be resolved. Yan Yangchu, who had engaged in Civilian Education, began to realize that "the aging, degradation, and disorganization of the nationality is the real life-or-death issue at present. The root of the problem lies in the people. People in China have been suffering from very complex diseases for thousands of years. They are dying. Is there any medication to raise the dead?" He also realized that the mission of the "reconstruction of the nationality" should be accomplished by means of rural construction.

> Our nation is built on the basis of agriculture. As 85 % of the people in our country are peasants, the rural problem of China can be said to be THE problem of the whole country… If our nation is to be reinvigorated, we should begin with the reinvigoration of the rural areas.
>
> As to the rural problem, there are a lot to be included… the most important of it is the health level. The poor hygiene conditions are the main reason for the peasants being poor and weak.[3]
>
> Nearly 80 % (sometimes 100 %) of their funds are spent on the urban areas; the work area is within the range of one and a half kilometers of a city; and there is no one to care for the vast areas of the rural areas! Medical care today is blowing in the wind, biased against the rural areas, deformed, or sick (Zhu Yunda 1940, 14).
>
> Now much attention was paid to this problem; and different methodology is adopted. However, the attention is centered in the metropolitans, and there has not been any hygiene facility owing to economic and other reasons (Xue Hongyou 1936).

That was why there were various experiments of rural construction intending to cover rural medical treatment and health care. The Rural Health Care Construction of Zouping (in Shandong Province), the Public Health Construction in Xugongqiao and Jiangning (both in Jiangsu Province), Peasants' Hospital Construction in Wujiang (in Anhui Province), and others were examples, among which the Ding County Experiment, presided over by Yan Yangchu, was the most influential. With the efforts of Professor Chen Zhiqian, a three-tier county-district-village medical care model ("Ding County Model") became the paradigm of the time. It provoked thoughts on the main road of the rural health care construction in China's rural areas and later won the recognition and attention of some international health experts.

7.2 Rural Medical Care Delivery: The Ding County Model

In 1926, China Council for the Promotion of Civilian Education (CCPCE) chose Ding County as an experimental area. Offices were then set up in Zhaicheng village, Ding County, and a general survey for the county was conducted. Three years later, the headquarters of the CCPCE were moved to Ding County and the experimentation

[2] Cited in Zheng Dahua (2000, 74–75).

[3] See Liu Ruiheng's preface to Li Ting'an's book (1935).

on rural construction began. Ding County was chosen by Hebei Provincial Government to be an experimental zone. The experimentation did not cease until the invasion of the Japanese army upon North China.

Chen Zhiqian, a Harvard graduate and the then-Dean of the Education Department of Central University, was introduced to Yan Yangchu by Lan Ansheng. After a week spent in Ding County at Yan's invitation, Chen resolutely resigned from his university position and moved to Ding with his family. He took charge of Yao Xunyuan's work, took upon himself the role of Director of Health Education of CCPCE, and began his process of creating the "Ding County Model."

Ding County was an ordinary county in the North China Plain and typical of the situation of the rural areas in North China[4]: densely populated, with over 500 people per square mile and an average of 6 people per household. Seventy percent of the people were homesteaders, with an annual income equal to 200 yuan (in silver coin, similarly hereinafter). Dry land dominated owing to the lack of water. On wetland irrigated by wells, wheat could be planted in spring and millet could be planted in autumn, so there could be two harvests each year. On dry land, only sweet potatoes, peanuts, and cotton could be grown, and there was only one harvest each year. With clumsy agricultural implements, each person could only cultivate about 10 mu. There were few side occupations for winter.

> As the economic situation of the peasants was difficult, all health facilities should not exceed the affordability of the peasants. As a result, the experimentation of the Ding County started with a survey on the yearly medical expenses (Chen Zhiqian 1934a).

According to the survey mentioned above, there existed a severe shortage of medicine, as described in the following: (1) As far as its quality was concerned, 66.9 % of the 40 million people in Ding County would resort to the TCM when they contracted some diseases; by contrast, only 4.3 % of them would resort to Western medicine. The rest (28.8 %) did not adopt any medical measures because of a lack of economic or medical resources; (2) 220 of the 472 villages in the county claimed neither any doctors nor any medical facilities. The rest (252 villages) only boasted of a single self-claimed TCM physician who had not received any formal relevant education. The medical facilities were also minimal; and (3) the annual medical expenses were 1.52 yuan on average per household, or 0.3 yuan per person and 120,000 yuan in sum. Thirty percent of those who died from diseases had not previously received any medical treatment.

In addition, Chen Zhiqian organized a special investigation into hygiene, trying to discover the causes of the diseases or deaths in Ding County. It turned out that the birth rate and the mortality rate were 40.1 and 32.1 % respectively; the mortality rate of babies was 199 %. Diarrhea and dysentery were the two major causes of death for those under age 6. The survey also revealed that 37 % of the diseases were preventable and the conditions could improve a great deal for 32 % of sick persons if they were treated at an earlier period.

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[4] Relevant information of the North China Plain could refer to Philip C. Huang's *Small Peasant Economy and Social Transition of North China*, Prasenjit Duara's *Culture, Power and the State*, Ma Ruomeng's *Economy of China's Peasants*.

The present situation of Ding County made Chen aware that "the most urgent need concerning today's rural health work is to establish a medical treatment system" so that "basic medical or health care" could be provided under the present provisions. After careful research and exploration, a three-tier medical care and health care system of the "county, district, and village" was set up in Ding as follows:

1. The village level. A graduate from the village CCPCE School would be chosen to be the village health worker after 2 weeks of training. His/her major duties included: (1) cowpox vaccination, (2) improvement of the construction of wells, and (3) prescription of the 12 kinds of common drugs contained in a health kit. Additionally, the health worker was also responsible for health programs and the data collection of vital statistics in the village. The expenses of the 3-yuan worth of health kit was financed by the village committee, while the annuity of the health worker and cost of the drugs in the kit, 15 yuan in total, would be defrayed by CCPCE during the experimentation period and later also by the village committee.
2. The district level. The district of Ding was relatively large; it was as big as a county in the Southern China area. A district health care center was established with one doctor, one nurse, and one paramedic in every district. Their major duties included: (1) to spread knowledge of hygiene, (2) to cure diseases that were relatively serious, (3) to vaccinate by injection, and (4) to supervise the work of the village health workers.
3. The county level. A county health care center was set up as the highest-level health agency, with a male doctor, a female doctor, 2 assistant doctors, 8 nurses, 1 pharmacist, 1 tester, 6 secretaries or paramedics, and 50 sickbeds for those hospitalized patients. Their major duties were to take charge of the management of the health care service of the entire county, to provide health education, to make plans for the health care service of the county, to train health workers for the whole county, to treat patients with severe illnesses, and to research and control epidemics.

Since a health worker could vaccinate about 100 villagers and give medical care to about 1,000 cases every year, the cost of every vaccine or treatment was only 1 cent (in silver coin, similarly hereinafter) and the total cost was no more than 15 yuan. In addition, the health worker could also help repair wells and collect data on births and deaths. A district health care center, on the other hand, could give medical treatment to about 5,000 cases and could treat another 5,000 cases of trachoma and tinea capitis for primary students, in addition to the inoculation of cholera for about 1,000 people. Besides, the speeches given on health could attract an audience of over 10,000 people, but the annual cost of only 5 cents per person equaled to no more than 1,400 yuan. Furthermore, in addition to the provision of training materials for doctors and nurses, the county health care center could also receive 600 hospitalized patients, perform over 1,000 operations, perform 8,000 blood or phlegm tests (or other tests), and provide the health care centers with facilities or educational kits. The total yearly cost of the county health care center was about 14,000 yuan (Chen Zhiqian 1934b).

The implementation of this system effectively alleviated the shortage of medical services in Ding. It was widely acclaimed for being "an original and feasible model for providing the poverty-stricken rural areas of North China with modern medical and health care." James P. Grant, the then-Executive Chairman of the UN Children's Fund, said, "Dr. Chen is a pioneer in providing a solution to the urgent problem of the failure of the application of modern medical knowledge to a low-income society… Whatever principles they have laid down (in Ding County) have proved to be quite feasible in the past half a century" (Chen Zhiqian 1998, 23). It was even suggested that the model of Ding should be named "Chen Model" in commendation of Chen's great contribution (Chen Shaobin 2004).

7.3 "China's Approach"

While Yu Yan was vehemently presenting his views on the rise of modern medicine, the mainstream status of modern medicine, or the necessity of abolishing the TCM and reforming patients, the public health expert Chen Zhiqian, a graduate from Beijing Concord Medical University and who pursued studies at Harvard University, saw modern medicine from another perspective: "the most handsome doctors with the most handsome medical instruments and speeches served only the wealthy bigwigs and their families, merely a fraction of the population. This roughly amounts to what most of the noted doctors in today's society are doing. Such ornamental and deceitful behavior is undoubtedly the outcome of the commercialization of science and benefits neither Chinese people's health nor the state's setting up medical schools and sending students to study abroad" (Chen Zhiqian 1934c). He also said, "Those returned self-seeking medical practitioners would generally do their utmost to push the practice of private medical service for the aristocracy. The outcome is that it is recognized that 'one cannot enjoy Western medicine unless you are of the privileged class.' Or 'hygiene is something imported or an evil practice by the Western medical doctors'" (Chen Zhiqian 1934d). A firm believer of "people being the basis of a nation," he thought the strength of a nation came from ordinary people. Consequently, health care should be enjoyed not by a few privileged citizens, but by the whole population.

In allusion to the intensely growing wave of "abolishing the TCM," Chen maintained "critical vigilance."[5] Chen believed, "Their (people who maintained that the TCM should be abolished) thoughts are unrealistic. They do not take into consideration the peasants' attitude and the environment that the peasants are in when they preach far and wide. Peasants are the majority of Chinese people. Generally speaking, those peasants have no chance to have contact with medicine (other than TCM). Even if they have chance to have a contact (with other kinds of medicine), they would not have a try owing to the strong influence of tradition." He said, "Even

[5]As a US Christian Political Scientist had said, we should sharpen our vigilance against any large-scale enthusiasm of the mass.

when it came to the late 1980s, it was stupid to stop people from taking advantage of traditional medicine, especially in those areas where well-educated modern doctors were lacking" (Chen Zhiqian 1998, 198–199).

It was Chen's idea that Chinese people had been liable for their shortcomings for the past half a century, because they were "copying foreigners blindly." Ever since China's defeat in the Sino-Japanese War of 1894–1895, it turned out that China was a timid and weak "paper tiger," and the blind contempt for the foreigners suddenly turned into blind veneration, in the court and the commonalty alike. Students were sent by the government to study abroad. Methods adopted by the foreign governments, no matter whether it would be adaptable to China's circumstances or not, were "copied blindly." Public health was a case in point. In Chen's mind, it would not do just to shout slogans and create a babel of voices when the cause of China's public health care crisis had yet to be solved. The intellectuals should exert themselves to conduct some experiments and to create something new in those experiments so that "a solution to the social problems in China could be found by the Chinese people themselves and in China's environment." Chen believed that China should possess the determination and the belief that "even if we could not succeed, others would follow us and succeed; even if we could not succeed today, we might succeed tomorrow." That was why Chen gave up the affluent life he had in Nanking and came to the destitute Ding County with his family – to carry out his work of rural health education and rural health care construction.

After careful investigation and repeated reflection, Chen Zhiqian decided that the first step was to do away with "experto crede" too deeply. It was believed that "the rural health care work in today's China could by no means rely too much on experts." China's social organization was very simple, in the rural areas especially: Everything followed common sense. It would be too costly if there were too much division of labor or too much cooperation among the health workers (Chen Zhiqian 1998, 198–199). In Ding County, only 50 yuan could be spared for medicine for every village, as each household could afford 50 cents at most and there were 100 households in each village. It was impossible to employ a nurse in such a case, much less a doctor. Moreover, it was difficult to say whether graduates from medical schools would possess the necessary training and expertise for the treatment of widespread diseases in rural areas. Such staff was costly, but they might turn out to be inadaptable to the village patients, which would only make matters worse. Therefore, doctors or nurses were avoided as much as possible since the health care work there was relatively simple. Instead, the idolatry for medical expertise was shunned and nonprofessionals were used as much as possible. Chen Guofu, a self-claimed "long-stay patient," also had something to say on this topic: "When we train grassroots medical staff, we do not expect them to possess ample medical knowledge. Instead, they can be taught some simplified medical knowledge and be trained to treat endemic diseases. The reason behind it is that those who serve the rural areas are generally not well paid and those able staff could hardly be hoped to stay there long. However, the pay will measure up to the expectations of those grassroots medical staff with limited skills. They will reconcile themselves more to the economic conditions of the rural areas" (Zhu Yunda 1940, 19).

Additionally, the idolatry for science was abolished. Health care work planning was usually based on health care data. While the standard practice was to collect scientific data of births or deaths, this was confronted with various problems when faced with the reality of the rural areas. First, rural areas lacked reliable governmental organizations and the related data acquired by the government was not accurate enough for one to become acquainted with the real situation. Second, independently gathered data would prove to be too costly and beyond the affordability of the village. Third, vital statistics were generally only concerned with the causes of births or deaths. They cared little about reasons for diseases, which was exactly what the rural health construction stressed. Fourth, they might encounter barriers when conducting data collection of deaths because the custom in the rural areas was that "the deceased deserve respect (therefore, no questions should be asked about the deceased)." In sum, scientific methodology would not always be appropriate.

Moreover, the motivity of organization was highlighted. In Chen Zhiqian's point of view, the process of social transition needs a certain kind of motivity, just as a machine needs an engine to be able to run. Motivity of organization is the basis of all social causes. In the disunited state of rural areas, it was extremely difficult for the social causes to be carried out. The present government constantly extorted from the peasants and lacked motivity. New organizations should be created and developed as a basis of the health care work or other causes while China waited for the restoration of the motivity of the government.

Although the Ministry of Interior set up the Civil Administration Bureau to take charge of the national health work in the Republic of China, it existed in name only. Although the government promulgated the "Guideline for the County Health Care Work" and health care work was listed as one of the "seven basic policies of the state," it remained only a scrap of paper and yielded few results. The paradox here might be said to be accounted for by "copying blindly," as Chen Zhiqian had criticized. China had always been an agricultural country, and the small peasant economy had always been its essential character. This kind of economy, as the basis for state rule, prevented both the over-interference and the effective accumulation of the state. In consequence, a Chinese government that over-governs may incur cries of discontent from its people and lead to a short-lived government. On the other hand, it is difficult for a smallholder to withstand risks without sufficient accumulation. Drastic social transformation and foreign capital created a growing social instability. If modern medical care construction within such context had been carried out, it would have proved to be another calamity for the rural areas since modern medicine relied heavily on the improvement of costly medical facilities and drugs. The costliness would prove to be more than the small peasant economy could bear with the commercialized and scientific model of operation of Western medicine.

Chen's "Ding County Model," however, successfully linked modern medicine with the small peasant economy and considerably alleviated the conflict in the shortage of rural health care. That is why China views Chen's model as quite significant.

Of course, the "Ding County Model" was far from perfect.

Huang Shaohong and Gan Naiguang, the minister and vice-minister of the Ministry of Interior, made an on-site investigation into Ding County and Zouping.

Huang believed that reform in Ding was educationally successful in many aspects. However, it would be difficult or even impossible to achieve political success without the involvement of the administration in a modern society. Political reform via education was not easy, even with the participation of the state power. It would become even more difficult without the participation of state power. Gan pointed out when he spoke with Yan Yangchu that the social reform of the Ding County experiment was like a table with four legs. At present, there were only three "legs": education, livelihood, and health care work. The fourth leg (politics) was needed in order for the table to be stable.[6] Huang and Gan's comments were directed at the general experimentation in Ding County, but it was cogent when it came to the health care work. Just as Nakayou Sensai pointed out, "health care" was a new administrative organization that reflected a new state-people relationship as well as the complicated employment of the state power techniques. If China simply began with a specific area and without assistance from the state, the yield of the health care construction would still be very limited. Liao Taichu was doubtful, too, as to the key to the whole operation: the health care worker. He thought if the health care worker could not be developed into a profession, the work would forever remain like temporary relief work. Liao Taichu said, "A cause without pay would not be long-standing. Both the health care workers and the midwives had received training, but their work did not turn into a profession. The cause of the CCPCE was not relief work. Neither could the health care workers and midwives only engaged in relief work" (Liao Taichu 1935).

More importantly, although Chen Zhiqian had identified some problems of modern medicine, he did not break free from the sense of superiority that modern medicine had given him. He neglected the TCM, intentionally or unintentionally, and failed to spot the close relation between the TCM and China's problems (China's rural problems in particular). Consequently, his contribution in Ding County remained on the level of "China's Approach" and could not be expected to keep abreast with "China's model" or "China's road" founded after the founding of the PRC.

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Part III
The People's Medical Care: A Brand New State and the Guideline for Health Care

What was established after the founding of the PRC in 1949 was a people-oriented state form. The concept of "the people" was shaped by ideology and state power. The essential requirements imposed by the brand new state could be seen in the definition of, and authoritative explanation for, the health care guidelines, which also served as the starting point of state building. The inherent tension between the modernization orientation and the native society foredoomed that the explorations for the "China's Road" would not altogether progress without difficulty.

Chapter 8
State of "the People"

In his "Opening Address at the First Plenary Session of the Chinese People's Political Consultative Conference" delivered on September 21, 1949, Mao Zedong declared, "The Chinese people, comprising one quarter of humanity, have now stood up" (Mao Zedong 1993). He said, "China's history had entered a totally new era; the era of the people's democracy" (Liu Shaoqi 1981). On September 30, the "Declaration of the First Plenary Session of the Chinese People's Political Consultative Conference" was passed, extolling Mao Zedong as "the leader of our people." The "Common Program" pointed out that "the People's Republic of China implements the new democracy or the people's democracy. The people's democratic dictatorship was led by the working class and based on the alliance of workers and peasants, uniting the democratic classes and the nationalities in China." It also pointed out that "all power in the People's Republic of China belongs to the people. The organs through which the people exercise state power are the people's congresses and the people's governments at different levels." At the grand ceremony celebrating the founding of the PRC on October 1, 1949, Mao Zedong also vehemently declared, "Long live the people," to deafening exclamations.

"The people," both an old and new concept, became a symbolic Chinese term with Chinese characteristics. It demonstrated a brand new state-people relationship and connoted the core of a modern nation-state.

In his article "To Handle the Internal Conflicts of the People Correctly," Mao Zedong pointed out that "the concept of 'the people' possesses different contents in different countries and in different periods" (Mao Zedong 1999).

In ancient literature, the term "people" was basically equivalent to the multitude, the common people, or the civilians (*limin, baixing,* or *pingmin*). It referred to those people who accounted for the substantial majority of the population and who had a humble social status. Opposite to officials or the emperor, the people were the subjects under rule and the providers of material resources. It says in *Shi Jing* (*The Book of Songs*) "people should be administrated, and legislation should be brought forward with care to guard against turbulence." In *Zhou Li*, one may discover that one of the officials (*Da Situ*) would obtain the maps of all states and

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record the number of the population. In *Mo-tse*, one will read that "the king is in power to rule the people and govern the state." Li Si once said that "the emphasis was put on the beauties, music, or jewels, and the multitude was neglected." Huang Zongxi mentioned that "the emperor sent the civilians as a gift to me, and then let me govern them just as if they were the private property of the emperor." In *Shuowen Jiezi* (*Origin of Chinese Characters*), "people" are explained as "inferiorly born ones large in number." Dong Zhongshu thought that "the name of 'people' (*min*) derived from their being uncultured, barbaric, or uncivilized," (Dong Zhongshu 1989) clearly denoting that "people" were generally ignorant and lacking in subjectivity.

On the other hand, the people-based doctrine (*Minben*, or the belief in the basic status of the people) started in the pre-Qin period commended the "people" with reserve. In *Shang Shu* (*A Book on the Ancient Times*), one would discover the first basic status of the people: "The people should be cherished as they are the basis of a country. If the basis is firm, the country is stable." In the Spring and Autumn Period and Warring States Period, the people-based doctrine was prevalent. Mencius said that "there are three things to be cherished in a vassal state: land, people, and politics."[1] His following words are well known in China: "People are of first importance, the state is of secondary importance, and the ruler is the least important among the three."[2] In the Ming Dynasty, as well as at the beginning of the Qing Dynasty, Li Zhi, Wang Fuzhi, Gu Yanwu, and Gong Zizhen escalated the "people" to an even higher status in their constant criticism of the Monarchy.

However, the extolment of the people in the people-based doctrine did not mean that they "level any criticism at the Monarchy. In this respect, it could not be compared with the thoughts of civil rights or the thoughts of the republic of the capitalist countries in modern times" (Mizoguchi Kozo 1985). "Essentially, the people-based doctrine, held by those people with wisdom and vision, is the theory not of the people being the standard, but of the monarch being the standard" (Feng Tianyu 1997).

Invaded by Western countries with their advanced weapons in modern times, the tribute system gradually dissolved, along with the idea of "China being the center." The country who had been content to exercise sovereignty over a part of East Asia was forced to join the modern world system, marginalized and in the new-round "redefinition of boundaries."[3] The striking contrast between the glorious past and the miserable present stimulated the consciousness of the state. The demand for the construction of a "nation-state" was at an all time high. The state-people relationship model in the traditional country was reexamined and reconsidered. The rupture of the state, the society, and the people awakened the Chinese people to a new space consciousness within the framework for the "new people": They used to possess the space consciousness of "knowing merely there being a court, without awareness of

[1] In *Mencius.*

[2] Ibid.

[3] Roger V. Des Forges divided the history of the relationship between China and the world into three stages: "China in China," "China in Asia," "China in the World." See Yang Nianqun (2001).

there being a state," let alone a "there being world other than the 'state.'"[4] The shaping of "nationals" also pointed to a change of direction for the reconstruction of the people's status. On the other hand, the need to resist the foreign aggression, the introduction of Western political ideas, and the modeling effect of the pioneer countries also shaped the core of the state reform: Dictatorship of "a family in possession of an empire" was no longer accepted; the common people, or the rabble in the traditional sense, were now endowed with a new meaning; and "the people's sovereignty" became prevalent. "The state," "nationals," and "the people" became language most frequently used in the political field of the time.[5]

Joseph Richmond Levenson once wrote, "This change of language in a society may be described objectively as new choices made under conditions of total invasion, not of purely intellectual insinuation. It may be described subjectively as new choices made under conditions of increasing intellectual strain, the strain of efforts by the main force to naturalize the alien truth and rationalize the native inheritance, the strain of steady divergence between general and special intellectual quests" (Levenson 2000). In further categorization, we could find that although "nationals" and "the people" were both core terms in the "vision for the nation-state," there were still some tension and conflicts between "the alien truth" and "the native inheritance," "general intellectual quests," and "special intellectual quests," as Levenson had stressed. Through the imbalance of usage of "nationals" and "the people," we could sense the internal logic.

Sun Yat-sen had always been intent on constructing a nation-state and did not forget to "awaken the multitude," even on his deathbed (Sun Yat-sen 1981). Realizing the disunited state of the people of the time, he conveyed enthusiasm for the shaping of "nationals." In his view, "All the four hundred million Chinese people, of course, do not have foresight, nor did the majority of them possess hindsight. Most of them had no vision of any sort. Today's civil politics was dependent on the people being the host of the country. Then each of these four hundred million Chinese really has some power. Now, what would everybody here think of these four hundred million Chinese as far as political powers are concerned? I would say that these four hundred million are all like 'Adou' (an ignorant and incapable man; good-for-nothing fellow). Now we have four hundred million Adous, with every one of them having power at hand" (Sun Yat-sen 1986, 329). Sun Yat-sen continued the Chinese "riffraff" tradition in his categorization of "people with foresight," "people with hindsight," and "people with no vision." The status quo that "the people

[4] When he recollected his childhood in 1937, Chen Duxiu said that not until the Eight-Power Allied Forces invaded China "did I realize that people in the world are divided into countries. They have their respective boundaries and compete with each other. China is also one of those countries and I am one of the Chinese. The rise and fall of the country affect all the people in this country, and how can I alone escape the fate? …(Not until then) did I know that there is a country, that the country is the big home of all the people, and that the cardinal guideline of righteousness is that everybody should do their best to serve the big home." See Tang Baolin and Lin Maosheng (1988).

[5] According to the frequency statistics of some of the political terms used in *The New Youth*, "state," "nationals," and "the people" (*guojia, guomin, renmin* in Pinyin) are the three most frequently used terms, with 3,650, 2,125, and 2,012 times of usage, respectively. See Li Jianjun (2006).

remain in the low level” forced Sun to give up his pursuit of “direct democracy” and designed a guideline on “stratocracy,” “political tutelage,” and “constitutionalism” for China’s state building. After the Revolution of 1911 was won and the Republic of China was established, *Provisional Constitution of the Republic of China* was promulgated, in which it was prescribed that “the sovereignty of the Republic of China belonged to all the nationals.” However, the subsequent *Electoral Law* stipulated many conditions limiting people’s suffrage: “only those who turn in taxes over 2 yuan, with over 500-yuan worth of real estate, who live in one precinct for over 2 years, and who have a primary school level education can enjoy the right to vote.” The basis and ideal of Sun Yat-sen’s “political tutelage,” together with the heritage of the ancient Greek politics, can be seen here.

Mao Zedong, like Sun Yat-sen, recognized the strength of the common people. He asked, “What is the most powerful? It is the union of the people” (Mao Zedong 1990a). Mao Zedong also said, “When the nation is at its worst, and when the human beings suffer the most, when the society is at its darkest, there will be a revolution, there will be resistance, and there will be the union of the populace.” “How should the union of the populace be so powerful? It is because that the common people in a nation will always be more in number than the people in power (the aristocrats or the capitalists)” (Mao Zedong 1990b).

Mao’s difference from Sun Yat-sen rests in the fact that “the people” in Mao’s mind were not the “sleepers” in an “iron room” under Lu Xun’s pen, nor were they “the people without vision of any kind” who “even after thousands of years… would not know that they should strive for their rights” (Sun Yat-sen 1986, 324). In Mao Zedong’s mind, the people are the real heroes and the decisive factor in all issues. In this sense, “there seemed to be a union of the populace in the Revolution of 1911, but actually there was not. Instead, the revolution was only won with the instructions given by those returned students, assistance given by the Gelao Society, and the military assistance of the New Army and the *Xunfangying* (patrol battalion of Qing Dynasty). It had nothing to do with the huge majority of the population” (Mao Zedong 1990c). Mao Zedong listed the “candidates” of “the people” in the following statement: “I expect that the vast majority of the population would be: (1) those peasants who till the land; (2) workers; (3) the dealers who conduct businesses; (4) students who are industriously studying; and (5) those elderly people or children who care for nothing” (Mao Zedong 1990d).

As a practitioner of politics, Mao Zedong cared more about the “practice,” i.e., how to realize the optimization of resources under China’s social conditions in order to realize its mission of achieving independence and unification. With a view of this, “the people” in Mao’s speeches were tentative according to different revolutionary and political needs in different stages.

In his “Analysis of the Classes in Chinese Society” written in 1925, Mao raised the questions at the very beginning of the article: “Who are our enemies? Who are our friends?” He held the questions to be “of the first importance for the revolution.” After careful elaboration, he concluded that “it can be seen that our enemies are all those in league with imperialism: the warlords, the bureaucrats, the comprador class, the big landlord class, and the reactionary section of the intelligentsia attached

to them. The leading force in our revolution is the industrial proletariat. Our closest friends are the entire semi-proletariat and petty bourgeoisie. As for the vacillating middle bourgeoisie, their right-wing may become our enemy and their left-wing may become our friend, but we must be constantly on our guard and not let them create confusion within our ranks" (Mao Zedong 1991a). Carl Schmitt believed that "for a nation in an abnormal state, as long as it has not made it clear who are the friends and who are the enemies, or even if it is thought that there is no necessity to divide the friends from the enemies, we cannot say it has mature politics" (Schmitt 2002). In this sense, when Mao defined the "friends and enemies" and used the relationship between them to define "the people," it meant that Mao transcended Sun Yat-sen's vague idea of "nationals" and entered "mature politics." He had also changed the concept of "the people" in terms of "state building," "that all the political activities and political motivation could be classified to political categorization, i.e. the classification of the enemies and the friends" (Schmitt 2004).

In 1935, in order to fight against the invaded Japanese, Mao said that "…the working class and peasantry are the most resolute forces in the Chinese revolution… in the present situation the attitude of the national bourgeoisie can change."[6] When the War of Resistance against Japan was declared in 1937, he again proposed, "What will be the composition of the new democratic republic? It will consist of the proletariat, the peasantry, the urban petty bourgeoisie, the bourgeoisie, and all those in the country who agree with the national and democratic revolution; it will be the alliance of these classes in the national and democratic revolution" (Mao Zedong 1991b). Additionally, Mao also defined "the people" in different occasions, in different periods, and in different ways, such as "The May 4th Movement" (May 1939), "On New Democracy" (January 1940), and "Talks at the Yen'an Forum on Literature and Art" (May 1942).

In 1949, Mao redefined the concept of "the people": "Who are the people? At the present stage in China, they are the working class, the peasantry, the urban petty bourgeoisie, and the national bourgeoisie. These classes, led by the working class and the Communist Party, unite to form their own state and elect their own government; they enforce their dictatorship over the running dogs of imperialism (the landlord class and bureaucrat-bourgeoisie), as well as the representatives of those classes, the Kuomintang reactionaries, and their accomplices. They suppress them, allow them only to behave themselves and not to be unruly in word or deed. If they speak or act in an unruly way, they will be promptly stopped and punished. Democracy is practiced within the ranks of the people, who enjoy the rights of freedom of speech, assembly, association, and so on. The right to vote belongs only to the people, not to the reactionaries. The combination of these two aspects, democracy for the people and dictatorship over the reactionaries, is the people's democratic dictatorship" (Mao Zedong 1991c).

With the spirit shown in the Common Program drawn up at the founding of the PRC, the concept of "the people" was defined in legal terms. Zhou Enlai also

[6] "On Tactics against Japanese Imperialism," *Selected Works of Mao Zedong*, Vol. I, People's Publishing House, 1991, 160.

explained that “‘the people’ refers to the working class, the peasantry, the petty bourgeoisie, the national bourgeoisie, and those patriotic democrats (who used to belong to a reactive class but had reformed).” In addition, “For those bureaucrat-bourgeoisie who had their property confiscated and the landlords whose land was distributed, measures should be taken to suppress the reactionary activities among them. This is the negative side of the matter; the positive side, however, is that they should be forced to work so that they would be reformed. They do not belong to the category of ‘the people’ previous to their reformation; they are one of the citizens of China, nevertheless, and have to fulfill the obligation of being a citizen, although they are still not given the right belonging to the people” (Zhou Enlai 1949).

Assisted by the state ideology, the discourse of “the people” achieved incomparable superiority to other discourses in modern China. “The people” were now the builders and participators of all modern social movements. On the other hand, the state aimed at the welfare of “the people.” Those sacred and lofty words (“the people”) have become a predominant political term in the fields of politics, philosophy, culture, and others.

Pierre Bourdieu said, “To give something a name means to endow it with the right of existence” (Bourdieu 1997). “The people,” who had been at the bottom of the social ladder, now enjoyed a status of being the basis. In the process of social practice, the differentiation of the “friends and enemies” connotative in the words “the people” evolved into a political power: Any national, if not put in the category of “the people,” is the people’s enemy. When this interpretation became deeply embedded in the popular mind, “the people” not only were ideological words, but also, in reality, meant political activities. Under the name of “the people,” every person would be self-disciplined in their behavior and thoughts and subject to the state requirements; otherwise, they would be excluded from the category of “the people.” In this way, revolution, the state, and the common people were integrated within the framework for “the people.” The integration enabled China to bid farewell to the state of disunity. Great strength was accumulated, independence and unification were basically realized, and it continued to govern the subsequent processes of the building of a modern nation.

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Chapter 9
Guidelines for Health Care Services

In September 1949, the Ministries of Health of the Central People's Government and of the PLA Military Commission convened the 1st Administrative Conference of Health Work. A General Guideline regarding health work was set out: "Put prevention first; the emphasis of health work is to ensure production and the national defense construction. It should be geared to the needs of the countryside, factories, and mines. The people should be relied on to carry out the health care work." On August 7, 1950, the 1st Health Work Conference was convened by the above two ministries, discussing the issues of the draft of the general line and the general task of the national health work. Mao Zedong wrote an inscription for the meeting: "To unite the medical staff of the new and the old, the traditional Chinese medicine and Western medicine to build a solid unitary front and to strive for the great health work of the people" (Qian Xinzhong 1992a). Zhu De also pointed out in his address at the meeting: "The guideline about serving the common people should be made as far as the health work or medical work of the People's Army and the government is concerned. The people should be depended on to push and develop the people's health work. In the past 23 years, the People's Army and the People's Regime correctly adhered to this guideline under the leadership of the CPC. Our medical workers in the health departments are perfectly able to fulfill this task even in difficulties." In addition, "Medical doctors from Chinese and Western medicine should be united to learn from each other, bring each others' merits into full play, and serve the people" (Huang Yongchang 1994, 152). Consensus on the General Guidelines was finally reached: "To cater to the needs of workers, peasants, and soldiers, to put prevention first, and to unite the doctors of Chinese medicine and Western medicine." These three guidelines were confirmed by the 49th Meeting of the State Council of the People's Government a month later. In December 1952, the 2nd National Conference of Health Work summarized the experience of the Patriotic Hygiene Campaign. Zhou Enlai was very concerned with this matter, and the 167th Meeting of the State Council passed his proposal "To Add the Guideline of the Combination of the Health Work with Mass Movements." Thus, a fourth guideline of China's health work was created.

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9.1 "To Cater to the Needs of Workers, Peasants, and Soldiers"

The answer to the problem of who to serve is implied in the first guideline ("to cater to the needs of workers, peasants, and soldiers"): China should serve the people. In his report "On Coalition Government" (April 24, 1945), Mao Zedong pointed out that "vigorous action should be taken to prevent and cure epidemics and other diseases among the people and to expand the people's medical and health services." This guideline had been applied in the Revolutionary Bases and the Liberated Areas prior to the founding of the PRC. With the basic completion of the Socialist Transformation, it was changed into "to cater for the needs of the 6,000 million people," "to ensure wherever there are people, there is medicine." (It was suspended in the criticism that "the Ministry of Health is for the urban lords.") Mao's call made in the 1960s that "the emphasis of the medical work should be put on the countryside" was also in accordance with this guideline.

In traditional China's government structure, the common people were mainly passive subjects, although a few of the rulers were conscious of the fact that "(people are like water and the ruler is like a boat), water can carry a boat, and it can also overthrow a boat." In consequence, the state concerned little about the multitude, and mass health care service was not included in the overall management of the state. Exceptions would occur when the state organized the compilation, editing, and preservation of medical books, or when the state absolved some criminals from their crimes in times of a widespread epidemic, or when some official doctors prescribed medicines to victims of the epidemic. Although various medical agencies or organizations were designed in various dynasties, they did not have a direct relationship with the ordinary laborers; instead, they catered to the needs of a few rulers. An "official doctor" not only meant that those doctors possessed the status of being an official but also explained for whom they offered their services. As far as folk medicine was concerned, "The doctors in the Spring and Autumn Period, according to historical records, generally treated only those aristocratic ruling classes, and their profession was like those aristocrats' private servants." In addition, "After the Spring and Autumn Period, when feudalism began to disintegrate the original regime, the aristocratic classes had to scatter and wander about. The chances arose of those official doctors serving the common people and literature on folk medical activities began to appear."[1] Nevertheless, the appearance and the existence of a folk doctor did not signify that people in general could access medical and health care services. When most people could barely afford a living in the small peasant economy, both the production and the surplus of agriculture were by far not enough to support a medical treatment system. That was why the doctors would generally set up a clinic in towns and cities, while the vast areas of the countryside were frequented by roving doctors and physicians using herbal medicine. Under such circumstances, the shortage of medicine was unremitting. For the great majority of the people, once

[1] Jin Shiqi, "The Role of an Ancient Doctor"; see Li Jianmin (2008).

Table 9.1 Episodes of major communicable diseases in China: 1849–1911[a]

Cholera	**45**	Plague	**34**	Smallpox	**11**	Diphtheria	**9**
Scarlet fever	**8**	Typhoid fever	**7**	Influenza	**7**	Measles	**2**

[a]Wang Jimin and Wu Liande, *China's Medical History,* 381–395. Cited in Zhang Daqing (2006)

they were infected with a serious disease, they had to either deplete their financial resources or submit to the will of Heaven.

Under the military, political, and economic pressure from the Western countries, China was turbulent, slow in its economic development, and declining in its national strength in modern times. With the disintegration of the traditional society and the collapse of the natural economy, large numbers of peasants and people who used to engage in handicraft industry became impoverished. People's health deteriorated and many diseases began to spread. According to incomplete statistics, epidemics abounded during the 71 years from 1840 to 1911; there were 45 episodes of cholera epidemics alone (one epidemic every 1.5 years). Other than epidemics, acute or chronic infectious diseases, parasitic diseases, or diseases resulting from malnutrition also seriously damaged people's health (Table 9.1).

Under such circumstances, the image of the “Sick Man of East Asia” became not only a social reality but also a political metaphor, constantly prodding the state and the society into action[2] and compelling the administrators to turn its attention to the health work and to include health (public health in particular) in the category of state care and state management. At the same time, a fresh appeal for the resistance to foreign invasion, for the salvation of the nation, and for the establishment of a modern nation-state was increasingly urgent. The traditional idea of the “people-based doctrine” was asked to be restored. This traditional idea, plus the Western democratic ideas introduced to modern China, made the basic status of the people in the construction of a modern nation-state apparent. Hence, the “new people” (the construction of new nationals) movements came in quick succession. What the government must face and solve was, in the first place, the poor health of the Chinese people, so there arose the need for medical and health care reform. When the efficacy of the Western modern medicine stood in marked contrast to the comparative inability of the TCM in the process of a series of public health incidents, and when the dispersed system of the TCM formed a tension with the regulated management of a modern nation, the natural consequence was that Western medicine was defined as the orientation and the basic model of development in China. Meanwhile, the TCM was declining, repressed by the scientific discourse, the state's pressure, or even the state's threatening for its abolishment. After all, modern medicine and the health care system both resulted from the social development of the modern times and had a direct connection with rationalization, specialization, and social division processes, among others. Essentially, modern Western medicine and health care

[2]Just as it was put in an article in the *Oriental Magazine*, “China has three hazards which would make the Chinese people perish. What are they? They are wars, poverty and diseases.”

were a result of industrialization. It followed the belief that the adoption of Western modern medicine in an agrarian country with little modern industry would give rise to a situation in which the fruits of the construction of modern medicine mainly concentrated on some coastal cities and some other relatively industrialized areas, rather than in the vast rural areas or other grassroots society. As a matter of fact, it became the "welfare of a handful of people" and did not meet the pressing need of the great majority. Just as Chen Zhiqian said, "Over a century ago, the missionaries in the Western countries introduced scientific medicine which had the greatest potential to improve public health for China. Many modernized hospitals and clinics were set up in the cities in China during the century. Their efforts benefited a few people and built a medical pattern of treating individuals which was not easy to abolish" (Chen Zhiqian 1998, 6–7).

After the founding of the PRC, "the people" were continuously highlighted and became a mainstream power and of mainstream discourse. "The people" mainly referred to the grassroots classes, especially the peasantry in the vast rural areas. The rise of "the people" formed a tension with the previous tendency of industrialization and urbanization. Medical and health care construction was reoriented accordingly.

In his "Talks at the Yen'an Forum on Literature and Art," Mao Zedong said, "What, then, is the crux of the matter? In my opinion, it consists fundamentally of the problems of working for the common people and how to work for the masses" (Mao Zedong 1991a).

When he reported to the 1st National Health Conference on August 19, 1950, He Cheng, vice-minister of Health and minister of the Military Commission of the People's Revolution, also said, "To serve the people and especially to serve the workers, peasants, and soldiers first. This is the sole starting point of our work. Starting from this, we will have the correct viewpoints on everything, we would give priority to the (health care) cause; otherwise we would have incorrect behavior. Why should we first serve the workers, peasants, and soldiers? It is because they are the largest in number, and they are the basis of the People's Democratic Regime and the major strength in production. They have been suffering the most from diseases, but they enjoyed the least health care. Soldiers are armed workers and peasants; they are the major force of national defense. Without them, production and peaceful living cannot be guaranteed."

The Ministry of Health once issued a document (Notification of Correcting the Wrong Order List of Four Guidelines in the Resolution of the 3rd National Administration Conference) correcting the order of the guidelines on July 1955: "It was right for the 1st National Health Conference to put 'cater for the needs of workers, peasants, and soldiers' in the first place; it was wrong for the 3rd National Administration Conference to put 'cater for the needs of workers, peasants, and soldiers' after 'to put prevention first' in the order list, which should be corrected."

The top priority given "to cater for the needs of workers, peasants, and soldiers" is a continuance of the logic of "the People's Revolution" during the Revolutionary Period in China's history. It also had the political connotation of "the people's health" in the New China. "The people" were no longer the mob in the traditional

society. They were no longer the passive subjects, nor were they the surplus provider as they used to be; instead, they were the masters that had won their emancipation and enjoyed the status of being the basis of the new state, the source of political power, the sharer of the state power, the main body and the core of state politics, and the major force to build the country. The poor and blank state of the country also highlighted the importance of "human" resources. For the effective mobilization, organization, and reasonable arrangement of the labor force, compensation was expected for the lack of capital of state building. To protect the labor force, to mobilize the people's enthusiasm and devotion in state building became the core, the trend, and the orientation in medical and health care work. In addition, "the People's Country" established by "the People's Revolution" still needed "the people" to construct a strong Great Wall to back China's independence.

Within the context of the "the people" being the standard, the question of who to serve became a fundamental one that concerned the basic guideline: to serve a handful of people or to serve the big majority of the "workers, peasants, and soldiers"? This has two different meanings in politics, and the choice decided the basic orientation and approach to medical and health care construction in the newly founded state.

9.2 "To Put Prevention First"

"To put prevention first" means a scientific attitude towards illnesses: to give priority to prevention employing the laws of disease prevention and to actively fight against illnesses so that the potential disasters caused by illnesses could be averted. This principle had been put in practice in the Revolutionary Base Areas and in the Liberated Areas.

In 1928, it was stipulated that great attention was to be paid to hygiene in the Three Disciplines and Eight Notices for the Red Army soldiers. A "Hygiene Day" and a "Hygiene Week" were also set aside in the corps of the Red Army. At the 4th Plenary Session of the 6th Central Committee of the CPC held in January 1931, "A Statute on Epidemic Prevention in the Soviet Area (Draft)" was promulgated, in which cholera and seven other communicable diseases were listed as illnesses to be prevented first. People were to be educated as to the prevention of epidemics. Water sources were to be protected and infectious diseases were to be prevented. First Front Army of the Chinese Workers' and Peasants' Red Army convened the Third Health Work Conference in 1932, at which it was pointed out that the guideline for health work was "prevention takes priority" (Ding Mingbao and Cai Xiaoheng 1993, 13). The "Guideline for Hygiene Campaign" issued in March 1933 stressed the significance, necessity, and urgency of carrying out the preventive work of epidemics: "A general mass hygiene campaign was to be launched in the way that the common people can have medical treatment without charge. The campaign was to be conducted everyday in every household, every village, and every city." In the War of Resistance against Japan, the Health Headquarter of the Military Commission put

forward in one of its official document the slogan "to put prevention first"; an editorial of *Liberation Daily* of the Yan'an Period pointed out that "the major approach to the decrease of contraction of diseases is to take precaution and to conduct mass hygiene campaigns."[3]

It was significant for the newborn state of the PRC to make "prevention first" the guideline for health care services. It was a mirror of the contemporary hygiene conditions; it demonstrated the orientation of modernization in state building. Moreover, it connoted that health work was political.

At the founding of the PRC, medical conditions were very backward: Hygiene was almost nonexistent, diseases afflicted many people, and tuberculosis and epidemics were rampant. According to statistics, the mortality rate of the population at the time was 30 % (half of which died from epidemics that could have been prevented, such as plagues, measles, cholera, smallpox, diarrhea, and typhoid fever). Mortality rates for women in labor, children, and infants were 15, 130, 200 %, respectively. The average life span was only 35 years; 18–20 million people contracted venereal diseases. Endemic diseases affected 80 % of the area (over 400 million people); more than 30 million people caught endemic diseases, among which 10 million contracted schistosoma. Among the 549 million people in China, there were as many as 140 million cases of schistosoma each year. The hygiene resources were extremely scarce. In addition, (1) there were only 2,600 hospitals of various kinds, 30 sanatoriums, 769 clinics, 80,000 beds, 11 centers of prevention, 9 maternity and child-care centers, 1 pharmaceutics test institute, and 3 research institutes of medicine across China at that time; (2) there were altogether 505,040 medical staff, among whom 38,000 were doctors, 276,000 Chinese physicians, 49,400 paramedics, 32,800 nurses, and 108,840 other health workers; and (3) there were altogether 27 state-run medicine factories with a staff of 5,849, another 9 private medicine factories, and 99 private drugstores selling drugs used in Western medicine.[4]

The grim national health conditions and the complicated situation at the founding of the PRC (wars both at home and abroad, the dire financial straits facing the country, pending various full-scale construction projects, imminent large-scale state building) limited the choices of approaches to the development of health work. As the meager financial resources were not enough to undertake the treatment expenses of all people and the medical resources were too limited to cover the overall society, the state had to seek a cheaper development model for health care in order for the people to be relatively healthier and for the state building to progress better. Diseases are not mysterious and are preventable. People can contract less or no diseases as long as they make efforts to carry out disease prevention, as was proven by the development of modern medical science and the practice of disease prevention. Disease prevention is of little cost but yields many benefits. Preventive work to decrease the incidence and contraction of diseases

[3] July 10, 1944, *Liberation Daily.*

[4] The data can also be found in Chen Haifeng's (1985) and Huang Yongchang (1994, 151).

through the launching of health campaigns became the only choice to alleviate or resolve the medical care problem. From this perspective, the guideline that "prevention takes priority" was correspondent to the severe conditions of state building, as well as the disease spectrum of the time.

In the early development of Chinese medicine, disease prevention had been stressed. *The Yellow Emperor's Canon of Internal Medicine* said that "the saint doctor would not wait to treat a patient who has already caught a disease; he would treat a person who had not caught a disease yet." The book also touched upon some preventive measures against contracting diseases: "moderateness in diet, regular schedules, avoidance of overwork – in this way, a person's body can exist together with the spirit, he will enjoy all the years that fate has to offer, and he will not die until he is 100 years old." *Huainanzi* stated that "a good doctor will often treat those patients who are seemingly healthy, and so there would be no episode of diseases in this way." However, generally speaking, without support from bacteriology, pathology, or epidemiology, it is still a challenge to conduct the prevention work of diseases. The premise of the worship of Western medicine and the suppression of the TCM was that modern Western medicine, based on science, had provided people with a model for the community prevention of diseases, while it had become an established fact that the TCM did not have any resources to tap in this respect. The spur given by the image of the "Sick Man of East Asia" and the highlight of "the people" foreshadowed that community medicine was characteristic of state medical construction. As a result, the guideline of "to put prevention first" clearly illustrated that the TCM was marginalized in the overall framework for medical and health care work construction of the New China. The modern medicine and health work in the modern sense (i.e., the Westernized medicine and health work) undoubtedly became the mainstream. The pursuit of modernity could not be more apparent in the guideline of "to put prevention first."

This guideline also embodied the state consciousness of "the people" being the standard. When the guideline was established in 1950, an explanation was given: "In the past, the health care work was isolated from the common people because there only used to be treatments of diseases (without state health care). Now the first thing is to serve the masses. We do not wait until they have caught diseases; we actively mobilize the common people to fight against them. This active fight necessarily means that prevention takes priority. So this guideline is in accordance with 'to serve the people, and first to serve workers, peasants and soldiers'" (Huang Yongchang 1994, 161). The above explanation revealed that the guidelines meant more than a reform of the way of the treatment of diseases, from passive treatment to active prevention; it was, more importantly, a revolution of the care pattern of "the people." Now we should serve the people. Governed by the premise of providing services for the people, medical technology and knowledge began to be separated from being "a formula for money-making." Instead, it was a tool for relieving the common people of the pains brought about by illnesses. Medical resources would also be redistributed to be more intimately connected with the health of the grassroots people.

9.3 "To Unite the Traditional Chinese Medicine with Western Medicine"

Mao Zedong pointed out in 1949 that "we should promote the unity of the Chinese traditional physicians with the doctors of Western medicine. The Chinese traditional physicians should be improved and Chinese traditional medicine should be practiced in order that the arduous task of the health work of millions of people can be adequately fulfilled." Mao Zedong stressed in his inscription for the 1st Health Work Conference on August 1950, "We should unite the new and the old Chinese traditional doctors and Western doctors so that a united front can be formed by the medical staff of all departments to strive for the great people's health work." His inscription was summarized as "to unite the Chinese traditional medicine with Western medicine" (Qian Xinzhong 1992a). In essence, this meant that Chinese traditional medicine should be protected, attention should be paid to the traditional medication, and its role in the cause of the people's health work should be brought into full play. Both sides should be united politically and be united in the preventive work; both sides should communicate with each other scholastically.

The term "Chinese traditional medicine" did not exist previous to the Ming and Qing Dynasties since it was commonly believed that Chinese traditional medicine was *the* medicine; it was only with the introduction of Western medicine into China that the term "China's medicine" (*Guoyi*) and later "traditional Chinese medicine" (*Zhongyi*) came into being.[5] The TCM has been a vital part of traditional Chinese culture for over 5,000 years. In ancient times, there were legends of "Fuxi who made silver needles for acupuncture" or "Shen Nong who tasted every plant for herbal medicine." In their daily life and in their labor, especially in their fight against natural disasters, beasts of prey, or diseases, those ancient people broadened their experience and developed a TCM system with "inexpensiveness, simplicity, and convenience" as its chief characteristics (catering to the limited surplus of small peasant economy). The TCM had become a very important means for the Chinese people to struggle against diseases, and in this way, the Chinese nationality could reproduce and develop from generation to generation.

In modern times, when China was exploited by the Western powers (in regard to commercialism and dumping of industrial products, especially), social mobility in China increased and various communicable diseases were frequent and widespread. However, the TCM, only concentrated on the treatment of individuals, lacked effective measures for the prevention and treatment of widespread diseases. The rising

[5] Li Foji distinguished the two senses of TCM with each other. He holds that TCM in the broad sense is the general name given to the traditional medicine, herbal medicine, and medicine of minorities, while TCM in the narrow sense means medicine based on the theories in *The Yellow Emperor's Canon of Internal Medicine*, with the clinical guidelines of "diagnosis and treatment on the basis of an overall analysis of the illness and the patient's condition" established in *Treatise on Cold-Induced Febrile Diseases*, with medication including natural materials, and with acupuncture and massage and other means special in China. See Li Foji's (1999). What is adopted in this book is TCM in the broad sense.

scientificism spurred by the Western military industry and the urgent need for a modern nation-state exacerbated the situation for the TCM until it almost vanished. It was not until the fruits of modern medicine failed to reach the grassroots (for being too costly) that the TCM could have the chance to regroup and continue to survive despite the authorities' attempts to abolish it.

The basic policy orientation after the founding of the PRC was modernization. How to deal with the relationship between modern medicine and the TCM became an issue of primary importance in a time when China was confronted with severe national health conditions and an acute shortage of modern medical resources and when health care needed to be delivered to the vast majority. The process for the proposal of the guideline of "to unite the traditional Chinese medicine with Western medicine" was long and onerous, reflecting the tension and conflicts between the state building and the local social basis and reflecting, in a way, the arduousness of paving "China's Road."

There were three main dimensions of the guideline "to unite the traditional Chinese medicine with Western medicine," as described in the following:

(1) To put the TCM under protection. Yu Yan once again put forward the proposal of the abolishment of the TCM at the 1st Health Work Conference. It seemed that disaster would again befall the TCM, because the health administrators were dominantly recruited from Western doctors. Fortunately, the primary guideline for health work was not "to put prevention first" (which foreshadowed the modernization orientation of the construction of medicine), but "to cater to the needs of workers, peasants, and soldiers." As a matter of fact, Western medicine had offered little in modern medical construction since the modern times for being too urban-oriented; therefore, it did not correspond to the mandatory requirements of "to cater to the needs of workers, peasants, and soldiers." Moreover, as far as health work was concerned, the situation of the PRC at its inception was too grim to be coped with independently by Western medicine. According to a report in 1919, the 900 Chinese doctors and 600 foreign doctors were in almost all the cities (Chen Zhiqian 1998, 30). In 1928, there was a medical staff of only 12,000 across China who had trained in Western medicine (Wu Liande 1928). The meager intellectual resources of modern medicine were unequally distributed geographically: The graduates from medical schools would usually begin practice in large cities or in affluent provinces, and they were essentially nonexistent in the remote provinces of the vast rural areas. According to a survey in 1935, among the 5,390 registered doctors (of Western medicine) of the health bureaus or local medical commissions, one third of them were in Jiangsu Province and half of them were in Guangdong and Jiangsu Provinces and 22 % of them were in the city of Shanghai. In addition to the meager resources and unbalanced distribution, three quarters of the Western doctors were in practice in their respective individual clinics (Zhu Xiru and Lai Douyan 1935). Under such circumstances, the overwhelming majority of the people of the time could not receive the medical care provided by modern medicine. In consequence, "to solve the health care problem of the 1950s that mainly existed in the rural areas, it was realistic and effective to take advantage of Chinese traditional medicine. As the peasants had not been able to receive any other medical treatment than that from

the Chinese traditional medicine, it was simply not right to convert the peasants' belief in the Chinese traditional medicine" (Chen Zhiqian 1998, 137). In this way, the TCM finally found refuge for its development, thanks to its roles in everyday life and thanks to the political requirements of "to cater for the needs of workers, peasants, and soldiers."

Although the guideline of "to unite the traditional Chinese medicine with Western medicine" was established in 1950, the application of the guideline fared poorly. The health administrators had a long-standing complex for Western medicine and did not implement this guideline earnestly for the following couple of years after its establishment. Instead, many prejudices were shown against the TCM; its practice encountered difficulties. In the winter of 1953, however, the Central Committee and Mao Zedong criticized the health administrators' biased attitude towards the TCM and instructed them to intently implement the relevant TCM policies and improve the situation of TCM physicians. In spring 1955, Mao reiterated the message at a meeting of the Standing Committee of Central Committee: "We should recognize the talents of the Chinese traditional doctors, regarding and treating them as experts. They should also be paid as experts, too." He said, "Chinese traditional doctors should be absorbed in the treatment of patients in hospitals" and "the practice of Chinese traditional medicine should be expanded and improved immediately. Given the local people's productive and living conditions, they can be encouraged to be in practice of their own. It is the duty of the administrative departments of various levels to ensure the social status of Chinese traditional doctors, to care for their life and study, and to support their practice of medicine. These doctors should be included in the health work and the medical teams." Instructed by Mao's words, a TCM Department was established under the Ministry of Health in 1954, and a minister was appointed to be the head of the department. Therefore, TCM organizations were set up all across China. In February 1955, according to the Ministry of Health, TCM doctors were no longer forbidden to use the official prescription paper. A TCM Research Commission was also established in 1955. Four TCM institutes were founded in Beijing, Shanghai, Guangzhou, and Chengdu in the following year with the approval of the Central Committee and the State Council so that the TCM was incorporated into the higher education of the state for the first time. Subsequently, TCM institutes were founded in various provinces, metropolises, and autonomous regions to train high-level talents of the TCM. In order for the guideline of "to unite the traditional Chinese medicine with Western medicine" could be carried out and the tendency of the contempt for, or disapproval of, the TCM could be checked, editorials were published in *People's Daily* to encourage the solidarity and cooperation of the Chinese and Western medicine.[6]

[6] These editorials include: "To Implement the Correct Policy for the Chinese Traditional Medicine" (October 20, 1954), "To Strengthen the Research Work of Chinese Medicine" (December 20, 1955), "Actively Train Chinese Medicine Followers to Expand the Number of Talents of Health Work" (May 27, 1956), "To Collect Folk Prescriptions and to Exploit the Treasure-house of Chinese Medicine" (December 4, 1958), and "To Implement the Party's Policies for Chinese Medicine" (January 25, 1959).

As a result, approximately 150 TCM hospitals, over 450 TCM outpatient departments, over 80 TCM union hospitals, and more than 50,000 union clinics had been established by the end of 1959. Additionally, TCM departments were added in many hospitals of the people's communes and cities. More importantly, the protection of the TCM was included in the 1978 Constitution.[7] Forceful political intervention at last put an end to the recurrent misfortunes for the TCM.

(2) Improvement of the TCM. The urgent need in reality, the strong support of the policies, and the protection of even the Constitution did not mean that the TCM could rest assured and simply copy the traditional road. The health guideline of "to put prevention first" and the modernized orientation of the state were both very different from what the TCM could offer. Under such circumstances, refusal to make progress would only mean dead ends for the TCM. Actually, a heated debate raged at the 1st National Conference of Health Work as to the attitude towards the TCM, and consensus was finally reached that "the TCM is required to be united and reformed with the aim to serve the people." Written instructions for the "Report on the Improvement of the TCM Work," given by the Central Committee in 1954, also required people to "study the laws governing China's traditional medicine using modern science." When Mao Zedong talked with some musical workers, he pointed out that "we should employ modern science of the Western countries to study the laws of the Chinese traditional medicine and to develop Chinese new medicine." Mao's message was even clearer when he said in 1958 that "Chinese medicine and pharmacology are a great treasure-house; efforts should be made to explore them and raise them to a higher level."

The modern disciplining process silently began in the series of requirements imposed on TCM: First, 300,000 TCM physicians of various levels were mobilized and participated in the unitary task of epidemic control according to the standard of the modern medicine to make up for the unavailability of resources of Western medicine at the beginning of the PRC era; second, led by the scientific spirit, the traditional treatment model of the TCM essentially changed. The new basic model of "diagnosis by Western medicine and treatment by Chinese traditional medicine" was set up and was popularized; third, subject to the requirements of modern medicine and the requirements of the mission of epidemic control in particular, the dispersed nature of the TCM was regulated and was gradually included into the comprehensive state health administration.

(3) The combination of Western medicine and Chinese medicine. The modernization-oriented strategy of the state did not mean that modern medicine could be satisfied with being the mainstream. The reliance on modern industry and the high cost that were implied in the prevention and control work by modern medicine were beyond the resources of a backward country that had just transformed from traditional agriculture to modern industrialization. Little room was left here in modern medicine, since it was to cope with the contemporary situation and solve the

[7] Article 21 of 1978 "Constitution of the People's Republic of China" prescribes that "traditional Chinese medicine should be protected. Both modern medicine and China's traditional medicine or pharmacology should be developed."

imminent problems. Therefore, modern or Western medicine in China also needed to be reconstructed: It should be better combined with folk medicine and brought the features of "inexpensiveness, simplicity, and convenience" of the TCM into full play in order that low-cost modern medical products could be produced and the masses' needs for modern medicine could be addressed. With a view of this, in its instruction given to the "Report on the Improvement of Chinese Traditional Medicine," the Central Committee advocated that Western medicine also learn from the TCM and modern science be applied to the research into the TCM. What is more, "a two-year full-time Western doctors' TCM training class" program was to be conducted (Qian Xinzhong 1992b). On November 18, 1958, the Central Committee commented that the abovementioned training class "is a momentous event in the history of China's health work." Mao Zedong also once stressed that "to train advanced doctors combining Chinese medicine and Western medicine was a significant event that could not be treated lightly." At the practical level, on the other hand, acupuncture combining Chinese and Western medicine was listed as one of the key research programs of China and as an approach to the combination work. Basic studies, as well as clinical studies, indicated that acupuncture could regulate the functions of the body, improve the immunity mechanism, and repair injured tissues. Clinical medicine also demonstrated that acupuncture treatment exerted an effect on 300 kinds of diseases to various degrees and was very effective on over 100 of them. Based on the studies on the principles of acupuncture since 1958, China had applied acupunctural anesthesia in 1964 and a lung was successfully removed by using only this kind of anesthesia method.

In the implementation of the "unity of the Chinese medicine and Western medicine," "the combination of the Chinese medicine and Western medicine" became the ultimate basis and the core of the guidelines. The repeated emphasis laid by various state leaders on this guideline did not simply mean a contingent effort to improve the health conditions at the founding of the PRC; it did not simply mean "the combination of the knowledge of Chinese and Western medicine and Western pharmacology to create a unique new medicine and new pharmacology of China."[8] It was indicative of the creative exploration of "China's Road" in modernization. This practice was of distinct "Chinese characteristics" and was as invaluable historical experience as the rural Cooperative Medical Services in the 1960s, which could well enlighten China on the possible solutions to contemporary problems.

9.4 "To Combine Health Campaigns with Mass Movements"

"To combine health campaigns with mass movements" referred to the mass line: to mobilize the common people to take part in health work. The major content of this guideline was to combine the leaders, the common people, and health technical staff so that everybody could be mobilized to get rid of the "four pests" (mainly

[8] November 12, *People's Daily*, 1978.

rats, sparrows, flies, and mosquitoes), to be attentive to sanitation, and to eradicate some of the diseases.

The guideline regarding "to combine health campaigns with mass movements" was a continuation of hygiene policies in the Revolutionary Bases and the Liberated Areas. At that time, there was a severe shortage of salt, cloth, and medicine; the prices were exorbitant owing to the enemies' blockade. Serious diseases posed a great threat to the people's health and their living was adversely affected; the diseases, such as acute epidemics of malaria, smallpox, and the plague, sometimes endangered even their lives. Mao Zedong said in his "Survey on Changgang Village," "Diseases are an arch enemy in the Soviet District for it is debilitating to the revolutionary strength. It is the duty of every Soviet District to launch mass health campaigns to decrease or even eradicate diseases just as what we have done in Changgang Village" (Mao Zedong 1982). And Mao clarified later that "the basic approach to lessen the number of people who die from diseases is to prevent and to carry out mass health campaigns." At the same time, the People's Commission of Internal Affairs issued "Guideline for Health Campaign," calling on the Red Army, local governments, and mass organizations to mobilize the common people to fight against insanitariness, diseases, and superstitions.

"To combine health campaigns with mass movements" was to also adhere to the guideline referring "to put prevention first." Confronted with the desolation caused by the destructive wars, China's economic resources were too finite to support a health care system for all the people, nor were the limited medical resources enough to take on the responsibility for the prevention and the treatment of diseases for all the people. As Li Dequan, the then-minister of Health pointed out at the 49th Meeting of the State Council of the Central Committee when the New China was newly founded, "Medicine is a science to fight against illnesses and the fighters are the people." He said, "The health care workers should teach the people the science or the way to fight with the diseases so that the people know how to cope with it and cope with it themselves. It will not do to depend on a handful of health care workers alone to solve this problem." That was why the common people should be widely mobilized so that unified action could be taken by the whole society with the guidance of the technical expertise. "We must call on the common people to stand up and struggle against their own illiteracy, superstitions, and unhygienic habits" (Mao Zedong 1991b).

More importantly, the effect of the implementation of this guideline reached far beyond hygiene itself; instead, it became a practice to convert society and the people in a special way. As Mao pointed out in "Resolution of Gutian Meeting" in December 1929, "a good way to discipline the soldiers politically is to strengthen health education and to treat the sick and the injured soldiers carefully." The Patriotic Hygiene Campaign launched in 1952, with the goal being "to kill the four pests, be hygienic, to eradicate some of the diseases, to raise the health level," was also a campaign for the transformation of outdated habits and customs with self-consciousness, with organization, and under leadership. Mao stressed this message again in his instructions given to health work: "It is not right to regard hygiene simply as something isolated. Hygiene is important in that it is beneficial for production, for one's work,

for one's study, and for the improvement of our people's health. It is to strengthen the body and to make the environment clean… Now there are still people unaware of its significance in changing the prevailing habits and customs and in changing the world. That is why we should popularize it on a grand scale to make it widely known and to encourage everybody to take some action."[9]

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Part IV
The Political Aspect of Hygiene: The Patriotic Hygiene Campaign

"Cleaning" is both a core concept in modern hygiene and a conventional means in modern hygienic practice. "To be clean" is defined as, in a sense, a well-off condition of the body. Through cleaning, the threat of bacteria inside or outside the body could be removed, freeing the body from the aggression of bacteria. While it exceeds the individual level and achieves the state level, "cleaning" demonstrates itself in scenes of "building a clean state," and in the connections of hygiene with "legitimacy construction," in "recreation of the nationals," or in "a farewell to 'the Sick Man of East Asia'" during the process of building the nation-state of China.

Chapter 10
Building a New and Clean State

According to *Shuowen Jiezi* (*Origin of Chinese Characters* by Xu Shen in East Han Dynasty), *qing* in *qingjie* (清洁 "clean") originally described the clearness of water, whereas *jie* in *qingjie* means freedom from dirt, stain, or impurities. So the original meaning of *qingjie* is the cleanness and clearness of water. While this terminology was applied to the social sphere, it became something people referred to pleasantly. When *qingjie* is used as a verb, it shows the action of the preserving and maintaining of nice things.

The founding of the PRC symbolized the commencement of a brand new era in a brand new state. What was first displayed before the world were various movements to make the country "clean" and to rid the country of the evil legacy of the older China, consisting of corruption, wastefulness, bureaucracy, prostitution, bribery, etc.

10.1 The Ban on Opium Smoking and on the Opium Trade

China had become a country undermined by opium. Modern Chinese history told of the harm done by opium and the process of banning opium. Opium, as an inveterate habit debilitating the foundation of China, was unparalleled in Chinese history.

Poppy flowers did not originally grow in China; *Papaver somniferum* and its products were not introduced to China until the Tang Dynasty. According to *Jiu Tang Shu* (*The Old Book on Tang*), "the second year of Qianfeng (667 AD), Fulin (in today's Syria) sent missionaries to turn in *diyejia* (in pinyin)." It was said that *diyejia* had been considered a sovereign remedy by the Arabian countries. The Arabian historians said that *diyejia* was extracted from over 600 materials, with opium being its major ingredient. It was a panacea that could act as the antidote against almost any poison except that of *pallas pitviper*. When it came to Tang, a dynasty that thrived in almost every aspect, *diyejia* simply became another drug added to the list of the millions of kinds of herbal medicines and did not bring any

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harm to China. By the Song Dynasty, the Chinese doctors had tried to cure diseases by using poppy. The Chinese people of the Ming Dynasty had mastered the basic skills of extracting the sap of unripe poppy seedpods, although opium was mainly imported from other countries, especially Southeast Asia. It was recorded in *Ming Hui Dian* that Siam, Java, and Bangladesh teemed with "*wuxiang*" (meaning black perfume, alluding to opium). Those countries in Southeast Asia often turned in "*wuxiang*" to China and it had become "something superb" for the contemporary Chinese aristocrats. Emperor Ming Shenzong had become the first "opium emperor." During the 48 years of his reign, seldom did he rule, the main reason being that he was addicted to opium.

After the mid-Qing Dynasty, because of the popularization of processing poppy flowers, poppy began to be widely planted. Opium (and the two Opium Wars) began to undermine the nation's strength. By 1917 when Britain stopped (or at least claimed to stop) exporting opium to China, foreign countries had sold or smuggled an equivalence of 7,023,119 boxes of opium (also smuggled were morphine, heroin, and the "red pill") with a value of 6,616,345,219 yuan (in silver).[1] Opium was the most debilitating "disease" damaging the body of China's society. By the beginning of the twentieth century, China was the largest country in terms of poppy growing, opium manufacturing, and opium smokers. According to preliminary statistics, plots for poppy in Xikang Province occupied as much as 48 % of the arable fields. In Anshun, Guizhou Province, every household grew poppy. The eight villages in Xishui County were called "Villages of Poppy" for the extensive poppy plots that existed there. For a time, the area of poppy plots reached 15,450,000 mu (1 mu = 1/15 of a hectare) in the whole southwest provinces. If we say that each mu of field can yield 125 kg grain, then this means that 1.75 billion kg grain was sacrificed for poppy growing.[2] Altogether there were 20 million (or 4.4 % of the population) opium smokers nationwide. In Yunnan Province, a quarter of the population smoked opium, while over three million people (21.42 % of the population) in Guizhou Province smoked (Wang Jingping 2005). These smokers, generally gaunt in figure, did not engage in any production, oblivious even to the time of day. They would do almost anything to be able to get a hold of some opium; they might dissipate their fortune or sell their children, even becoming robbers or prostitutes, thus endangering society. As a couplet once popular in Wuhan had it: "The gun (opium pipe) would break up one's family without any audible noises; the copper lamp (used to smoke opium) would burn all one's fields and real estate without any visible smoke." The couplet was really a vivid picture how opium could do harm to one's family (Ma Mozhen and Ju Zhigang 1991).

To ban the rapidly spreading opium had been the central task of the authorities in modern times. In 1729, Emperor Yongzheng promulgated a statute banning opium,

[1] Su Zhiliang's *China's History of Drugs*, *A Complete Book on Banning Drugs*, *Imported Drugs, Locally Produced Drugs and the Addictive Population in China's History*, and *Poppy and Opium in Ancient China* were quoted in accounting the history of drugs of China.

[2] Commission of the Banning of Opium of the Southwest China, Summary of the Work of Banning Opium in 1950, *Xinhua Daily*, March 15, 1951.

the first of its kind in China and in the world. Destroying opium in Humen, led by Lin Zexu, had been the first large-scale ban on drugs in world history. After that, a series of such bans appeared and people's appeals to ban drugs were continually more and more urgent. However, opium continued to encroach upon all aspects of China, including politics, economy, the military, and people's daily lives, affecting all social levels, including bureaucrats, soldiers, businessmen, intellectuals, students, peasants, and urban laborers, although a large number of statutes banning opium were issued during those 220 years of history (1729–1949). Reasons abounded for banning opium. Called the "black grain," opium was equal to gold in price and could act as the universal equivalent or as an important commodity to be marketed or exchanged. In a way, it was an indispensable item in the lives of tens of millions, concerning the livelihood or the daily life of over half of the total population. It was an essential source of the Central and local finance and a major channel through which the powerful Western countries could reap the illegal benefits.

At the founding of New China, however, the Party and the government made banning drugs an important part of the social reform and were determined to eradicate such "cancers" inherited from the Old China in order to recover from the trauma of the wars, to rehabilitate the country, to restore and develop national economy, and to solidify the people's regime.

A general order "To Ban Opium and Other Drugs" was issued by the Central People's Government and sent all over the country on February 24, 1950. The fight against drugs was also the fight to further eradicate the baneful influence of and the harm done by imperialism and compradors.[3] Opium seriously damaged China and it should be banned so that the people's health could be protected and production could be restored and developed. Governments of various levels must interdict the growing and producing of opium, and all those who continued to traffic, produce, and sell drugs would be "severely punished" from the day of the issuance of the above general order. It was prescribed that those "drugs scattered across the country" be turned in within a certain deadline and the "turned-in drugs would be recompensed for the sake of the living of the people concerned." Should they not turn in the drugs within the deadline, they would be punished according to the seriousness of their respective crime. The drug addicts should be formally registered at the local department concerned, and they had to be rid of their addiction within a deadline. If they did not register or if they were still addicted after the deadline, they would be punished. The general order also required health care agencies at all levels to prepare medicine to free people from drug addiction, to publicize and to promote addiction formulas, and to help the addicts quit their addiction. For those impoverished addicts, they could be treated "free of charge or at a reduced price." In the cities in which the drugs were prevalent, opium quitting clinics would be established.

On November 12, 1950, the State Council promulgated "A General Order for the Registration of Narcotic Drugs." All narcotic drugs used in medicine and in scientific research would enforce unified management, and all the narcotic drugs owned

[3] February 25, 1950, *People's Daily.*

by either individuals or public and private organizations must be registered. These measures enhanced the management of narcotic drugs.

On February 6, 1951, Premier Zhou Enlai issued "The State Council's Reiteration on the Ban on Drugs," in which it was stressed that no agencies, armed forces, or groups could transact drugs home and abroad and the offenders would be punished by the law; the drugs at hand would have to be turned in to the higher Finance Committee without any compensation. Those who did not turn in the drugs would be punished by state disciplines. If the drugs were too dispersed and could not be concentrated, they should be destroyed under the supervision designated by the local governments. At the same time, all the local governments and the health agencies of the armed forces would have to submit a budget and be approved by the Ministry of Finance before they could use opium for pharmaceutical raw materials. The ban prevented military and official drug abuse.

On April 15, 1952, the CPC Central Committee released "An Order to Check the Spread of Drugs," stressing the necessity to "launch a full-scale nationwide mass movement with concerted efforts" in order to eradicate drug abuse. The ban clearly defined the guideline, policies, and the targets for repression. On May 21, the State Council promulgated "A General Order to Ban Opium," requiring that "local governments at all levels should take advantage of the conducive conditions created by the movements of 'Three *Against*' and 'Five *Against*' to launch a large-scale mass movement of banning drugs so that the plots of drug producers and drug traffickers can be crushed and the baleful influence inherited from the Old Society can be eradicated."

In July 1952, the Central Propaganda Department and Ministry of Public Security jointly pronounced "The Instructions on the Anti-drug Propaganda." It was pointed out that forceful propaganda among the masses should be carried out to ensure that people fully understand the significance of the anti-drug campaign, to mobilize them to fight actively against criminal activities such as drug trafficking and drug manufacturing, and to report the drug traffickers to the government. In this way, it was hoped that the goal of eradicating drugs could be achieved. After that, governments at all levels organized a large number of cadres to inculcate the masses with the message, policies, and the significance of banning drugs as well as the Party policies concerned. In Nanjing, 8,847 mass meetings were held with an audience of 740,000 people in mid-August 1952 (accounting for more than 85 % of the total population in Nanjing). In Guizhou, a total of 17,000 gatherings were held educating 500,000 participators in the forms of "accusing the drug traffickers," "public trials," "gathering of the relatives of the drug traffickers," etc. In Beijing, 11,000 mass meetings, large and small, were organized during the 10 days from August 16 to 26 and 520,000 Beijing citizens acquainted themselves with the issue after the publicity campaign. According to incomplete statistics, 760,000 meetings were held in various forms in China, educating 74.59 million people.[4]

Afterwards, a large-scale, mass anti-drug campaign was vigorously carried out across the country. Over 30,000 letters reporting crimes of drug offenders were

[4] "Situation of Anti-drug Publicity and Preliminary Experience," August 30, 1952, *People's Daily*.

received during the 10 days in Beijing; over 50,000 letters were received in Nanjing during the campaign. According to statistics, a total of over 1.31 million such letters were received reporting drug-related crimes nationwide, exposing 220,000 drug traffickers. Those drug traffickers were so terrified that they went to the police, one by one, to register and confess to their crimes. 82.3 % of the traffickers registered and confessed of their own accord during the campaign. More than 1,000 people reported themselves within 10 days in Beijing. Up to 3,000 drug dealers reported themselves within a week in Wuhan. According to statistics, 340,000 reported themselves to the police in this anti-drug campaign.[5]

In November 1952, the national anti-drug campaign came to an end. Decisive victory was won in terms of banning the planting, trafficking, selling, and purchasing of drugs. 369,705 drug dealers were discovered producing, selling, trafficking, or selling drugs, among whom 82,056 were arrested, 51,627 were sentenced, and 880 were executed. 169.5 kg of drugs and related facilities for drug production and weapons used in the trafficking of drugs were discovered and confiscated (Wang Jingping 2005).

Only after a little more than 3 years after the founding of New China, opium and other drugs, which had plagued China for over a century, were banned altogether in one stroke. Once being the biggest country in terms of drug production and the population of drug addicts, China became a "clean" country "without drugs."

10.2 The Abolishment of Prostitution[6]

Generally speaking, a prostitute is one who solicits and accepts monetary and material goods for sex acts. There were prostitutes as early as 3,000 years ago in the Shang Dynasty. The initial prostitution system was created by Guan Zhong (a senior official in Qi) during the Spring and Autumn Period and the Warring States Period. As *Zhanguo Ce* (*Strategies of the Warring States*) revealed, "Huangong of Qi purchased seven times seven hundred prostitutes; his people did not think it right." Zhu Xuejia of the Qing Dynasty also mentioned that "when Guan Zhong reformed Qi, he had bought seven hundred prostitutes, and the money earned by the prostitutes was appropriated by the state" (Xie Wenyao 1990). Actually, there were official brothels in various names: In Han Dynasty they were called "*Yingji*" (literally, camp prostitutes), in Tang Dynasty they were called "*guanji*" (officially managed prostitutes), in Song Dynasty they were called "*Washe*" or "*Goulan*," in Yuan Dynasty they were called "*Jianhu*," and in Ming Dynasty they were called "*Jiaofang*" or "*Yuefang*." When Emperor Yongzheng in the Qing Dynasty decreed several times that the group be liberated, the "official prostitution" system was dissolved and prostitution began to be privatized. Meantime, in comparison with the "private prostitutes," those

[5] "Situation of Anti-drug Publicity and Preliminary Experience," August 30, 1952, *People's Daily*.

[6] Wang Shunu's (1992) and Shan Guangnai's (1995) can be referred to for the research on prostitution.

prostitutes who turned in taxes were called "public prostitutes," whose occupation was recognized by the government. Therefore, the public prostitutes were still a kind of "official prostitutes" in another form. The situation remained roughly the same during the era of the Republic of China.

Prostitution is an evil system. As Nie Gannu said, "Prostitutes doubt civilization. The mere existence of them proved that there are buying and selling of human beings and sex… Prostitutes are those who need help the most, but who are the most helpless, or those who need salvation the most, but whose ability of self-salvation is the least" (Nie Gannu 2005a). In another article, Nie pointed out that "prostitution is the biggest taint of human society. It is the embodiment of the most unreasonable and the most focused side of the system of oppression, exploitation, and barbarism of the Old China" (Nie Gannu 2005b). That is why "abolishment campaigns of prostitution" consecutively appeared in modern Chinese history.

Li Qimin wrote an article for *Great Harmony* (*datong*) *Daily* in 1917, bitterly accusing prostitution of doing more harm than opium and advocating a ban on it. An article about prostitutes being the carrier of venereal diseases was published in the *Mainland Paper* of Shanghai in 1918 and it aroused wide concern. In 1919, Frank Joseph Rawlinson, a minister, organized an association under the name of Virtue Promotion (*Jinde Hui*), whose tenet was "no-prostitutionism." It also helped set up a prostitute salvation center called "*Jiliang Center*" (for the salvation and reformation of the prostitutes) in Shanghai. On April 27, 1919, Li Dazhao published an article called "The Problem of Abolishing Prostitution," in which he listed five reasons for the abolishment of prostitution: "to show respect for humanism," "to improve public hygiene," "to show respect for love," "to protect one's legal freedom," and "to maintain the social status of women." The article had served as a guideline for the modern movement of abolishing prostitution.

With so many appeals to abolish prostitution, some local governments began to launch campaigns of the "abolishment of prostitution." Tang Jiyao ordered its abolishment in 1914 in Kunming, as did Feng Yuxiang in Kaifeng in 1927, Liu Jiwen in Nanjing in 1928, and Fang Zhenwu in Bengbu in 1929. But all these local efforts of abolishment ended in failure for the lack of a permanent cure or the lack of consistent policies resulting from the frequent reshuffling of the local government.

After the victory in the War of Resistance against Japan, the Shanghai Municipal Government of Kuomintang was determined to abolish prostitution in Shanghai altogether within 5 years under the following three procedures: first, "private to public." That is to say, "all the private or public prostitutes would be registered and all the private ones would be turned into public ones, the total number being 10,000 prostitutes and 1,000 brothels"; the second step was "from complexity to simplicity." This means that the brothels which used to claim different types of names would all be called brothels (*Jiyuan*) and they would be open and legitimate; the third step was "from dispersion to concentration." That is, a red-light district (*Fenghua* District) would be built around Hongkou and Tilanqiao and all the prostitutes would be concentrated there. However, the deadline for registration alone was continually put off. The registration was still unfinished in January 1949, the year the PRC was founded. The large-scale abolishment of prostitution proved to be a fine start and poor finish.

The long-term development of prostitution without its successful abolishment made China a country with numerous prostitutes. According to the statistics of S. D. Gamble's (a British sociologist) survey in 1917 on the ratio of public prostitutes to the total population in eight large cities in the world, Beijing and Shanghai claimed the highest ratio. According to the data provided by the *Chronicle of Shanghai Journal* and *Materials of Prostitutes in Modern China*, there were altogether nearly 10,000 brothels across China between the years of 1948 and May 1949, with the number of Shanghai, Tianjin, Shenyang, Changchun, Baoding, Zhangjiakou, Xi'an, and Xiamen being 800, 500, 144, 60, 26, 32, 375, and 46, respectively. In some big cities, the ratio of the public and private prostitutes to the population was as high as 1:150–200. In terms of an absolute number, "Shanghai alone claims 100,000 prostitutes, public or private. There are over 3,000 prostitutes in Nanjing; in Beijing, prostitution has seen a decline since it is no longer the capital of China. However, the number of prostitutes still reaches 2,000 or more there. Even the city of Hankou claims 1,435 prostitutes." We can see from this that prostitution in the period of the Republic of China prospered in the urban areas as well as in the countryside, in the southeast coastal areas as well as in the mid-west.

Once, a newspaper called *Women Times* in Italy lamented in an article that "prostitution is the world's oldest profession; it will not cease unless it has come to the end of the world" (Ke Ti 2000). In the new ideology of the New China, however, prostitution was regarded as "the most barbarian, the most evil system that cruelly devastated women." A movement of abolishing prostitution was launched by the state.[7]

1. In Beijing. The brothels there mainly concentrated on the "Eight Big Alleys" to the south of Qianmen. Four of the brothel managers were called the Four Local Tyrants. On August 9, 1949, the 1st People's Congress of the City of Peking was convened, at which the representatives proposed the abolishment of brothels and the reformation of the prostitutes. On November 21, 1949, the 2nd People's Congress was convened, the resolution of which pointed out that "brothels are the barbarian and uncivilized remnants of the old society by which the old rulers and exploiters devastated the body and spirit of women and destroyed their dignity. Prostitution spreads syphilis and gonorrhea, which does great harm to the health of the nationals." The newly appointed Mayor of Beijing, Nie Rongzhen, announced that the brothel was to be immediately closed. At 6 p.m. on that day (November 21, 1949), the headquarters gave an order that the brothel managers report to the police and were to be detained. Two hours later, action groups with 2,400 policemen on 37 trucks went to the brothels directly. By 5 a.m. the next day, the 224 brothels had already been closed. 424 brothel bosses were detained, and 1,286 privates were housed.

[7] Pan Yuqing's "The Ban on Prostitution in Shanghai in 1951," Sun Shidong's "Around the years of China's Ban on Brothels," an editorial of *the New China's Women* "To Root up the Brothel System" were referred to for the following account. Apology should be given to these authors for my failure in the specification of these sources (the reason is that I searched these articles on line).

2. In Tianjin. At the beginning of the founding of the PRC, there were altogether 448 brothels, 2,000 prostitutes, and 20,000 other maids and servants who made a living by serving in the brothels. Under such circumstances, the Tianjin Municipal Government set forth the guideline "To Forbid Prostitution by Limiting the Number of Prostitutes, and to Abolish Prostitution Gradually." By mid-November 1949, 114 brothels closed down and 570 prostitutes severed their relationship with the brothels. The brothels in Tianjin had decreased by 99 and prostitutes decreased by 329 by mid-January 1950, when news came that the brothels were closed overnight in Beijing. From December 8, 1950 to October 1951, ten or so brothel managers were sentenced to death and their execution took place immediately. All the property obtained from exploiting the prostitutes was confiscated. By May 1952, both the brothels and the prostitutes in Tianjin declined.
3. In Shanghai. Shanghai boasted the largest number of prostitutes among the metropolises of the world. After the liberation of Shanghai, full-scale construction had yet to be underway, and the main task of the government was to uproot the enemies, to maintain order, and to restore industrial production so that social security administration could be implemented according to a certain tight procedure. In June 1949, all the prostitutes in the city were ordered to be registered and checked before certificates could be given. In July 1949, the municipal police enforced "Rules of Managing Brothels (tentative)"; after the founding of New China, it was increasingly difficult for the brothels to continue to exist. By the end of 1950, the number of brothels was reduced from 522 to 156, while the number of prostitutes was reduced from 2,227 to 559. In the movements of the "Three *Against*," and "Five *Against*" period in 1951, the people's government arrested over 100 local tyrants of the brothels and forced the bankruptcy of a number of brothels. In mid-November 1951, "The Municipal Government's Plan for the Prostitutes of the City" was released, in which it was announced that all brothels were illegal, all the brothels were to be closed, and the prostitutes be housed. After the brothels were closed, the problem of unlicensed prostitutes, great in number, was also coped with. In this way, prostitution was discontinued in Shanghai.

Led by the big cities of Beijing, Tianjin, and Shanghai, the abolishment of prostitution was carried out all over China. By the end of 1951, the abolishment work had been brought to an end. The problem of prostitution, which lasted thousands of years worldwide, was solved for the first time in New China.

The abolishment of prostitution was also conducive to the ending of venereal diseases in China. According to related data, the total number of victims with venereal diseases reached 20 million–30 million in China around 1949: 490,000 people caught venereal diseases in Shanghai alone; 47.2 % of the population of Inner Mongolia was diagnosed with venereal diseases. A military doctor of Japan declared in 1945, when the War of Resistance against Japan was over, that the situation of people contracting venereal diseases was so serious that the whole nationality of Inner Mongolians was likely to be wiped out after two or three decades. 29.3 %

of the 30,000 or more people in Xikang were diagnosed with venereal diseases, and over 20 % of Axi people in Sichuan Province and Li Nationality of Hainan became victims of venereal diseases (Ding Mingbao and Cai Xiaoheng 1993). After the treatment of such diseases (free of charge), however, things improved greatly and by the 1960s venereal diseases had virtually vanished. China's image in the world was subsequently enhanced.

10.3 The "Cleanness" of the State and Legitimacy Construction

"Legitimacy" is one of the major ingredients of the Western political science. Ever since the rise of Western democratic theory, it had become a classic topic for various thinkers or theorists in different periods to research and discuss. Jean-Jacques Rousseau decided that the consensus of the people is the only basis of legitimacy and only the people can decide to whom the regime belongs. Max Weber, who acclaimed rationality, thought that we have to employ neither philosophy nor ethics to judge whether a regime is legitimate – as long as the people believe it to be legitimate, it is legitimate (Weber 1997). The German political philosopher Carl Schmitt said, "A given order is legitimate as long as the majority of the people hold it to be legitimate."[8] Jurgen Habermas, a structuralist, maintained that "legitimacy means a political order that deserves to be recognized" (Harbermas 1989). Related theory could also be found in modern political scientists. Samuel P. Huntington defined legitimacy in terms of one's behavior: People's large-scale participation in politics distinguished a modern state from a traditional state. In other words, a government is legitimate only if it stands for the people's will (Huntington 1988). Jean-Francois Lyotard, a postmodern writer, revealed the source of legitimacy: "The State receives its legitimacy not from itself but from the people" (Lyotard 1997).

However, why should the people "believe" in the government? Why should "a political order deserve to be recognized"? How could the will of the people be represented? In other words, how is legitimacy constructed?

To understand the "abolishment of drugs," "abolishment of prostitution," or other measures to "clean" up the country in the initial years of New China, a proper perspective and rational approach in terms of the construction of legitimacy is needed.

The addictiveness of drugs enervates people's vitality and leads them to an early death. Those addicted would not engage in production, and the addicted bureaucrats would usually be corrupt and open to receiving bribery. The state's economy also will suffer as a consequence. Drug addiction has been a bane of society in modern times. On the other hand, while prostitutes exist in all phases of history of countries all over the world (engaging in the oldest profession, as some people say), and are the source of many poems, stories, and legends of many poets and other literary

[8] Cited in Richard Wolin's (2000).

men, their miserable life and lowly status could barely be covered up. "Alas I did not follow 'the three *obediences*' (The three *obediences* for a female in feudal China: obey her father before marriage, her husband when married, and her sons in widowhood) and oftentimes I cried my eyes out. When would I ever have the chance to have normal human relations in my life? Although everyday we sing and dance, we harbor envy for those folk women in plain clothes."[9] On the other hand, prostitution spreads venereal diseases, degrades the ethos, degenerates people, and contaminates the morals…. Prostitution is that cancer of society. The harm that drug abuse and prostitution inflicts makes the country "unclean."

Great efforts have been made to eradicate the "unclean" social phenomena by different governments. Drugs came and went of their own accord despite orders of banning them or consecutively launched anti-drug campaigns; sometimes drugs even became a vital financial source. The abolishment of private prostitution by Emperor Yongzheng only ended in the distinction between public and private prostitutes by the collection of a "prostitute tax" (*hua juan*). Some Kuomintang officials even said that "there is no city without prostitutes." It seemed that history kept repeating itself and yet things simply remained the same.

What, then, could account for the failure of the effective extirpation of the "unclean" bane or the pernicious and great evil of societies?

As Li Sanwu's article "My Humble Opinion about the Abolishment of Prostitution" published in August 1920 in *Women's Magazine* pointed out, "prostitution is the result of the current private ownership of land and the capitalist economy. Hence we should reform land ownership and the capitalist economy before we can get rid of prostitution." August Bebel said something similar in his book *Woman and Socialism*: "prostitution is a social institution as necessary as police, a standing army, the church, or employment." Karl Marx had once compared prostitutes, women who sell their bodies, to those workers whose salary is reckoned by the job. Friedrich Engels made it even clearer: Prostitution is the inevitable outcome of the private system and exploitation. As the *Communist Manifesto*, co-authored by Marx and Engels, pointed out, "all prostitution, public and private," is a product of the exploitative system. "It is self-evident that the abolition of the present system of production must bring with it the abolition of the community of women springing from that system, *i.e.*, of prostitution both public and private" (Marx and Engels 1997).

From the analysis of prostitution, a secret is betrayed: The reason why it is difficult to extirpate the "uncleanness" is that the social institutions where the "uncleanness" exists are by themselves "unclean." In other words, the "unclean" society with the institutions themselves is the gathering places of the evil, the squalid, and the ugly. That is why to clean the "unclean" by an "unclean" system is an ineffectual remedy, just as "one who tries to stop water from boiling by scooping it up and pouring it back," as the Chinese idiom goes.

[9] A poem entitled "My Thoughts" by Xu Yueying, a prostitute of Tang Dynasty. Cited in Xie Wenyao (1990).

The new state announced its "clean" characteristics: It was a democratic country of the people in which the exploiting class had been overthrown, the exploiting system had been abolished, and "the feudalism that puts women in bondage" had been abolished. The host of the country was now the people. The soil in which the "unclean" social institutions had been in was removed.

Sigmund Bauman exposed the primary drive to structure the world after a rational design. The modern state attempts to define order and chaos, or the proper and the improper. Some of the modes would be pushed while others would be suppressed (Zygmunt Bauman 2003). In consequence, a new state would demonstrate its "clean" characteristics and define its institutional and moral superiority, and attack the remnants of the old institutions such as drug abuse, prostitution, or corruption.

State "cleaning" was employed to demonstrate the strength and the effectiveness of the new state. In as short a time as 3 years, opium, a problem that had done hazards to various governments, was solved, and China entered the list of countries without drugs. Also, in less than 3 years, the new state not only abolished prostitution, but also "cleaned" the victims of the "unclean" system; the prostitutes were "cleaned" and they were turned from "ghosts to human beings."[10] They joined the population of a "clean" country with a "clean" image (Note: by 1957, the reformation work of prostitutes had been successfully accomplished). During this process, the determination and courage of the state were displayed. Even when the cadre dignitaries were stained or corrupt, the new state would "clean" them mercilessly.[11]

Myron Cohen believes that a new regime will reform its culture at its founding. A different culture will prove its own legitimacy and reasonableness; on the other hand, a backward social image of the old society in sharp contrast with the new one is also to be constructed (Cohen 1993). However, although the construction of the backwardness of the old society can be the target for criticism, and the propaganda for the new culture can be invoked to arouse the longing of the population, the reasonableness and legitimacy could not have been built with the construction on the cultural level alone. More important are the thorough reform of the old society and the rigorous enforcement of the new institutions, which are the bearer of the new culture. For a country which lacks Western-style religion, the legitimacy of any

[10] The abolishment of the prostitutes had aroused the wide concern of the world. The Reformation Institution of Women in Shanghai had been an epitome of the reformation to prostitutes. After an American journalist had interviewed Zhu Yuying, a reformed prostitute, he exclaimed to the cadres that what the slogan (the Old Society turned human beings into ghosts, while the New Society will turn the ghosts into human beings) said was really true because "I feel that you have really turned the ghosts into human beings."

[11] According to *People's Daily* (December 30, 1951), Liu Qingshan asked for a long-term sick leave after he came to Beijing. Actually it was that he was addicted with drugs. His plot to appropriate relief grain and the fund for river reconstruction with Zhang Zishan had something to do with his addiction, too. According to *Northeast China Daily* (March 1, 1952), Yin Zihua (the Secretary of the Jiaohe County Committee) and Cui Xiaoguang (the Jiaohe County League Secretary), together with other drug traffickers, profited from drug trafficking. The directors of the local police, taxation, and organization of the County Committee were also involved in the crime.

regime must be won by solving the problems that arise from reality (Zou Dang [Tsou Tang] 1994).

As a matter of fact, it was during the simultaneous processes of "cultural reconstruction" and "display of abilities" that China had built up its image of a "clean" country, that China had won "the people's confidence" and "recognition," and that the construction of "legitimacy" had been accomplished.

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Chapter 11
The Patriotic Hygiene Campaign and the Construction of Clean New People

Triggered by the American germ warfare, continuing the line of thought of "cleaning" a country, the Patriotic Hygiene Campaign was upgraded to a level that was unparallel in depth and amplitude. In the struggle to defend one's home and country, one's personal hygiene was given a deeper meaning at the state level and became a basic prerequisite to maintaining the "cleanness" of the country. Governed by such discourse, the populace underwent a subtle "deterritorialization" process during which they were reconstructed.

11.1 A Brief History of the Patriotic Hygiene Campaign

Attention has been paid to hygiene ever since the Xia and Shang Dynasties. According to archaeological discoveries, there were records of washing one's hands, feet, and body in "books" written in *Jiagu* characters (inscriptions on bones or tortoise shells of the Shang Dynasty). It had become a day-to-day practice to "wash one's face and rinse one's mouth hearing the roosters crow" during the Chou Dynasty. To "sweep the courtyard when one rises" had become a person's daily requirement.[1] In addition, dust was required to be swept away during the Spring Festival; clothes were required to be changed in the Day of Pure Brightness; wormwood should be put in the house at the Dragon Boat Festival; *xionghua* (realgar) wine should be drunk to avoid plague. These were good hygiene habits believed to be beneficial to the people's health, although they generally remained on the level of individual activities. Since the Revolutionary Wars, the launching of public health campaigns introduced a safeguard against the outbreak and spread of epidemics, protecting the health of the military and civilian people. With the outbreak of the

[1] In ancient times, there would even be blames coming from public opinion if one's courtyard was not cleaned. Criticism for Zhaogong of Jin from people in Jin Dynasty said that "you also have a courtyard, why you do not sweep it." (See *Book of Songs.*) In *Book of Rites,* it is also said: "when the first rooster crow, one should sweep the living room and the courtyard."

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Korean War after the founding of New China and after the "germ warfare" waged by the United States in particular, the individual activities had been heavily involved in a vigorous large-scale mass movement, with the state's strong advocacy and efficient organization. Subsequently, the mass movement was continually institutionalized and became a momentous event in the history of the health care development in modern China.

11.1.1 Prelude (1949–1951)

Guided by the instruction "to cater for the needs of workers, peasants, and soldiers," the new government carried out a large-scale public health campaign aiming at 20 communicable diseases that did the most harm to the people's health, especially smallpox, plague, and cholera, which presented the gravest threat to the national defense and economic construction. This served as a prelude to the Patriotic Hygiene Campaign.

From 1949 to 1951, more than 45 % of the country's population was vaccinated, 29 times the highest vaccination record in the Republic of China. Owing to the vaccination of cowpox, the episodes of smallpox had decreased by 90 % in 1952 compared with 1950 (Li Dequan 1952). Moreover, the health sector had established eight plague prevention centers. The masses were mobilized to be inoculated and to kill rats and fleas. The epidemics of a plague in Inner Mongolia, Northeast China, and Chameng in 1951 were controlled. The first half of 1951 saw a decrease of the national incidences of plague by 78 %, compared with the same period the previous year. Seventeen percent more plague victims were cured that year than the previous year. Cholera had broken out annually ever since its introduction to China in 1820, until after the founding of the PRC, when no positive case of cholera was tested due to the strengthening prevention measures such as quarantine, tests, or preventive injection. At the same time, 125 plague prevention teams were organized and over 6,000 health workers reached the disastrous and the plague-stricken areas to carry out mass hygiene and plague prevention work. As a result, typhus, relapsing fever, typhoid fever, dysentery, and other communicable diseases did not break out on a large scale. The attempts to control some other communicable diseases such as kala-azar, sexually transmitted diseases, and malaria had been successful to a certain extent (Li Dequan 1951).

In April 1951, the Ministry of Health held a national conference on epidemic prevention, at which the epidemic prevention work since the founding of New China was summarized. The achievements made were affirmed and some problems were indicated: Mass prevention of epidemics was not widespread enough, not enough doctors were sent to rural areas, and too much emphasis was placed on treatment instead of on the preventive work. The conference believed that technology must be combined with mass movements in future preventive work; workers engaging in prevention should be educated to have the mass standpoint; popularization work among the masses must be strengthened so that the masses would participate in the

preventive work voluntarily. On September 9, 1951, when the Minister of Health He Cheng turned in "Work Report on the National Prevention Work of the Latest 21 Months," Mao Zedong made important instructions: "The Central Committee believes that Party committees at all levels lack the consciousness of health work, epidemic prevention, and the medical work in general, which is a drawback that should be overcome. From now on, health work, epidemic prevention, and medical work should be regarded as a major political mission that should be pushed greatly" (Gao Enxian 2000). This was Mao's first instruction on health work documents after the founding of the PRC, which served as the theoretical basis on which health work could be more clearly defined and on which the Party and the government led the Patriotic Hygiene Campaigns (Xiao Aishu 2003).

11.1.2 The Fight Against Germ Warfare (1952–1954)

Beginning in late January 1952, the United States continuously introduced flies, mice, mosquitoes, spiders, ants, bedbugs, fleas, flat worms, crickets, dragonflies, centipedes, grasshoppers, and other 30 or so contaminated insects, together with other carriers of bacteria such as rotten fish, cotton, and leaves, to Korea, Northeast China, Qingdao, and other places, covering 34 counties or cities of the three provinces in Northeast China. It was proved by China's epidemic prevention departments that people were contaminated with various pathogens of plague, relapsing fever, cholera, meningitis, paratyphoid fever, leptospirosis, typhus, and so on. Similar activities were exposed in areas other than Northeast China. From March to September 1952, a total of 121 enemy airplanes invaded 4 cities and 43 counties of Guangxi 107 times, leaving many reactionary leaflets, dragonflies (in Ming County), sacks, hand grenades (dropped by parachutes, in Lijiang County), boxes containing leaflets, and cartons containing yellow jelly-like powder (in Hepu County). The airdrops were promptly dealt with and 62 of the 150 suspicious insects were discovered to be contaminated with pathogens (mainly shigellae) after bacterial culture (Local History Compilation Committee of Guangxi Zhuang Autonomous Region 1999). Kuomintang, who had retreated to Taiwan, also took the opportunity to inflict damage to mainland China. On the evening of May 12, 1952, Kuomintang military aircrafts dropped insect vectors in eight counties or cities of Liu'an, Feixi, Xuancheng, Langxi, and Hefei (Local Chronicle Compilation Committee of Anhui Province 1996). According to the Provincial Archives of Fujian, the KMT aircraft dropped leaflets, "Lily" brand soap, and poisonous insects over 53 counties in Fujian 120 times.[2]

It seemed that the outbreak of various kinds of epidemics was imminent. In this regard, the CPC Central Committee called on the Chinese people to fight against the germ warfare launched by the United States and to implement an epidemic

[2] The figure meant that the counties in Fujian had reported 120 times on being affected by the airdrops. Local Chronicle Compilation Committee of Health of Fujian Province (1989).

prevention campaign by controlling the pests and disinfection. Then, Comrade Mao Zedong called on people "to mobilize, to pay attention to hygiene, to reduce the incidence of diseases, to improve health, and to crush the enemy's germ warfare."

According to the instructions given by the CPC Central Committee and Comrade Mao Zedong, the State Council held a meeting on March 14, 1952. The Central Epidemic Prevention Committee was to be established to lead and to organize the anti-germ war, chaired by Zhou Enlai, Guo Moruo, and Nie Rongzhen. On March 19, 1952, the newly established Central Epidemic Prevention Committee ordered that a "war" be declared against germ warfare, that governments at all levels establish Epidemic Prevention Committees under the leadership of the governments at all levels; China was to be divided into emergency prevention areas, epidemic surveillance areas, and preparatory epidemic areas in accordance with geographical division; the masses were to be urged to enter into agreements of epidemic prevention according to the different circumstances of different regions. The following requirements were to be suited: (1) Report to the local epidemic prevention authorities should be made immediately in the case that enemy airplanes drop insects or other alien bodies; the insects should be killed directly; (2) a mandatory vaccination is implemented; (3) worms, mosquitoes, fleas, rodents, and other vectors of diseases should be incinerated; (4) water sources should be protected and tap water management should be strengthened; (5) cleanness should be maintained indoors, outdoors, and in toilets; (6) food sold by hawkers or by food stores must be put under a glass cover; (7) people should be educated not to eat raw or cold food; (8) those people who contracted communicable diseases should be quarantined; (9) the remains of people who died of communicable diseases should be deeply buried locally and were prohibited from transporting to other places. Pathological anatomy was to be carried out if necessary; (10) excrement of victims who caught communicable diseases and things left behind by the deceased who died of communicable diseases should be strictly disinfected or destroyed; (11) strict precautions should be taken against the enemies' putting poisons or insects on the ground; and (12) health and disease-prevention knowledge was to be spread.

With the call and the organization under the leadership of the Party and government, a large-scale mass public health campaign was launched since 1952 to crush the US germ warfare.

Inspired and mobilized by the patriotism invoked by the "War to Resist America and Aid Korea" and to "defend the homeland," vigorous campaigns were orchestrated all over the country to actively engage the masses of all strata. By June of that year, the campaign had reached its climax. It was truly a campaign for public health involving all people in many places. 10,141,250,000 copies of booklets, posters, slides, and other publicity materials were made for the popularization of hygiene knowledge in East China; the Party's rapporteur and publicists were dispatched, and scientists, medical workers, teachers, and students organized to form a publicity corps for the campaign. In Nanjing, it was stressed that publicity should be accompanied by actions and a follow-up check of the finished work. In this way, 90 % of the population there received such education. In the cities of Qingdao and Ningbo,

more than 90 % of the population was involved in the campaign. In Fuzhou, over 95 % of the city's adult population participated in mass cleanup and mouse-catching activities.[3] According to incomplete statistics, up to 140 million people or more engaged in the cleanup of Shandong Province, Beijing, Tianjin, and Chongqing. Fifty to sixty percent of the peasants in Jilin Province performed cleanups on a regular basis. 640,000 health workers were trained in Zhejiang Province and the three cities of Shenyang, Jinan, and Changwei. More than two million people in Shenyang, Andong, Nanjing, and other cities received health education.[4]

Nearly all the people were mobilized in this Patriotic Hygiene Campaign against germ warfare. In half of 1952, 37 million quintals of garbage were cleaned up, 280,000 km of clogged ditches or channels were dredged, over 4,900,000 toilets were converted or newly built, over 1,300,000 wells were reconstructed (Huang Yongchang 1994), a large number of contaminated ditches were converted into new residential areas or parks, and flies and other pests were killed (in 1952 alone, 120 million mice and 130 billion flies were killed), rapidly putting the epidemic of plagues and other deadly communicable diseases under control.

The mass participation in the Patriotic Hygiene Campaign participated not only timely eradicated the various poisonous insects and other vectors airdropped by the US aggressors but also thoroughly eradicated a variety of vectors transmitting diseases, and improved the environment, popularized health education, and raised the health level of the Chinese people. The enemy's plot in launching the germ warfare was frustrated. In May 1952, after its visit to many places in China, the International Scientific Committee announced that "Today, China is undergoing a movement promoting personal and public hygiene with the wholehearted support of the 500 million people. The scale of this public health campaign is unprecedented in human history. So far, this campaign has greatly lessened the incidence and the death toll of communicable diseases. In our opinion, the attempt to exterminate a nationality by germ warfare is criminal but vain attempts." One of the criminals who personally implemented the germ warfare program, the former chief of staff of the First Air Force Alliance Team of the US Marine Corps, acknowledged that the germ warfare was "not worth a fart" in terms of its effectiveness.[5]

As the direct purpose of this campaign was against germ warfare launched by the United States, the campaign turned into a political mission of defending the motherland with enthusiastic patriotism. In December 1952, the Central People's Government decided to call the campaign the "Patriotic Hygiene Campaign" and made it an important component of the people's health care service. In addition, the epidemic prevention committees at all levels shall be renamed "Patriotic Hygiene

[3] "The National Patriotic Hygiene Campaign is developing further and has now become a regular campaign; leadership should be strengthened in some areas, nevertheless," *People's Daily*, July 26, 1952.

[4] Xiao Aishu (2003). See Feng Luren's (1952) for detail.

[5] "To Carry Out Further the Patriotic Hygiene Campaign to Smash the U.S. Germ Warfare," *People's Daily*, February 25, 1952.

Campaign Committee" and be included into the direct leadership of the people's governments at all levels. Since then, the Patriotic Hygiene Campaign had become regular practice and an essential element in production and everyday activities.

11.1.3 *"To Eradicate Diseases and to Exterminate Pests" (1955–1965)*

After the War to Resist America and Aid Korea ended, China began a program of socialist transformation and construction, and the Patriotic Hygiene Campaign entered its second phase. Primarily, in accordance with the implementation of the "National Program for Agricultural Development (Draft)," this phase aimed at improving the health conditions in rural areas and eradicating endemic diseases that seriously damaged people's health to protect the labor force.

"National Program for Agricultural Development (Draft)" was outlined and promulgated in 1956 under the auspices of Mao Zedong, in which the mission "to exterminate the four pests, to be hygienic, and to eradicate diseases" was proposed. Complying with the requirements of the Program, various detailed provincial plans were formulated. However, diverse opinions arose. Some people felt that now that the War to Resist America and Aid Korea had ended, the Patriotic Hygiene Campaign had also completed its historical mission since the whole campaign was launched to foil germ warfare; some people supposed that the health campaigns would hinder production and work.

In such circumstances, a discussion broke out at the 3rd Plenary Session of the 8th Central Committee as to how to exterminate the "four pests," how to be hygienic, and how to eradicate diseases. A more definite goal was decided at the conference: "to exterminate the four pests, to be hygienic, to eradicate diseases, to protect the people's health in order to inspirit people, to transform outmoded habits and customs, and to reform the country." On January 8, 1958, the CPC Central Committee released the Notification of the Patriotic Hygiene Campaign, with to kill the "four pests" as the keynote. On February 12, the CPC Central Committee and the State Council issued "Instructions on the Extermination of the 'Four Pests' and the Closer Attention to Hygiene." The work report of the Second Meeting of the 8th Central Committee held in May also pointed out that the guideline "to exterminate the four pests, to be hygienic, to eradicate diseases, to protect the people's health to ensure that everybody is in high spirits, to transform outmoded habits and customs, and to reform the country" would be proposed to the whole nation and be included in the planning of national economic development.

Comrade Mao Zedong expressed considerable concern over this. Article 13 of "Seventeen Suggestions Given in the Consultation of Agriculture," drafted by Mao himself in December 1957, proposed that "we should basically eradicate several diseases that are the most harmful to people and livestock within seven years, such as schistosomiasis, bloodshot echinococcosis, plague, encephalitis, rinderpest, and so on." "To kill the 'four pests,' referred to the eradication of rats (and other vermin),

sparrows (and other harmful birds, but whether the crows should be exterminated was to be studied further), flies, mosquitoes." (Note: In March 1960, in the CPC Central Committee's instructions on health work drafted by Mao Zedong, sparrows should not be killed, but bedbugs should be killed instead; and the slogan should be changed to "to get rid of mice, bedbugs, flies, and mosquitoes") (Mao Zedong 1972). In November, he said when he received some students who had studied in the Soviet Union that "everyone's determination is needed when we come to the problem of killing the 'four pests'; everybody should take action, to be in high spirits, and to get rid of the outmoded conventions. If the east wind does not dominate the west wind, then the west wind will dominate the east wind – we need take an upper hand in such things." In January 1958, Mao Zedong inspected the Patriotic Health Work of Xiaoying Lane, Hangzhou. In March of the same year, he traveled to Pi County, Sichuan Province, to investigate the extermination of the "four pests" in the rural areas. Mao Zedong stressed again in his speech at a meeting in Tianjin in 1960 that all departments should pay attention to the work of "to get rid of the 'four pests', to be hygienic, and to reconstruct the world by removing the outmoded customs."

Thanks to the repeated emphasis of the Party, the government, Mao Zedong, and other state leaders, the Patriotic Hygiene Campaign began to be combined with production and people's daily activities after the end of the germ warfare. Working toward the goal of exterminating pests and diseases, health campaigns were combined with production under political leadership, health technology was applied to the mass movements, and regular work was combined with the breakthroughs that were made. In this way, the Patriotic Hygiene Campaign was further developed, and brilliant achievements had been made.

Chongqing used to be a mice-ridden city before liberation. Sixty-seven percent of the buildings there were liable to give shelter to mice; the 144 km underground sewage ditches with numerous corners and turns facilitate the breeding of mice. Visitors to Chongqing would often say that mice in Chongqing really "deserve their reputation." People's faces would even turn pale at the mere mention of the mice. To eradicate the rats, the people of Chongqing City turned to large quantities of bait, mouse-catching tools, sulfur smoke in the sewer, and warehouse cleanups, thus besieging and almost annihilating them. There were no noises made by mice in such places as Guanjing Alley where mice used to congregate in large numbers.[6]

Kala-azar is a parasitic disease spread by sand flies, popular in the vast rural areas to the north of the Yangtze River, affecting 15 provinces or autonomous regions, Shandong in particular. The "National Agricultural Development Program (Draft)" issued in 1956 listed kala-azar as one of the diseases that must be eradicated by a deadline. With the co-efforts of people in the Patriotic Hygiene Campaign, kala-azar had been largely eradicated in China by 1958. According to the survey of Shandong Province, the average incidence of kala-azar in 1950 was 350 per 100,000 people, and the incidence was reduced to 3.5 per 100,000 people in 1958 and to 1.3 per 100,000 people in 1959, which was 99.6 % less than the number in 1950. At the

[6] "Li County broke free from the four pestilences after two years of fighting; the four pests were annihilated after seven days of assault," *People's Daily,* February 27, 1958.

same time, acupuncture was creatively combined with antimonial therapy, hence partially solving the drug-resistant problem in kala-azar treatment.[7]

Located in the subtropical area full of dams, swamps, and paddies that are ideal areas for the breeding of mosquito larvae, Yunnan has always been known as the "land of communicable subtropical diseases." Malaria had existed there for at least 1,700 years. As *Geographical Records of the Taiping Reign* (*Taiping Huanyu Ji*) recorded, "when Zhuge Liang's troops came here, there was an outbreak of malaria, and a big grave was dug to bury the dead ones." The epidemic of malaria in Simao town in the southern Yunnan Province had decreased the population from 50,000 in 1919, the time of one of its outbreaks, to less than 1,000 in 1950. Most of the survivors had contracted malaria. Through the prevention of malaria and the massive Patriotic Hygiene Campaign, a large number of anopheleses had been killed. By 1957, malaria had virtually been eradicated in places such as Simao, Shuangjiang, Gengma, Mangshi, Malipo, and Menglang Dam of Lancang River, once areas experiencing serious epidemics of malaria.[8]

11.1.4 "Two **Managements** *and Five* **Conversions"** *(1972–1977)*

In the late 1960s, a series of communicable diseases broke out in the rural areas: First, the epidemic of cerebrospinal meningitis and later communicable diseases such as malaria, typhoid fever, measles, and relapsing fever broke out throughout the country. To protect the health of the vast rural masses and cater to the needs of agricultural production and the peasants' livelihood, the focus of the Patriotic Hygiene Campaign was on two aspects: one was the management of feces and wastes; the other was the management of drinking water sources. That is, toilet, animal stables, nests of poultry, wells, and ponds were to be improved so that they could help accumulate fertilizer and protect the effectiveness of the fertilizer. In addition, new water sources were to be found to meet the increasing needs of agricultural production. Furthermore, pollution of the environment was to be prevented or reduced and drinking water resources were to be protected in order to meet the health needs. "Two *managements*" was later extended to "five *conversions*": conversions or improvements of wells, toilets, stoves, livestock sheds, and the indoor and outdoor environment.

To promote the experience of the "two *managements* and five *conversions*," the Ministry of Health commissioned the Anhui Provincial Health Bureau in March 1974 to open a training class of "two *managements* and five *conversions*" in Jieshou County for the rural areas of the Northern provinces. Health workers of Heilongjiang,

[7] "Mobilize the masses to eradicate kala-azar, member of the Committee Wang Zhaojun speaks," *People's Daily*, April 8, 1960.

[8] "Good news from the people of the frontier of Yunnan: malaria which had existed for 1,000 years is brought under control," *People's Daily*, January 16, 1958.

Jilin, and other 14 provinces, municipalities, or autonomous regions participated in the training class. Two months later, the Ministry of Health commissioned the Health Bureau of Guangdong Province to hold a seminar for the southern provinces in Dianbai County. The health workers of Sichuan, Yunnan, and other 11 provinces, municipalities, or autonomous regions participated in the seminar (Huang Shuze and Lin Shixiao 1986).

The implementation of "two *managements* and five *conversions*" put garbage, feces, and drinking water under effective management so that the breeding conditions of mosquitoes and conditions conducive to the spread of diseases would not prevail. In this way, the hygiene standards in the environment improved and the incidence of diseases was reduced.

The Patriotic Hygiene Campaign of the time, with the core being "two *managements* and five *conversions*," was more technology-oriented and individualized, compared with the large-scale mass mobilization and popular participation in the previous phase. However, this was a far cry from what Mao Zedong had said (to remove the outmoded conventions, to reconstruct the state, and to reconstruct the world). That is why, when the Ministry of Health consulted Mao in 1965, he consented but requested the Ministry of Health to gain experience first and then to later promote the experience nationwide. It could also explain why Mao asked not to use his consent as a call or a slogan in the national implementation.

11.1.5 A Turning Point (1978–Present)

After the 3rd Plenary Session of the 11th Central Committee convened in December 1978, a major shift in the focus of the Party's work occurred: Now the work of the Party and governments at all levels began to center around economic construction. With the implementation and promotion of the Rural Household Contract Responsibility System, rural social structure underwent tremendous changes. On the other hand, since the call to build a high-level socialist spiritual civilization was raised at the 5th Plenary Session of the 11th Central Committee, the Patriotic Hygiene Campaign was included into the socialist spiritual civilization and lost its independent status.

Under the influence of these factors, the Patriotic Hygiene Campaign, which had been conducted in both urban and rural areas with the launching of mass movements, also underwent great changes, as described in the following: (1) City orientation. With the focus shifted to economic construction, the cities began to play a dominant role as the distribution and exchange center of commodities and modern industrial center. In addition to the urbanization orientation in the modernization process (industrialization and urbanization have become the crucial strategy and orientation in the modernization process of China), the Patriotic Hygiene Campaign, which had been catering to areas both rural and urban (but sometimes mainly rural, e.g., the goals of eradicating the endemic diseases in the 1950s and "two *managements* and five *conversions*" in the 1970s), had been replaced with distinctively

city-oriented measures such as the prizes for the most "hygienic cities" or the most "civilized cities"; (2) Professionalization. Dominated by the macro discourse of socialist modernization, medical and health care services gradually moved toward the path of specialization and standardization, and a variety of professional norms and standards were defined and were achieved. The original pattern of a mass movement was abolished and social health work began to be increasingly engaged in by health professionals; (3) Individualization. Consensus had reached the "complete negation of the Cultural Revolution" in the process of providing evidence for the legitimacy of the reform policies, leading to "critical vigilance to any large-scale mass enthusiasm." On the other hand, social changes, the fundamental transformation of the rural management system in particular, had increased the cost of organizing and leading any mass movements. Consequently, the mass hygiene work was bound to be attached to moral rules such as the "five *to-bes* and four *beauties*" (*Wujiangsimei* in Pinyin: to be civilized, to be polite, to be hygienic, to be orderly, and to be moral; pay attention to the beauty of one's spirits, one's language, one's behavior, and the environment) to win the space of its existence and its development. That is why it was highly individualized.

11.2 To Remake the Nationals

Suffering from intense foreign pressure and faced with a national crisis, to remake "new nationals" became a necessary prerequisite for saving China from the crisis in modern times. Various movements ("to militarize the nationals," "to make new nationals") were launched with a view toward this. Although the political form of "the people's state" had been established in New China, the problem of to "remake the nationals" needed to be dealt with before applying state building to practice. On the premise of the "people being the host," how could the people's behavior and standards be disciplined to keep pace with the overall state building, as well as the well-being of the state? "The break with history especially dramatized the need to make the people as the foundation of the nation. The nation had already emerged in the name of the people, but the people who mandated the nation would have to be remade to serve as their own sovereign. It was no longer a question of reawakening the nation and the people, but rather, making them from scratch. *Who* would be responsible for making the people? Confronted by the crisis of the Chinese state and drawn to the emergent global revolutionary discourse at the end of the second decade of the twentieth century, the successors of the Chinese literati generated the representation of the 'intellectual' at around the same time as they made the image of the 'people'" (Duara 2003).

Related political theories demonstrate that process of state building is the process of turning the community residents into national citizens, during which process the generation mechanism of modernity would necessarily give rise to the generation of the "deterritorialization mechanism" or the reproduction of social systems across temporal and spatial distance on social relations" (Giddens 1998a).

According to Anthony Giddens, the traditional China was a state with "a territorial aspect," but without "defined territorial boundaries" (Giddens 1998b). This lack of spatial sense prevented the state power from effectively mobilizing and integrating the entire society and deprived the grassroots people of the basic concept of the state. The people usually knew nothing about the state or the world; they only knew their family. That is why Sun Yat-sen bitterly accused the nationals of being in "the state of disunity like some sand." Although the masses were mobilized to a certain extent during the CPC's long-term revolution efforts and mobilizing technology such as "pouring out one's grievances" (*suku*) was invented, this kind of mobilization more pointed to a particular system and was devoid of space disciplining. As a result, the construction of the spatial concept and state identity of an integral nation-state on the basis of a new ideology and new institutions presented as a problem to be combated.

The outbreak of germ warfare marked a defining moment for the solution of the problem. Dominated by the discourse of the country being "clean," a large-scale "deterritorialization" process began with the launching of the Patriotic Hygiene Campaign, resulting in "overall discipline" and the remade nationals.

11.2.1 Politics of "Cleaning"

In an attempt to "clean" the country, a series of campaigns banning drugs or prostitution demonstrated the "clean" characteristics of the new country, its strong determination, its exceptional ability to be rid of the unattractive and the dirty social evils, and its removal of the old system. In this way, a solid foundation was laid for the construction and maintenance of the legitimacy of the state. However, the recognition and the consent of the people did not mean that they would automatically dispose of their localism and establish a general state consciousness or consciously take action as required by the state. "A much more important component of the construction of modern nation-state with lasting effect" (Wang Mingming 2000) requires the expansion of the state into the society in ways untried in any previous governments (MacFarquhar and Fairbank 1998).

The outbreak of germ warfare provided a good opportunity for the construction of the modern nation-state with lasting effect.

Germ warfare is a special war using invisible bacteria and viruses as weapons against the human body. The bacterial or viral contamination aims to sicken, weaken, or even kill people by means of undermining the health of the human body. The whole campaign was carried out imperceptibly and quietly. It was difficult for people to predict and determine the specific location of the battlefield and the degree of the threat or to bring their strong will and the courageous spirit into full play. Therefore, their sole defense against germ warfare was to turn the whole country into a battlefield and to carry out a comprehensive struggle by "cleaning" in every possible area where threats might exist; it was indeed nationwide "cleaning." The intangible and uncertain state of the germ, on the other hand, put everyone at risk.

An area might be endangered and their successful efforts might be nullified because of the passivity or ineffectuality of another area. Therefore, concerted organizations and co-efforts became a fundamental requirement and prerequisite. As a result, a unified consciousness was substituted for localism. When people had a general reliance on the state, they had intimate contact with the originally superior state for the first time in China's history.

What the germ warfare intended to undermine was the new state, a "clean" state, with its "people-based doctrine," with its institutional and moral superiority in the extirpation of exploitation and oppression, and within the domination of the values of a universal and real equality. Other existent systems seemed ashamed by the contrast and therefore angry. When demonizing means of labeling China as being "evil" or "devilish" proved to be ineffective, the enemies went further to destruct and to destroy the new state directly. When face-to-face confrontation proved to be futile, they resorted to infection and contamination to debilitate the "clean" body of the state and its normal functions via individuals' bodies.

In order to ensure the survival of the "clean" country, the state needed "cleaning" and so did the general public in order to defend the body and their environment. The mutual interests between the state and the people were therefore at stake simultaneously on a shared basis: The "cleaning" of the country could be specified in the cleaning behavior of every national; the sum of the individual "cleaning" constituted the "cleaning" of the country. The state and the people gradually became an integral whole, and a high degree of "similarity and homogeneity" (Zygmunt Bauman 2003) was produced through this convergence of interests between the people and the state.

11.2.2 The State Perspective of Individual "Cleaning"

The outbreak of germ warfare divided the War to Resist America and Aid Korea into two battlefields: a battlefield in the Korean territory, where the Chinese Volunteer Army fought their enemies with weapons, and the other battlefield throughout every corner of China, where what was to be destroyed and resisted was something invisible rather than the tangible bodies and armors; it was "a war without smoke." In the latter case, an "enemy" might hide or reside in things as small as the human body and as big as homes, villages, factories, cities, etc. The enemy's "accomplices" (mice, mosquitoes, flies, bedbugs, cockroaches) waited for opportunities to set off a terrible "bacteria bomb" on anyone at any time. This is a special war competing for the body and attacking and defending the body.

In this special war aiming at the human body, the individual's health and daily cleanup activities went further and further beyond its original connotation and were given a brand new presentation and meaning, intricately intertwined with the grand politics of the state as a whole; individual "cleaning" was raised to a state-level significance.

The goal of germ warfare was to weaken the victims of the germs psychologically and physically. Therefore, to keep fit and to keep free from being attacked by the germs would be the correspondent solution to the enemy's strategy of germ warfare. If an individual was victimized, not only his/her own health, but also others' health would be endangered. More importantly, the victimization process itself had gone beyond the category of individual pains and entered into a state-level discourse. A body was no longer merely a body: It had become a part of the state and a cell of the bigger body of the state. Just as what Chen Huizhu, an overseas Chinese student, had written after she paid a visit to an exhibition of the crimes committed by the United States through launching the germ warfare: "I would turn my anger into power, study hard, keep fit, and beat American imperialism."[9] To stay healthy with care could be interpreted in another way other than the interpretation in daily life: It pointed to the goal of the victory of the state, effected its transition to macro politics, and became a patriotic behavior or expression.

In the battle to curb and crush the germ warfare to ensure national victory, "cleaning" had provided a special means of battling. Brushing one's teeth, washing one's face or hands, or sweeping the floor are so commonplace in one's daily life, yet they claimed an incalculable value as never before. The huge majority of the people, dispersed in four corners of China, had virtually become organized soldiers who counteracted the enemies through their daily activities of cleaning. Such activities claimed an equal importance with the battlefield thousands of miles away, a battlefield in which soldiers engaged in the battles in the flesh. In addition, behaviors such as spitting or urinating in public, something that Chinese people used to be so accustomed to that they turned a blind eye to it, transcended the boundary of moral norms of daily life and were rejected by powerful political discourse.

In the battle of "cleaning," each corner where bacteria or viruses might exist, or each animal that might carry and spread diseases, constituted an enemy. Cleaning up the yearlong garbage dumps, dredging noxious rivers, and catching and killing abominable pests were actually uphill battles, with simple results being a cleaned corner, a killed fly, mosquito, or mouse. "War heroes" emerged in these battles: a 138-year-old hero Liu Zhen[10] and 16-year-old hygiene model Liu Junying (Xia Xiangyu 1952). The language techniques of political symbolism were employed in the battle of "cleaning": Cleaning a dirty corner was compared to removing a blockhouse of the enemy; killing a pest was compared to killing a US aggressor.

In this way, villages, cities, factories, and every other place where bacteria might exist or where diseases might be contracted had converted into battlefields through the political filter. One's personal hygiene or the cleanness of the environment had been linked to state politics of patriotism or defending the homeland. One's personal hygiene was no longer isolated behavior that had little effect on the world; rather, it reflected and satisfied the requirement of the whole society and the nation.

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[9] "Many foreign visitors protest against the American government after a visit to the exhibition of the crimes of the American government in launching a germ warfare, and visitors have reached 28,000," *People's Daily,* September 23, 1952.

[10] "138-year-old Man Leads his Family in Killing the Four Pests," *People's Daily*, March 3, 1958.

11.2.3 The Discipline Imposed by Daily Life

The Patriotic Hygiene Campaign, launched to counteract the enemy, did not subside when the external threat was withdrawn. Although the nation had withstood the test, the threat to the body was far from being lifted. That is to say, the campaign must continue. Of course, the subsequent campaigns gradually turned from intensive political symbolization to one's daily life and production; the target of body politics had shifted.

How to change the enthusiasm of the masses in a particular period and in a particular incident into continual social movement was the key to the subsequent development of the Patriotic Hygiene Campaign. In this regard, Yang Nianqun believes that "inverted imagination" had played a decisive role (Yang Nianqun 2006). The so-called inverted imagination was an application of modern hygiene, the other way around. In the political metaphor of the "Sick Man of East Asia," the sick man was the source of epidemics, while in the process of germ warfare, the United States or imperialism had been the distributor of bacteria and virus. The "sick men" were thus psychologically emancipated; in addition, the metaphor of the "sick men" could be converted into a vital means to mobilize society; such explanation succeeded in explaining why the Patriotic Hygiene Campaign could be developed into a national mass movement in such a short time but failed to explain the underlying motivation that made the campaign continue.

As a matter of fact, the Patriotic Hygiene Campaign was in a slow period for a period of time after the germ warfare was crushed. As was mentioned above, different opinions began to appear at that time: Some people thought that there was no need to engage in the Patriotic Hygiene Campaign since germ warfare ended; some other people thought that the health campaign adversely affected production. Under such circumstances, the state needed to reorient the Patriotic Hygiene Campaign in order to further intensify and institutionalize the campaign. On the one hand, it should be a continuation of the efforts made to crush germ warfare; on the other hand, it should have the potential of pushing the campaign forward. The new guidelines of "to remove the outmoded customs," "to rebuild the state," and "to rebuild the world" timely built up the force of the campaign that might have become waned.

The new slogans or guidelines were a continuation of the "clean politics" against germ warfare. Although the external threat was lifted with the co-efforts of the masses, a new problem arose at a more profound level: Why the means of launching germ warfare was employed by the United States in its attempt to counteract their defeat in the battlefield. After all, although the traps were baited, it was up to the Chinese themselves whether they would land in the United States' deadly traps or not. As a matter of fact, the enemies had availed themselves of the loopholes left by the daily behavior or the bad habits of the Chinese: spitting, urinating in public, the lack of awareness of hygiene shown in such a saying as "to eat dirty food does not lead to diseases," the belief in superstitions and the disbelief in science, or the traditional unscientific customs such as their unwillingness to timely bury a corpse in the grave. Consequently, besides the extermination of the vectors of the diseases, such as pests or garbage, a

new “cleaning” campaign needed to be carried out at the level of the daily life in order for the germ warfare to be successfully crushed. In other words, what we should make clean was more than the visible environment; the body and the soul also needed a cleaning. It was in this sense that Mao iterated that “there are still a great number of people who do not really understand the significance of the slogans of ‘removing the outmoded conventions’ and ‘to reconstruct the world’. We should exert our every effort to popularize the slogan.” But his enthusiasm plummeted when he discovered that the Patriotic Hygiene Campaign was on the road of being technological, such as the improving of the water pipes or toilets. That was why he stressed that his consent was not to be used as a call or a slogan in the national implementation.

The Patriotic Hygiene Campaign, originally launched as a response to the outbreak of germ warfare under the banner of “building a clean state,” crossed its boundary and reflected the basic characteristics of a planned social change. During the process of the campaign, the political, economic, and social goals of the state became deeply embedded into the grassroots society with the riddance of localism and formed a concept of the space of a nation-state. In addition, those people who had originally been relatively independent community members began the process of “deterritorialization” and self-reconstruction. As a result, the campaign was by no means merely a mass movement on a large scale; it was a political ritual of remaking the nationals which turned into regular practice by institutionalization.

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Chapter 12
A Farewell to the "Sick Man of East Asia": The Irony, Deconstruction, and Reshaping of the Metaphor

Susan Sontag revealed how a disease could be turned into a metaphor in social evolution, from merely a disease of the body to moral judgment or even political oppression. In her article "AIDS and its Metaphors" written in 1989, she offers a plan to do away with the metaphor: "With this illness, one that elicits so much guilt and shame, the effort to detach it from these meanings, these metaphors, seems particularly liberating, even consoling. But the metaphors cannot be distanced just by abstaining from them. They have to be exposed, criticized, belabored, used up" (Songtag 2003). In Sontag's terms, "metaphor" mainly refers to the symbolic social oppression of the diseases. For example, cancer is a metaphor for the defect of the sick person in personality. While diseases were a biological phenomenon, the "metaphor" was a social one. What I would like to demonstrate here was none other than the related "political metaphor" started by the "anti-germ warfare."

12.1 The Irony of the Metaphor[1]

12.1.1 "The Sick Men of East Asia" Defeated the World Police

Instigated and supported by the United States, Syngman Rhee (Yi Seungman) launched an armed attack on the Democratic People's Republic of Korea in June 1950. It was not long before the United States, with its 15 vassal countries and their armed forces, under the banner of the United Nations, engaged in the war. The

[1] The word "irony" was derived from ancient Greece as a rhetorical art. By the first half of the nineteenth century, it had been developed by the German romantic literary theorists into a principle of creating literary work. In New Criticism of the twentieth century, irony was developed further in T. S. Eliot, Ivor Armstrong Richards, William Empson, and others' works. Cleanth Brooks gave an elaborate definition to the term "irony": The obvious warping of a statement by its context we characterize as "ironical." In the general sense, the dominant trait of irony is that "what is stated is not what is referred to," i.e., the actual content of a statement is in conflict with its literal meaning.

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United States had the intention to involve China in the war after crushing the Democratic People's Republic of Korea in one movement.

From the very beginning of the war, the Chinese people and the Chinese government maintained to resort to peaceful methods when solving the Korea problem and that warnings be given to the United States about withdrawing the armed forces from Taiwan, stopping the aggression against North Korea, and solving the problem of Korea and the Far East peacefully. However, the United States ignored these warnings. In the early winter of 1950, the American aggressors crossed the 38th parallel and attacked the areas around Yalu River and Tumen River as well as the airspace of Northeast China. Many a Chinese were killed in bomb attacks and property was ruined. As the national security was seriously threatened, the Chinese People's Volunteer Army entered Korea on October 19, 1950, and began the great war of "aiding Korea and defending the homeland."

This was a war between two parties with disparity of strength in many aspects.

Economy: While half of the world's population was involved in World War II, causing 100 million deaths or injuries, the United States somewhat benefitted from the war. It quickly grew into the largest industrial power in the world. At that time, the US industrial output value accounted for more than half of the total capitalist world industrial output value. US steel production reached 87.72 million tons in 1950; wheat production accounted for more than 30 % of production of the capitalist countries; the industrial and agricultural output value reached 150.7 billion US dollars. In 1949, the US gold reserves were valued at more than 24.7 billion USD, accounting for 70 % of the total gold reserves of the entire capitalist world. In the aggression against Korea, the direct expenses of the war of the United States reached more than 20 billion USD. War material destined for North Korea totaled 73 million tons (Peng Dehuai 1953). In comparison, the nascent PRC from the ruins of wars did not even completely liberate all its territory. Successive wars not only crippled China's modern industry but also damaged its primitive agriculture. In 1950, New China's industrial and agricultural output value was only 57.4 billion yuan, less than a fractional amount of that of the United States if converted into US dollars.

Armed Forces: One third of the US Army, one fifth of its Air Force, and most of its Navy were assembled in the war in Korea, in addition to the troops of the 15 vassal countries (Peng Dehuai 1953). By contrast, the People's Liberation Army was still trying to eradicate the remnant Kuomintang forces in the southwest and northwest of China. Only those 600,000 border guards in Northeast China could be mobilized, but some of the forces must be reserved to protect the Northeast industrial base.

Military Equipment: The United States boasted atomic bombs and other weapons of mass destruction, the world's greatest number of advanced combat aircrafts, and the world's largest battle fleet. Eighteen aircraft carriers were under construction at the end of World War II, and the number and the gross tonnage of them accounted for 80 % of the world's total. Every infantry division was equipped with more than 140 tanks and 330 seventy-mm-diameter canons; the firepower of the US Army was also at the top of the world. Almost all the most advanced weapons (except atomic bombs) were employed in the Korean War. The US superiority in navy and air force

was maintained all the time. In contrast, China did not have any tanks or air force of its own. Air defense weapons were very few. On the other hand, the whole Volunteer Army were only equipped with 190 seventy-mm-diameter guns. Basically, this army was still the so-called millet plus rifles – even the rifles were composed of those of different periods and different types. Thanks to the support from the Soviet Union, and from all the Chinese people in their donation campaign, an Air Force was created and firepower was strengthened. The enemy's superior state was not fundamentally changed, nevertheless.

Command: The US commander in chief changed three times during the war: Douglas MacArthur (dismissed because of his defeats in the battles), Matthew Bunker Ridgway (notorious for launching the germ warfare), and Mark Clark (who signed the Armistice Agreement). Actually, they had all been prominent commanders who withstood the test of World War II and gained unrivalled first-hand experience. The United Nations forces under their command in the Korean War had employed a variety of tactics, such as the blitzkrieg, taking advantage of the weaknesses (in Operation Chromite), "Strangling Battle" that paralyzed China's transportation line, and the inhumane germ warfare.

The United States and people all over the world were dumbfounded with the result of the war between the "Sick Men of East Asia" and the world police: After signing the Armistice Agreement, the United States had to admit that the Korean War was "the wrong war, at the wrong place, at the wrong time, and with the wrong enemy."

Former US Secretary of Defense Marshall once said, "The myth has been punctured. The United States is not such a great power as it has been imagined" (Peng Dehuai 1953). Indeed, the myth had been exploded; seemingly powerful countries are sometimes like a "paper tiger," a phrase used once by Mao Zedong meaning someone or something outwardly powerful or dangerous but inwardly weak or ineffectual. Then, how about the "Sick Men of East Asia"? Were they still sick beyond cure and doomed to a hopeless fate?

Peng Dehuai said, "Long gone are the days when the Western invaders could occupy a country if only they could shoot a couple of cannons on the oriental sea" (Peng Dehuai 1953). Historical evidence convincingly suggested that the sick men were not always sick. When the awakened sick men were organized and had a stronger will, they would become strong enough to defeat a powerful enemy and to rewrite the history of the "Sick Man of East Asia."

12.1.2 Controller of Communicable Diseases? "Manufacturer" of Communicable Diseases?

On February 24, 1953, *The People's Daily* published an editorial entitled "To Fight Against the Imperialist U.S.'s Plan for Germ Warfare," in which the confession of a captured Chief of Staff of the First Air Force Alliance of the US Marine Corps Air, Colonel Frank H. Schwable, and an ordnance officer, Major Bligh, was published.

The confession confirmed that "the Master Plan of the germ warfare in Korea was ordered by the Meeting of the U.S. Joint Chiefs of Staff in October 1951." This plan was sent to the Far East commander in chief (General Ridgway) to "start the germ warfare in Korea." "Various kinds of military weapons, carriers, and various kinds of aircrafts" were to be experimented "in every area possible or a combination of areas" and "under extremely hot or cold weather." "Depending on the results and the situation in Korea, the field trials might be extended to be a part of formal war operation." The plan was transferred from Ridgway to the US Fifth Air Force via the US Far East Air Force Commander Lieutenant General Wiranto and was implemented on a large scale on a trial basis in November 1951. The First Air Force Alliance participated in this experimental mission and in the formal operational task of "building a Trans-Korean contaminated zone" in May 1952.

Meanwhile, The Chinese People's Committee for World Peace held "Exhibitions of Crimes Committed in the Germ Warfare of the U.S. Government" in Beijing, Vienna, Berlin, etc. Evidence collected by various parties of the US germ warfare in flagrant defiance of the Geneva Convention (note: in 1925, the Geneva Protocol or the "Protocol for the Prohibition of the Use in War of Asphyxiating, Poisonous or other Gases, and of Bacteriological Methods of Warfare" was signed by various countries in Geneva) was publicly displayed (Fang Shishan 1953).

On February 24, 1953, Mark Clark, the general commander in the invasion of Korea, published a declaration, in which it was admitted that Schwable and Bligh were the US Air Force personnel, that they made the confessions, but it was supposed that the confessions were "fake,"[2] extorted by the China side through "torture" (Li Siguang 1953). Any facts of the "germ warfare" were emphatically denied. Subsequently, those Air Force prisoners of war were forced to make an affidavit to the United Nations General Assembly, and the so-called proposal relating to China's "atrocity" (Li Siguang 1953) was brought forward to the United Nations, together with countries such as the UK, France, Australia, and Turkey, the intention being to deny crimes committed in the germ warfare categorically.

In this regard, the Chinese government refuted that there were other captured prisoners of war, other than Schwable and Bligh, who had confessed: a Lieutenant Inuk and a Lieutenant Quinn of the Third Bomber Team of the US Air Force and a Lieutenant O'Neal and a Lieutenant Knits of the eighteenth Fighter-Bomber Brigade. From the confessions made by the six men from the US Air Force, one could clearly see every step of the germ warfare from planning to implementation. On the other hand, North Korea and China's lenient policies for prisoners could be detected from the confessions made by the prisoners of war of the US Air Force, from talks of those prisoners of war who had been repatriated, from the reports made by the British and American journalists, or even from US Army Minister Stevens and the British Army Minister. It could be safely concluded that those confessions were none other than "blame of consciousness" rather than a result of

[2] "The confessions made by the POWs of the U.S. senior military officers are very conclusive evidence – what Clark shamelessly denied can not hide the fact of the U.S. germ warfare," *People's Daily*, February 28, 1953.

"torture." Just as Schwable exclaimed, "morally, it is an irreparable crime"; "from the standpoint of dignity and loyalty, it is shameful."

The United States crimes committed in waging germ warfare could be confirmed by evidence from many other aspects. After investigating in Northeast China and North Korea, scientists of the International Scientific Commission collected a body of evidence (physical specimens including insects, bacteria, and other clinical evidence) for the Investigation of the Pacts Concerning Bacterial Warfare in Korea and China. A conclusion had been drawn that the United States had organized a large-scale, disguised germ warfare. Dr. Joseph Needham, who was a member of the Royal Society of Biologists and the International Scientific Commission, published an open letter saying that the truth of the germ warfare "was by no means determined by what the air force personnel confessed, nor was it determined by what they had denied in the new and different circumstances" (Li Siguang 1953). Dr. Samuel B. Pessoa (Brazil), also a member of the International Scientific Commission and who participated in the investigation, wrote after his visit to "Exhibitions of Crimes Committed in the Germ Warfare of the U.S. Government": "Although it appeals to the broad mass of the population, the exposure process of all the facts is highly scientific; it is in no way exaggerated; it is with the aim to explain the truth, or to explain the real situation. What I lament on is that such good techniques of the exhibition should be used to expose such dirty evil deeds."[3] The bloody crimes of the United States committed in the germ warfare, as well as other crimes such as the ill-treatment of the prisoners of war and the massacre of civilians, were also exposed after the investigation by some impartial bodies such as Investigation Group of Crimes of the Germ Warfare Made by the Imperialist United States, Investigation Group of the International Association of Democratic Lawyers, and the International Democratic Women's Federation.

Overshadowed by the long-term hegemonic discourse of colonialism, the backward countries had not only become the exploited and the plundered but also been oppressed by various political metaphors such as the "Sick Man of East Asia." In the metaphorical politics, the colonial countries and the developing countries were often accused of, and blamed for, being the sources of a variety of diseases, communicable diseases particularly, thus falling into both a moral and political dilemma. As revealed by Guenter B. Risse, the socially marginalized groups, minorities, and the poor are often accused of being the culprit during outbreaks of diseases. In Europe, Jews were regarded as the creators of the Black Death. In New York, Irish people there were considered responsible for the outbreak of cholera. In Brooklyn, the Italians were seen as a source of poliomyelitis.[4] In such cases, the colonial countries would assume the role of a guardian to prevent the spread of the diseases and play the role of the "benevolent" and even the "savior" through dispatching missionary doctors.

[3] "Many foreign visitors protested against the American government after a visit to the Exhibition of the Crimes of the American Government in Launching a Germ Warfare, and visitors have reached 28,000," *People's Daily,* September 23, 1952.

[4] Guenter B. Risse (1988), and cited in Zhang Daqing (2006).

The irrefutable evidence of germ warfare launched by the United States reveals another perspective of history: The controller of communicable diseases can also be the initiator of communicable diseases. The historical process confirmed this perspective: The major diseases popular in the modern world (smallpox, syphilis, pulmonary diseases encompassing tuberculosis, pneumonia, and SARS) originated in Europe. It was with the footsteps of the colonizers, and sometimes as the earliest forms of chemical and biological weapons, that these diseases were spread to the colonial areas. It was from the diseases brought by European settlers that the great majority of Indians in North and South America died (Diamond 2000).

12.1.3 The "Uncivilized" Side of the "Civilized World"

A return to the humane world was said to have begun since the Renaissance and the Enlightenment in Western societies. The rise of rationalism directly contributed to the development of modern science and led to powerful scientism, as well as something closely related to it – the technological revolution and the Industrial Revolution. In line with rationalism, humanism triggered cultural reform and institutional reform, with the Western democracy being one of the solid achievements.

When guns and fleets of the Western countries easily forced open the door to the colonies, conquer in thought also began, forming the distinct dichotomy between the traditional and the modern, the advanced and the backward, the civilized and the barbarian. An image of the "civilized world" began to take shape and strengthened in the long colonization process.

This positive image was, however, tarnished by the launching of the germ warfare of the United States and by its sophistry.

After investigation, the International Women's Federation published "A Report of the International Women's Investigation Group on the Atrocities Made by the U.S. and the Rhee Armies." In the report, brute facts were established, such as the US Army cold-bloodedly killed Korean residents. In areas that had temporarily been occupied by the US Army and Syngman Rhee's army, hundreds of thousands of civilian inhabitants, young and old alike, were tortured, burned, killed, or buried alive. The atrociousness had exceeded what the Nazis and Adolf Hitler had made when they occupied Europe (Li Siguang 1953). A Canterbury Dean Johnson, invited to China, said after he learned the news that the United States had launched germ warfare, "A country, under the name of Christianity, is shameful, connected with this matter." A representative from El Salvador, Dias, wrote after a visit to the exhibition, "This exhibition exposed, most conclusively, the way of the U.S. armed forces in launching germ warfare. The U.S. government, high command of the army, and scientists have committed heinous crimes against humanity and no punishment of any kind is sufficient to ease the anger caused by such crimes." A Costa Rican deputy, Sanz, wrote at the Peace Conference of Asian and the Pacific Regions, "What I saw here was evidence and documents demonstrating the employment of

bacteriological weapons by a self-styled civilized country. We must stop it, and expose it in every possible way."[5]

A stark historical fact was gradually ascertained in these accusations and angry words: the construction process of the "civilized world" was built in a very "uncivilized" manner. Examples were many: the Enclosure Movement in Britain where "sheep eat people," "Reign of Terror" of the French Jacobins, the genocide waged against the Native Americans in the Westward Movement, etc.

In his *Communist Manifesto*, Karl Marx seemed to have pointed out a more desirable attitude as to the complex interweaving of the "civilized" and the "uncivilized": He affirmed that the development of capitalism had created unprecedented social productive forces, the results of which even exceeded the sum of any previous era. On the other hand, the actual process of capitalism was ruthlessly criticized: "Sweating blood and filth with every pore from head to toe."

That the weak and the sick men could actually defeat the strong world police, that the controller of communicable diseases should become the real source of the communicable diseases, and that the self-proclaimed civilized world was really permeated with filthy, uncivilized behavior were so astonishing that when history unveiled to its real image and shatter illusions surrounding it, an irony took the place of the metaphor of the "Sick Men of East Asia" constructed on the basis of hygiene. In this dramatically ironic process, the deconstructive process of the metaphor of "the sick men" also began.

12.2 Deconstruction and Reshaping of the Metaphor

12.2.1 Construction of the Metaphor of "the Sick Man of East Asia"

In Foucault's thorough analysis of the modern medical system, the complex underlying mechanism of the construction of metaphors such as the "Sick Man of East Asia" was presented. Far from being merely a process of "medical progress," the modern system of Western medicine was also a social process in which the technology for social organization and social control continuously improved and intensified. The medical system virtually became the origin of the "modern political system." In defining what is "healthy" and what is "unhealthy," what is hygienic and what is unhygienic, modern medicine also implies political or moral judgments of being "sinful" or "decadent." More importantly, Foucault believed that the modern medical system, which originated from state behavior, such as controlling the spread of epidemics, was also an "aggressive system" full of "war mentality." In etiology,

[5] "Many foreign visitors protested against the American government after a visit to the Exhibition of the Crimes of the American Government in Launching a Germ Warfare, and visitors have reached 28,000," *People's Daily,* September 23, 1952.

all diseases come from the infection of bacteria (microorganisms), to practice medicine is to fight with microbes, and to be a doctor is to be a warrior. Diseases cannot be wiped out without a social system of well-organized, combative doctor-police. That is why the practice of the Western colonial countries or imperialistic countries was discovered to have a close connection with modern hygiene when they were rebuilding the world order. Apartheid was necessary because the colonized people were thought to be the sources of communicable diseases in addition to being cheap labor resources. The metaphor of the "Sick Man of East Asia" implied physical and moral denigration to the oppressed state and its people; in addition, the world police system is to prevent, control, and eradicate what was, in their eyes, the physical diseases as well as the social "diseases" – resistance, revolts, rebels, etc.[6]

12.2.2 The Reinforcement and Acceptance of the Metaphor of the "Sick Man of East Asia"

The creation and proposal of the metaphor of the "Sick Man of East Asia" alone did not mean, in reality, that they could be turned into a dominant and oppressive force. Only when the target of the discourse had accepted and internalized the metaphor as it was found to be supported by social facts could the realistic force of the metaphor be brought out into full play.

During this process, violence plays a vital role. Violence had become the premise and the basic properties in the rise of the nation-states. Through the writings of famous thinkers and theorists in modern times, we can discover that almost without exception, they would emphasize this feature of the state: Hobbes described the state directly as a potentially violent "Leviathan"; Karl Marx argued that the state is nothing but a machine for the oppression of one class at the hands of another; Max Weber articulated his celebrated definition of the state as a human community that "successfully claims the monopoly of the legitimate use of force within a given territory." Giddens even considers "military industrialization" the defining moment from the traditional country to the modern nation-state. Organized violence of the state not only became a space construction instrument dividing the borders and establishing boundaries but also played a crucial role in the process of colonization when the original pattern of world trade drastically changed, a new world order and market order were created, and the advantageous position of the Western counties was assured. The premodern agrarian countries were defenseless when confronted with such organized, monopolized, and industrialized state violence. The fiasco of combating the Western countries undermined the sense of superiority and confidence these agricultural countries originally enjoyed. More often than not, they felt hopeless and shameful in being forced to cede their territory and pay indemnities. The frequent attacks of feelings of hopelessness and shamefulness would suppress

[6] Han Yuhai: "Biopolitics—Capitalism and Diseases," Contemporary Cultural Studies website, http://www.cul-studies.com

their original resistance awareness and let them accept the status quo. Thus, they internalized the metaphor of the "Sick Man of East Asia."

In Chinese people's reflections upon a weak and declining China, and in their futile actions, the implications of the metaphor of the "Sick Man of East Asia" were further broadened and more widely accepted. The repeated defeat and failure, and the growing sense of the nation experiencing a crisis especially, forced the Chinese people to exert themselves to find ways to save the country. "Westernization Movement," the "Reform Movement of 1898," the "New Deal of Autonomy," and "New Culture Movement" were all evidence of a continuous self-denial process focusing first on some particular objects, then on the institutions, and then on culture. In this series of self-denial, "to resort to the other places" or "to resort to novel ideas in a foreign land" became the final or the most practical choice. However, the choice was first and foremost based on the premise of self-negation. The "sick men" was turned from a metaphor to a self-portrait of and a realistic oppressive discourse to the Chinese people of the time. Of course, it also meant space and possibility for resistance to the "oppression."

The social fact of sickliness reinforced the shaping of the metaphor of the "Sick Man of East Asia." Since the Han Dynasty, the civil and the military had been separated and the civilians and the officers did not have anything to do with each other. This situation was aggravated in the Song Dynasty. "When it is established that the emphasis is on the civil side, the military side has faded, and the atmosphere is sort of soft. Two millenniums of corruption are deep in the brain of the civilians" (Liang Qichao 1999). Opium importation, the flooding of opium after the Opium War, especially, consumed not only China's financial resources but also the nationals themselves. In addition, in the frenzied plunder and exploitation of the Western countries, coupled with the influx of Western industrial products, the country's economy rapidly slumped and the people's living standards were dramatically lowered, and the infirmity due to malnutrition had become chronic. Different from the traditional relatively static agrarian society, there tended to be more interactions among people who were involved in modern industry and commerce, which was conducive to the spread of diseases. Thus, scenery of a "sick country" consisting of "sick people" emerged.

12.2.3 The Dissolution and the Reshaping of the "Sick Man" Metaphor

The successful attempt to "clean" the country by banning prostitution and drugs after the founding of New China not only highlighted the characteristics of the nascent state as being "clean" but also brought about multiple perspectives: If the social ills and crimes that had lasted for thousands of years could be extirpated in a relatively short time in the resolute attempts of a new regime and the "patients" that had long been victimized could "turn from a ghost to a human" with the care and reconstructive attempts of the state, then what gave rise to so many sick persons in

the first place? Why hadn’t they stepped onto the highroad to health earlier? Who should be responsible for the overall “sickness” of the state? Besides internal inspection, the external reasons were also uncovered and questioned.

The new state attributed the internal and the historical reasons to the “old exploitative system,” which was entirely consistent with William McNeill’s theory of the “microparasite” and “macroparasite.” In McNeil’s mind, the relationship between the ruler and the ruled in human history is macroparasitic, while the relationship between the human body and the pathogenic microorganisms is microparasitic (McNeill 1988). The existence of the “parasites” not only produces such social ills as prostitution or drugs but also weakens the effective unity of the grassroots society during the national crisis. The bottomless pit of double “parasites” made the grassroots society miserable. Perhaps this could be cited as a reason why Mao Zedong felt so exhilarated that he spent a sleepless night when learning the news that schistosomiasis was eradicated in Yujiang.

The outbreak of the War in North Korea, the launching of the germ warfare in particular, revealed a more complex parasitic mode.

Macroparasitically, the Western countries had been the occupier in the colonial world order by virtue of its military power in modern times. Meanwhile, China had suffered continual defeats and the loss of sovereignty and dignity. Reduced to a semicolonial country, China was in an even more miserable situation than that of a colonial country. The exploitative means of the parasite countries included, among other things, the ceding of territory, financial exploitation, priorities the Western countries claimed, and unfair market competition in the coastal areas and in the inland areas alike. The multiple parasites and long-time extortion made the once-rich-and-beautiful exploited countries become ugly, weak, and sick. The state and its people were both sick. After the sick men awakened and began an organized resistance, however, the Western powers turned to violence (the War in North Korea) as a new parasitic means.

Microparasitically, the natural properties of pathogenic microorganisms were separated and more social, political, and even cultural significances were added. Metaphors such as the “Sick Man of East Asia,” the “Yellow Peril,” and others were used to denigrate the Chinese people politically, morally, and in many other ways. Next, diseases caused by microparasites, communicable diseases especially, were used as a means to extend the rights or benefits of the macroparasites (the plague in northeast China in Part I can be referred to in this regard). In addition, advanced medicine was imported to strengthen its advantageous and civilized position so that the sentiments of resistance or rebelling of the colonial people could be broken down in a secret and artful way. Furthermore, when the macroparasites went through a crisis in their survival, microparasite could be turned to as the last resort; “germ warfare” was invoked as a means to debilitate the combating force in the colonial area and to incur social panic.

In reality, standing in strong contrast to the irony, and with the disintegration of the sick man metaphor, the metaphor began to be effectively dissolved and a turnaround occurred when resistance by means of armed forces turned to ideological condemnation by means of exposure of the crimes committed by the United States

in bacterial warfare. While the Western society used modern hygiene to construct the metaphor of the "sick men" and to establish the colonial order, those "sick men," who now had means of criticism at their hands, also used the knowledge framework for modern hygiene to create a basic narrative model and correspondent discourse system of the "virus or pathogens versus colonizers or aggressors."[7]

In a time when a variety of discourses and thoughts of "modern," "modernity," "postmodern," and even "post-postmodern" emerge, "farewell" seems to have become a popular and fashionable word in contemporary China: "a farewell to the tradition," "a farewell to revolution," "a farewell to ideology," and "a farewell to the state." However, can one so easily bid farewell?

The olden times of the "sick men" are fading, but history is still unraveling itself. At this moment, when we indulge in vivid imagination and visions of modernization or modernity, we seem to have forgotten the past, which is not very far-gone. However, if we could bid farewell to the sick man metaphor because of "weapons of the weak,"[8] then how about modernization? When the modernization complex that has clung to the minds of Chinese people since the modern times, when sometimes it even becomes an oppressive discourse, in what way is its basic approach different from the construction of the metaphor of the "sick men"? When the irony in between (e.g., growth without development) presents itself continuously, do we possess the basic consciousness and ability to deconstruct it? Have we found the "weapons of the weak"? Maybe what follows will be useful and offer some food for meditation.

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[7] Yang Nianqun termed this turn "inversed imagination." I think this turn is more than an "imagination"; it also evolved into realistic social action and achieved many instantaneous or far-reaching, social or political effects.

[8] In James C. Scott's terms, "weapons of the weak" is the daily resistant forms of the peasants such as being lazy, playing the fool, desertion, pretending to obey, theft, slander, arson, and sabotage. These forms need almost no prior coordination or planning. With their tacit understanding and informal networks, the peasants could help themselves without directly or symbolically fighting against the authority (Scott 1985). See Guo Yuhua, "'The Weapon of the Weak' and the 'Hidden Text'—A Grass-root Perspective on the Peasants' Revolt" in China's Sociology website http://www.chinasociology.com/rzgd/rzgd046.htm. What the author refers to is another kind of the "weapons of the weak." In the colonial world order or the marginalized countries in Wallerstein's terms, some resistance means were used in order to get rid of the dominance of the "core countries" such as awakening, effective organization, and a strong will.

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Part V
"China's Road": The Cooperative Medical Services

The urban orientation in the construction of the modern health care system finally incurred the wrath of Mao Zedong, while the medical education not adaptable to rural needs also suffered his severe criticism. Then in the mobile medical care system, the achievements of modern medicine began to have contact with the grassroots; however, such importation of knowledge in transient campaigns had its limitations in many ways and could not hope to become regular practice. In New China's explorations of establishing a medical care system covering the grassroots, the cooperative medical services (CMS) with its positive effects were highlighted as a "paradigm" on "China's Road."

Chapter 13
"To Put the Emphasis of Medical Care on the Countryside"

Mao Zedong had always attached great importance to the medical care problem of the peasants.[1] He had cogent reasons, of course, as far as humans as labor force was concerned. Furthermore, Mao had a "people" complex, concerning himself with the people's medical and health care issues and with the integration of health care resources and the diversion of them to the grassroots so that the maximization of the coverage of the medical and health care services could be reached. Faced with two distinct medical methods and two distinct medical personnel of the TCM and Western medicine, Mao chose the latter (modern medicine) as the development orientation. This could be seen from his reiteration of the traditional Chinese medicine as the "old" medicine to be reformed and improved with the development of modern science. On the other hand, on grounds that the industrial level was relatively low, how achievements of modern medicine could reach the grassroots became an issue of great concern.[2]

13.1 "Ministry of Health Only for Urban Lords"

Mao Zedong's relationship with the Ministry of Health, dominated by Western medicine, had always been tense ever since the founding of New China.

Initially, the tension mainly expressed itself in the choice between the TCM and Western medicine. The call to "abolish the traditional Chinese medicine" appeared

[1] Even in his early work "On Coalition Government" (written in 1945), Mao Zedong pointed out that "It is the peasants who are the chief concern of China's cultural movement at the Present stage. If the 360 million peasants are left out, do not…'public health' become largely empty talk?" See *Selected Works of Mao Zedong,* Vol. III, People's Publishing House, 1991, 1078.

[2] Mao Zedong once pointed out: "… If the new medical care system neither cares about the sufferings of the people, train doctors for the people, and nor unite with one thousand odd old medical doctors and old-fashioned veterinaries on border areas and help them progress, it is actually helping the sorcerer, or has the heart to see a large number of people and livestock die before their very eyes." Cited in Wang Mingqin (1966).

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during the process of determining the health guidelines, but in contrast to the period of the Republic of China, the TCM exclusion policies were not followed. Instead, the guideline for the unity of the TCM and the Western medicine was adhered to. Under its guidance, the state involved the TCM in the Patriotic Hygiene Campaign, the Mobile Medical Service, and other activities. To withstand the political pressure and to satisfy the demands from the state, TCM departments were generally added in urban hospitals, and hospitals and academies dominant in TCM were founded. At the same time, doctors trained in Western medicine were organized to learn TCM in an attempt to bridge the huge gap between the Chinese and Western medicine. These efforts, however, "did not fundamentally change the derogatory attitude towards TCM in the general atmosphere dominated by 'scientism'" (Yang Nianqun 2006, 371). Mao Zedong roundly criticized the Ministry of Health in the mid-1950s for such an attitude toward the TCM. In June 1954, Mao Zedong said that TCM was neglected after the introduction of Western medicine. While pre-PRC artists were accorded social status after the liberation, in no way was Chinese medicine supported. Sectarianism existed in the health sector, judging by the negative attitude toward Chinese medicine. The main responsibility of the disunity between the Chinese and Western medicine fell on Western medicine. Mao Zedong accused the leadership of the Central and local health departments of being rudely sectarian, which was, in his mind, an extremely mean and inferior bourgeois mentality.[3]

In 1955, Mao Zedong criticized the Ministry of Health for being indifferent to the rural medical needs and solely concerned with the urban medical needs. "Other than the construction of county hospitals and clinics, or mobile medical teams sent to remote areas, little work was done with regards to the rural medical and health care" (Chen Zhiqian 1998) by the health sector before the 1960s. In the vast rural areas, especially in inaccessible remote and mountainous areas, lack of medical treatment still posed a very common and serious problem. This stood in startling contrast to Mao Zedong's considerable apprehension over the needs of the vast rural masses, but also demonstrated that the promotion of the rural health care system did not yield any substantial progress since 1958.

The deplorable situation provoked the full wrath of Mao, and his wrath was, first and foremost, directed at the Ministry of Health. In his conversation about health work on June 26, 1965 (later known as the "June 26 Instructions"), Mao Zedong was at pains to point out that "you can tell the Ministry of Health, its work is only for the 15 % of the country's population, and among this only those lords are served. The majority of peasants are not receiving any medical care. There are neither doctors nor medicine there. The Ministry of Health is not the people's Ministry of Health any more; its name can be changed into the 'Ministry of Health for Cities,' or the 'Ministry of Health for Urban Lords.'"

Mao Zedong's bitter words reflected a very acute problem that existed since the founding of New China: the urban orientation in modern medical facilities.

[3] Mao Zedong, "Instructions Given to the Work of Chinese Medicine in Late June 1954." Cited in Yang Nianqun (2006, 371).

According to statistics, "national health agencies claimed 80,000 beds in 1949, among which 59,900 beds (or 74.9 % of the total) were in the cities, and 20,100 beds (or 25.1 %) were in the counties (or the administrative level below the counties)."[4] In the Report on the Shift of the Emphasis of the Health Work to the Rural Areas submitted by the Party Committee of the Ministry of Health to Mao and the Central Government on August 11, 1965, it can be seen that in 1964, 69 % of the senior health expertise were in the cities, and among the 31 % of which were in rural areas (county level or below), only 10 % were in the areas below the county level. Medium-level health personnel in urban areas accounted for 57 % of the total number, whereas 43 % were in rural areas, among which 27 % were at levels below the county. The annual health expenses were 930 million yuan, among which 280 million was for medical services at state expense, accounting for 30 %; 250 million yuan was used in rural areas, accounting for 27 %, 16 % of which was for areas below the county level. With these two sets of data, we can clearly see the health care construction course during the 20 or so years after the founding of New China: Basically, it followed the urban orientation of the Republic of China, and the vast rural areas still lacked basic health conditions; specifically, the sum of medical services at state expense enjoyed by 8.3 million people was more than what was used on 500 million peasants.

As for medical research, Mao Zedong also put forward sharp criticism: "Medical research is divorced with the masses. Too many human and material resources were diverted into researches of profound, advanced, or complicated diseases in the so-called frontier fields. The prevention and the treatment of some common diseases, however, are entirely or largely neglected. It is not that we do not need to research the frontier; it is that we should limit human and material resources in the frontiers, and allocate the major part of the human and material resources to problems that the common people need solve the most urgently."

Ophthalmology departments in the metropolitans, for example, were all doing researches on glaucoma, focusing on "describing and measuring intraocular pressure." Through the measurement of intraocular pressure of tens or hundreds of cases, data could be sorted out and articles could be written. Nevertheless, the theme of the researches was designed after reading literature from foreign countries. Initiatives for researching infectious eye diseases that were widespread in rural areas (trachoma, conjunctivitis, blepharitis, keratitis, etc.) were lacking, however, for such researches were outdated in the foreign countries (Zhang Xiaolou 1965).

In such an atmosphere, some of the common diseases that long plagued rural masses were not researched. Even when the peasant patients went all the way to the cities to seek therapeutic help, they could not receive high-quality medical treatment, and their surgery arrangements were often procrastinated, for the simple reason that such diseases were usually devoid of research value. Such an attitude further burdened the peasants and made them unwilling to seek medical help.[5]

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[4] Editing Committee of *China's Health Work Yearbook*, *China's Health Work Yearbook (1997)*, People's Medical Press, 1998, 358.

[5] Wang Mingqin recounted such a story: Entropion correction surgery is regarded as a minor surgery in a big hospital, and many doctors are not interested. When an elderly woman went all the

13.2 "The Higher the Education Level One Has, the Sillier He Is"

Mao Zedong expressed considerable dissatisfaction for the then-medical education, in addition to criticisms for the urban orientation in the allocation of medical resource. "Medical education needs to be reformed," for the present "method of training doctors caters for the city only. But we have 500 million peasants in China."

The objectives and direction of the development of modern medicine as a highly specialized system were "to be advanced, refined, and sophisticated." It was admitted that the medical training was a necessarily long process. After 5, 8, or even 10 years of specialized education, however, it was still difficult to address the practical and imminent needs of the vast rural areas. For the vast rural areas, "timely" health care was needed; the primary problem was the "presence" of medical care.[6] Therefore, "it is not necessary to read so many books"; "one does not have to be a junior or senior middle school student to receive medical education. It is quite enough for a senior primary school graduate to study for three years." After 3 years of basic training in acupuncture, the treatment for a dozen common diseases, and some disease prevention knowledge, one can play a very important role. "Even if they cannot be called capable doctors, such rural doctors will be much better than those deceitful witch doctors." Considering the reality of the lack in medicine, Mao Zedong still believed that a "witch doctor" had many benefits: "There are three benefits: first, it is safe and won't do harm to other people; second, money-saving – a few coins are enough to pay them; third, the ability to give spiritual comfort to the patients. Sometimes the patients will indeed recover in this way."[7]

Modern medicine is a complex system of knowledge, involving pathology, physiology, hygiene, pharmacy, physics, biochemistry, and other disciplines of knowledge. Therefore, knowledge transmission in institutes was the major content of professional medical training. However, the transmission of knowledge tended to lose touch with social reality as the selection of knowledge in this knowledge system is in strict accordance with the internal logic of knowledge itself and social needs were ruled out. Medical practice was also carried out in a set of predetermined, standardized situations and conditions. Therefore, when the medical staff with such training provided medical services, they might encounter social scenes distinct from the training they had received in an institute (this is especially the case when it comes to the rural areas). Thus, it was quite difficult to carry out work

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way from Shenchi to Taiyuan to be diagnosed, she had to beat a retreat after half a month of queuing and with all her money spent. She lamented that "the large hospitals has shut the door on us." See Wang Mingqin (1966).

[6] Osler, the famous American doctor, once said, the doctor's presence itself is a very good treatment for the patients in the most critical moment.

[7] Mao Zedong, "In listening to the Qian Xinzhong and Zhang Kai's report on health work" (August 2, 1965). See "Health Care Revolution during China's Socialist Period." My gratitude went to Tian Li, who sorted out the related information.

effectively.[8] As a result, these doctors might feel inclined to go to the urban medical agencies which share more similarities with their learning process. In this regard, Mao Zedong raised some questions, "How many years did Hua Tuo (an ancient Chinese physician who lived during the late Han Dynasty and Three Kingdoms era of Chinese history) study (in a medical institute)? How about Li Shizhen?" The fact that neither of them had received any systematic medical training did not prevent them from mastering a sea of life-saving medical technology. Therefore, "improvement should be made in practice."[9]

Economically, modern health care is an industrialized system in nature. In this health care system, medical facilities, medical instruments, and the development of new drugs constitute a prerequisite for conducting medical and health care services. They would be included in the cost and be compensated for in the specific process of providing medical and health care services; at the same time, the medical professionals who have received long-term medical training and clinical practice would require compensation be provided for the cost of the training. For the majority of rural residents in the small peasant economy, this medical system is very costly. They would not resort to doctors unless the diseases were overwhelmingly painful. Because of a lack of financial resources, they would seldom turn to doctors, even if the conditions of the sick persons turned from bad to worse. So although the political premise was that we should "cater for the needs of workers, peasants, and soldiers," such kind of medical education and the fruit it yielded (medical care) proved to have a tense relationship with the actual demand that the medical care was "not beyond the affordability of the rural folks."

The modern health care system is a specialized system. First of all, in terms of its knowledge structure, each type of knowledge is divided into a specialized field in strict accordance with the section, genus, species, or sequence. This kind of specialized division can facilitate the training of experts in a particular field, and the comprehensive medical expertise can be ensured in this way. On the other hand, one specialized area is so distinct from another that if medical doctors encounter diseases that are not in their field, they will be likely to find themselves in an awkward predicament. In fact, when the urban doctors came to the countryside, they, without exception, had such problems. Yu Aifeng, the team leader of the Second Tianjin Mobile Medical Team, had some personal reaction to this: "Once they were in the mobile medical service, these 'advanced doctors' from the cities would find it hard to cope with the situation. You've got to fight the war

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[8] Zeng Meizhen, deputy director of Obstetrics and Gynecology Department of the First Affiliated Hospital of Jiangxi Medical Institute, had such experience: "We ourselves do not know what diseases frequent the rural areas and where the specific difficulties lie. So it is impossible to have a theory in this respect to teach the students … It turned out that when they went to the grass roots, our students did not know how to carry out the 'preventive work' in obstetrics and gynecology care. They do not know how to treat dystocia, either." See Zeng Meizhen (1965).

[9] In fact, when a specific rural doctor had received the basic medical training, he would experience a radical improvement in his medical skills and could skillfully treat diseases common and recurrent in the rural areas after gaining much medical experience. My investigation on the barefoot doctors in Jiangxi, Hubei, Shaanxi, and Anhui provinces could serve as proof.

single-handedly and everything is possible." "When a doctor of obstetrics and gynecology went to deliver a child, she found there were any ready-made strings for the umbilical cord. Then a rural midwife who went with her reminded that 'you can make do with a strip of gauze.' Once, a child was stung by a scorpion, the doctors had no way out. After seeking help from the country folks, they found that gasoline could be used on the wound to stop the pain. Sometimes we have to rely on the *Manual for Rural Doctors* and we consult it from time to time" (Yu Aifeng 1965). Second, medical institutions are also arranged according to its knowledge structure. In a specific hospital, in addition to registration department, fee-collection department, and hospitalization department, the sector of the specialized medical technology is mostly divided into two major categories: clinical departments and functional departments. Clinical departments include medicine departments (outpatient, wards), surgery (outpatient, wards, operating rooms), obstetrics and gynecology (outpatient, wards), emergency departments, observation room, ENT, and dental surgery; functional departments include the department of pharmacy (Chinese and Western pharmacy, Chinese and Western outpatient pharmacy, inpatient pharmacy, and preparation room), laboratories (clinical laboratories, biochemistry laboratories, and a blood bank), radiology, ECG Rooms, B-Ultrasound Rooms, endoscopy rooms, and injection rooms. Medicine can be divided into thoracic medicine, neurology, and cardiovascular medicine; surgery can also be divided into general surgery (thoracic surgery, brain surgery, orthopedics, etc.) and specialized surgery (burn surgery, skin surgery, etc.). The hierarchical structure is very complex. The specialization in medical space construction requires not only "faithful patients" but also "patients who understand medicine." Undoubtedly, the majority of the rural masses with their low cultural level would find it hard to meet this demanding requirement, which is where the problem lies.

Mao Zedong held not only that there was a huge problem existing in the entire medical education system, but also that there was a main flaw in modern medical technology. "The set of testing and treatment methods in hospitals does not meet the needs of the rural areas." From the actual situation of that time, disease diagnosis was mainly dependent on the four conventional tests (blood tests, urine tests, feces tests, Kahn tests) and the so-called two eyes (X-ray machines and microscopes) in urban hospitals (Deng Zhihe 1965). Consultation of several departments might be needed to make a diagnosis (Zhang Xiaolou 1965). In medical treatment, the "safest road" was always sought and drugs were often used in a wasteful way: A variety of antibiotics would be used together, in conjunction with vitamins and hormones (Ibid.). Frequent tests and a large amount of medication did not fit the peasants' pace of life and pace of production; the cost for their travel to the city to see a doctor was also increased, which made it increasingly unaffordable. As one peasant said, "We even can ill afford to pay for the tests" (Ibid.). In fact, "most of the tests are optional and some of them are not necessary at all" (Zeng Meizhen 1965). In addition, when they rely heavily on medical facilities, the doctors might ignore the basic skills in physical diagnosis or other methods of diagnosis. Once they were sent to the rural areas with adverse conditions, such medical professionals would find it hard to carry out their work.

In summation, the modern medical education failed to meet the basic needs of the vast rural masses; what is more, it prevented the masses access to modern health services by erecting barriers. At the same time, the medical professionals who lacked modern means of diagnosis failed to provide the peasants with effective treatment of a variety of diseases. No wonder Mao lamented that "the higher the education level one has, the sillier he is."

13.3 "Comments on Wearing a Medical Mask"

Wearing a medical mask, a practice often used by many modern doctors, was also criticized by Mao Zedong. "There is another strange thing; a doctor will wear a mask when they examine the patients no matter what diseases they have. Is it because he is afraid that his illness will spread to others? In my opinion, it is more likely that he is afraid that the others will transmit their diseases to him! Whether a mask should be worn or not depends on the circumstances. If the mask is worn in all circumstances, it will certainly cause misunderstandings between doctors and patients." According to Yang Nianqun's interpretation, this is a "continuation of the distaste felt by Chinese peasants to the urban 'white-coat' doctors." What Mao did was nothing more than "expressing this general mood in the entire modern history in a relatively rational way" (Yang Nianqun 2006, 394). The author believes Yang's interpretation of Mao Zedong's comments on the masks was quite wrong.

In James Roger Townsend and Brantly Womack's words, the "sharp distinction between a smarty elite entitled to authority and the mass population not so entitled was a basic characteristic of traditional Chinese politics. Supplementing it was a hierarchical structure of authority throughout society that created an intricate network of superior-inferior relationships" (Townsend and Womack 1996). Gilbert Rozman described the customary features of premodern Chinese society as "[t]he right of a select few to capitalize within generous limits on the positions they had won as well as the fundamental division between mental and manual labor" (Rozman 1995).

Since the founding of New China, the "people" became the most important political subjects. The hierarchical traditional society was overthrown and the pursuit of universal equality and justice occupied its place. That is to say, it was required by the new state ideology to heal the division of the elite and the mass population and to promote genuine equality. Consequently, the "hierarchical structure of authority" was removed on the social psychological level.

The removal of hierarchy on the social psychological level, however, did not mean that stratification could be easily obliterated in reality, especially the stratification between the mental and manual laborers. Originated from various historical or realistic factors, the mental laborers had enjoyed an advantageous place economically and culturally, which could not be changed instantly.

Meanwhile, the fundamental status of agriculture had been constantly emphasized in the overall framework for state building. In the modernization process, agriculture became not only an important channel for domestic accumulation but

also an important source of raw materials for modern industry. In order to ensure the smooth national development of modern industry, "equal distribution of poverty" became the only choice within the realistic constraints.

Therefore, in order to build up the expectation of the peasants and other builders of socialism, and to prevent revolts caused by the sense of deprivation, the state must effectively and timely address the peasants' practical difficulties and transport the achievements (educational, health care, etc.) of modernization to the grassroots. On the other hand, social status of laborers was to be improved.

In this process, such discourses as "laborers are the most glorious" were constructed and politically acclaimed. The original dominant position of the mental laborers and other elites was required to be lowered. This means, basically, that doctors and other social elites should show a tendency to lower their social status, to feel intimate with the grassroots, and to be in harmony with the ordinary manual laborers.

The macro politics of state building and the health work guideline about "for whom to provide the health care service" made wearing a medical mask (a commonplace modern medical requirement and practice) a political symbol to show one's distinction. In Mao's mind, this was not that the doctor was "afraid that his illness will spread to others," it was that he was afraid that "others will transmit their diseases to him." Exposed was some social elites' unconsciousness of seeking to maintain their advantageous place and of resuming the colonial "hygienics" in distinguishing themselves from the "patients" (the people). Additionally, the doctors' behavior (whether they wore a mask or not or whether they would wear a mask when there was a patient) was also a symbol or means for distinction. Thus, whether the doctors could consciously abandon their own sense of superiority to be in harmony with the working class and the peasantry, whether they could "make up their mind to serve the interests of the masses," or even whether they were "revolutionary" or not was decided by such small a thing as "wearing a mask."

Under the severe criticism leveled by Mao Zedong, the Ministry of Health took prompt action. In the report presented to Mao and the Central Committee, "one-third of urban medical and health professionals and administrative personnel" were to be "sent to the rural areas. This will be a regular practice. The rural health work will be vigorously strengthened." On September 1, 1965, the *People's Daily* published an editorial entitled "Put the Emphasis of Medical Care on the Countryside Effectively." From then on, the large-scale movement of the "rural health care delivery" was carried out in various forms in four corners of China.

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Chapter 14
Mobile Medical Services

Mobile medical care is an important medical form in the development of China's medical and health care services. Mobile medical care can be traced back as early as the Republic of China.[1] Faced with the grim national conditions of the scarcity of medicine, New China quickened its steps of building modern medicine and organized various forms of mobile medical services. After Mao had given his "June 26 Instructions," mobile medical services experienced an upsurge.

14.1 "Good Doctors Sent by Chairman Mao"

From the historical perspective, the rise of mobile medical services was closely connected with the development of China's medical and health care services in modern times, the incident of the "abolishment of the TCM" in particular.

In the traditional society in China, although the state did not include medical care in the overall management, and although the occasional deliveries of medicine to the grassroots areas were mainly a strategy to stabilize or win over the masses, there were, indeed, a number of mobile doctors, folk doctors, and community physicians of herbal medicine in the rural areas, in addition to official doctors, the scholarly doctors, and clinic doctors in the urban areas. Chen Zhiqian thought that the "scholarly doctors served only the elites in the cities, while the practitioners of traditional medicine who received little education or were self-educated served other residents in the cities and the rural people. In both circumstances, physicians of herbal medicine accounted for the majority of all the doctors in practice" (Chen Zhiqian 1998).

[1] According to *Changyang Health Records*, "after the Sino-Japanese War broke out in 1937, the seventh medical team of Hubei Province was ordered to go to Changyang to give itinerant medical care. And they were stationed in Ziqiu." See Compilation Group of Changyang Tujia Autonomous County of Health Records (ed.), *Changyang Health Records (1840–1985)*, 33.

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Throughout the period of the Republic of China, the government adopted the policies of repealing and banning the TCM despite the strong opposition of the vast number of Chinese physicians. The TCM was devastated with the adoption of such policies. By 1949, the 50,000 TCM physicians dispersed in all areas had been in a very difficult situation, and most of them turned to drug or herbal medicine businesses. On the other hand, Western medicine (modern medicine) gradually prevailed with the firm support of the state. This was the case for quite a long period of time, even in the initial years after the founding of New China.[2]

Based on empirical science, modern medical care is motivated by the innovation of technology (Ou Jiecheng 2005). Therefore, the industrial level the country has much to do with its development. Not only does industrialization determine the technical means and the standards that modern medicine may attain, it also decides the comprehensiveness of its coverage. In other words, modern medicine is also a typical industrial system. In this regard, the vision provided by the book *21st Century Medical and Health Work* amply demonstrated this property of modern medicine: The application of molecular biology techniques will cut off the nutrient supply of the cancerous tumor; cancer will be treated by heat from an ultrasound beam; Parkinson's disease is cured by implanting electrodes deep in the brain; tissue engineering studies bionic skin, biomimetic cartilage, and bionic tendon; embryonic stem cell is applied to clone tissues and organs; gene therapy is used to treat congenital paralysis (Zhan Zhengsong et al. 2000). On the other hand, the heavy reliance on industry and technology increases the cost of modern medicine. Though the purchase of medical instruments and facilities, the application of new technology, and the development of new drugs might reach astronomical figures, and it will have to be compensated for in the process of medical treatment, the medical tests conducted in the name of science and drugs to counteract the side effects and complications will further overburden a patient.

However, the traditional China was an agrarian country with a small peasant economy having little surplus constituting its foundation, so the development of modern industry was sluggish and unevenly distributed, suffering from acute social and economic exploitation and the pressure from the Western countries. Within such tight constraints, it was no wonder that modern medical construction yielded too little to cover a large area at the founding of the PRC. There were altogether 219 health personnel in Changyang (in Hubei Province) in 1950, among which 212 were TCM physicians (only 7 of them were either doctors trained in Western medicine) or pharmacists.[3] In Jingmen (in Hubei Province) in 1948, 485 of the 572 medical personnel were TCM physicians, and there were only 87 doctors trained in Western medicine (Compilation Committee of Jingmen Heath Bureau 1990). On the other hand, small peasant economy was at the brink of bankruptcy, confronted with the

[2] Take Wencheng County, for example, among the health workers in the County People's Hospital, there were no TCM physicians until 1956. See Wang Guimiao (2001).

[3] Compilation Group of Changyang Tujia Autonomous County of Health Records (ed.), *Changyang Health Records (1840–1985)*, (unpublished) 33.

flooding industrial products, and could not be hoped to support a modern medical system armed with modern industry.

The long-term suppression of Chinese medicine resulted in a depletion of traditional medical resources, while the limited achievements of modern medicine and its high prices proved to be more than the rural community could afford. Consequently, there had always been a scarcity in medicine. Moreover, it is difficult for modern medicine to reach the rural society in the conventional mode.

The mobile medical care was a breakthrough. When mobile medical teams were continuously sent to the rural areas to provide medical services, the villagers, for the first time, began to have close (but temporary) contact with modern medicine, villagers who originally had nothing to do with modern medicine whatsoever. The achievements of modern medicine began to reach the grassroots and benefited a vast number of the people instead of benefiting only a few.

When the grassroots masses saw or experienced the miracle and benefit of modern medicine, they felt surprised, grateful, or unexpected, together with other complex feelings. Exclamations such as "Chairman Mao has sent some good doctors to us!"; "Great doctors have come to the countryside. We are really blessed, thanks to Chairman Mao. Such things have not occurred for generations" (Li Zonghang 1965); and "You are really good doctors sent by Chairman Mao" could be heard.

14.2 The Discipline Over Western Medicine

The whole medical history in modern times was one in which the TCM was continually marginalized and disciplined. In the aforementioned continuous self-denial process focusing first on the objects, then on the institutions, and then on culture, the TCM, despite its permeation in the Chinese way of thinking and in thousands of years of civilization, had been questioned and criticized. Frequent outbreaks of epidemics only served as proof of the weakness in community prevention of diseases of the TCM with the home-style clinics; the dispersion of the TCM was regarded as the opposite to a modern state, which required standardization and homogeneity. Even the guideline "unity of Chinese and Western medicine" was not enough to defend the TCM, as the guideline about "to put prevention first" was always to be followed as the first guideline.

What about Western medicine? Had the beloved baby of the state, born in the atmosphere of "science" and "modernity" under the care and favor of the state, grown up and is capable to provide people with health protection?

When doctors trained in Western medicine came to the village to offer mobile medical services, what they harvested was more than pride and complacency when they demonstrated their miraculous cures of Western medicine.

Grief: The despairing and blinding inflammatory granulations resulting from trachoma could actually be cured with 0.5 yuan of medicine. More than a dozen years of blindness caused by cataracts could be healed by Western medicine with no more than 3 yuan. It cost little to remove a foreign object from the ear, but ignoring

it and not removing it could lead to a decade of deafness. The grief also went to those critically ill patients who could not be hospitalized because they could not prepay and to the lack of research into the common trachoma because the research was thought to be outmoded.

Doubts: “The midwives whose practices are not standardized, who do not have the concept of sterility, and who do not have very good techniques should enjoy immense prestige among the peasants,” as was discovered by some doctors.

Criticism from the Masses: Exclamations like the following were frequently heard: “The procedures take a half day, and the doctor spent but a few minutes on me; how can I afford to pay 3 yuan or 4 yuan every day?” “The hospital is not like our peasants’ hospital anymore.” “We have to queue up for a fortnight to be arranged an operation.” “First, I do not have so much time; second, the hospital in the city is very expensive, and I do not have much money!”

Hesitance: “Operations can be performed in any place in rural areas, which is something that we have scarcely imagined. Whether we dare to perform an operation in rural conditions is really the question. Judging from the personal gains and losses, of course we should try to perform successfully if we choose to do so; our ‘authoritativeness of being an expert’ will diminish, however, if the operation should fail. Actually the pain of the patients is the more important thing. We have to operate in such conditions, faced with the earnest expectations and trust of the patients that ‘we want to be treated only because you are here,’” as doctors revealed.

Questioning: Some other doctors questioned the existent medical system. “We emphasize on being ‘scientific’ and ‘standardized’ and do not take the patient’s financial conditions into consideration. When we conduct ‘comprehensive’ tests and use medicine wastefully, have we served them better or worse?” “The doctors all have a specialized area and feel more and more out of practice in other fields. Is it reasonable? Only a minority of the patients needs specialized doctors, then why should all the patients go to a specific division to see a doctor?”

Understanding: The doctors and patients seemed to have gained in understanding of each other when the doctors said the following: “In the city, we are accustomed to the practice that the patients go to the hospital to see a doctor, while the peasants are accustomed to asking the doctor to go to their home. In the city, we are accustomed to specific working hours, while the peasants here have time to see a doctor only when they have finished their work in the fields when the doctors used to be off work. As for those peasants who come from a distant place to see a doctor, we have got to treat them whether it is during the working hours or not.”

Experiences: “When I trained young doctors I used to emphasize that they were specialized. The more specialized they were, the more able they would be to improve the quality of medical care and solve problems. Now I know that what is needed in the vast rural areas is a large number of doctors who are competent in many medical fields, doctors who can solve the peasants’ problems in reality, rather than the doctors that are specialized in one field. Even scientific research should be directed at the rural areas and at the common diseases among the peasants.” “Health workers that still work in the fields are needed in rural areas to carry out hygiene and

disease-prevention work. This need is even more compelling than the need for doctors." "Prepayment is such a big sum in hospitals, this actually means to turn away the poor peasants."[4]

Moved by the complex feelings mixed with warmth, shame, responsibility, or dedication, this time, it was Western medicine that experienced ruthless discipline from reality.

Mobilized by politics, Western medicine was disciplined in reality, while the TCM was politically disciplined by the discourse of science. In these disciplines, the solution to the conundrum thus far unanswered had finally dawned on people involved in Western medicine and the TCM. It was felt that Western medicine could not beat the "inexpensiveness and simplicity" of TCM only by the sophistication of modern medicine, constrained by the overall backwardness of industrialization. The TCM, which had admitted defeat long ago by the continual discipline exercised by macro politics, would have to be seated beneath the sword of Damocles again if it failed to learn how to combine individualized treatment with community preventive techniques.

Maybe the best solution is "neither Western medicine nor Chinese medicine" or "both Western medicine and Chinese medicine."

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[4] See (1) Yu Aifeng (1965). (2) Huang Jiasi (1965). (3) Zhang Xiaolou (1965). (4) Xu Yinxiang (1965). (5) Deng Zhihe (1965). (6) Wang Mingqin (1966).

Chapter 15
Cooperative Medical Services in Rural Areas

In the continuous process of mobile medical services, the medical personnel not only engaged in disease prevention and disease control, but also trained a large number of part-time health workers, which alleviated the shortage of medicine in the rural areas and spread the seeds of health care in the vast rural areas. It was these part-time health workers still engaging in agricultural production (called the "barefoot doctors") who constituted the major technical force in the Cooperative Medical Services (CMS).

Mao Zedong's harsh criticism about the Ministry of Health set off a craze of mobile medical services and activated another delivery of medicine to the countryside mobilized by state politics: Large numbers of medical personnel were sent to the countryside in the movement of *Shangshanxiaxiang* (to go to the mountainous regions and other rural areas), and according to research, about 100,000 medical personnel from the urban areas settled down in the rural areas (Maddin 1974; Wu 1975).

"Mobile Medical team could only reach where there is a road and its functions were thus limited" (Chen Zhiqian 1998, 18). However, the call for the medical staff to go the mountainous regions and other rural areas left the cities finite in medical resources.[1] Consequently, how to build a modern medical system which can cover and be supported by the rural areas had yet to find a solution. "Cooperative Medical Services," developed and matured in the Agricultural Cooperation Movement of China, emerged and offered a partial answer to this problem.

[1] In Baoshan, Yunnan province, the rural medical personnel rocketed to 238 from winter 1969 to spring 1970, accounting for 90.1 % of all the "official" medical personnel of the county. *Health Records of the City of Baoshan*, Yunnan UP, 1993, 299. Cited in Yang Nianqun (2006).

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15.1 The Agricultural Cooperation Movement

The origin of the CMS could be traced back to "the medicine and pharmaceutical cooperative of Shaanxi-Gansu-Ningxia Border Region during the War of Resistance against Japan" (Zhang Zikuan et al. 1994). According to relevant historical records, when communicable diseases such as typhoid fever and relapsing fever were widespread in 1944, the authorities, in answer to the demands of the masses, commissioned the Mass Co-operative (a commercial sales agency) to set up Cooperative Health Agencies with the head office located in Yan'an. It was funded by the Mass Co-operative and a health pharmaceutical society. Collective and private shares were absorbed and the government sent a number of herbs as gifts. Subsidized by public funds and operated privately, the medical organization established the principle of "cooperation between the Chinese traditional medicine and Western medicine and treatment for man and animals." By 1946, the number of Cooperative Health Agencies had reached 43 (including 2 for veterinary agencies).

In 1950, the northeastern provinces promoted a cooperative system and fund-raising system by the masses to set up a grassroots health organization catering to the scarcity of medical care in the rural areas. The peasants in Rehe and Songjiang Provinces "invested" with their grain, potatoes, and eggs to set up a batch of medical cooperatives.

The medical care cooperative as a system gradually came into being with the development of Agricultural Cooperation Movement (began in 1955). At that time, health care centers appeared in the rural areas of Shanxi, Henan, Hebei, and other provinces. In 1955, a collective health care system was established in the United Health Care Center of Mishan Village, Gaoping County, Shanxi Province. The practice there was as follows: each peasant would turn in 0.2 yuan each year on a voluntary basis as the "health fee"; in return, they would have access to free disease prevention and health care, free registration fee, free doctor's visits, etc. The health care center would put prevention first, provide home visits where signs were put up that medical care was needed, provided mobile medical services, and delivered medicine and medication to each household. Each doctor would be responsible for the prevention work and medical treatment in one particular area. The financial resources were mainly pooled from the health fee turned in by the peasants, 15–20 % of the social benefit fee of the agricultural cooperative, in addition to income from medicine (profits from drugs mainly); the doctors were paid by work points as well as by cash.

In 1956, the 3rd Session of the 1st National People's Congress passed "Statute of the Advanced Agricultural Producers' Cooperatives," the 42nd article of which prescribed that those peasants who were injured or caught diseases while working for the collective should be treated on the expense of the collective and would be compensated for with a certain number of working days depending on the circumstances. For the first time, the collective was given the right to be responsible for the diseases and treatments of its members. Subsequently, the Ministry of Health convened the Conference of Rural Health Work in Jishan County, Shanxi Province in November 1959. In the report to the Central Committee after the conference and in the attached

document "Opinions about Several Issues of the Health Work of the People's Commune," it was pointed out that "according to the productive level and the awareness level of the masses, a collective health and medical care system for the members of the people's communes is suitable." On February 2, 1960, the Central Committee forwarded the report, as well as the attached document, as the 60 (70) Document and ordered its execution in all places in China. Ever since, the Cooperative Medical Service became the basic medical system in the rural areas.

Researchers have noticed the close relationship between the Agricultural Cooperation Movement and the CMS, as evident in the following: "The Cooperative Medical Services are closely associated with collectivization" (White 1998); "No Agricultural Cooperation Movement, No Rural Cooperative Medical Services" (Zhang Zikuan et al. 1994); and "the collectivization in production conflicted with the individual forms of payment for the fee of medicine". But their concern lacked further supportive evidence. The internal logic on the relationship between the Agricultural Cooperation Movement and the CMS was not clearly revealed, as many of the researches remained too general and vague.[2] The following four aspects were an attempt to summarize the relationship between the two.

First of all, the Agricultural Cooperation Movement inspired the basic idea of the CMS. After the Land Reform created the need for cooperation as the peasants (the new owners of land) lacked labor force, livestock, or agricultural tools, groups of mutual help were organized in this way, the members of which would exchange work and share the livestock so that difficulties that arose in production could be effectively surmounted. Furthermore, the members could help each other in terms of funds or technology. That is why the idea of building a cooperative, which had repeatedly proved to be effective, would strike the peasants again when faced with the threat of diseases. The ideas were then put into action. This was proved by the author's own investigation. As Qin Xiangguan, acclaimed "father of China's Cooperative Medical Services,"[3] said when recalling how he promoted the CMS in Dujia Village, Leyuan: "It suddenly occurred to me at that time that since we had solved the difficulties in production by cooperation, why couldn't we overcome the shortage of medicine and the devil of diseases by means of cooperation?"

Second, the Agricultural Cooperation Movement, which experienced the phases of mutual help groups, senior cooperatives, and the people's communes, integrated medical and health resources. Before cooperative medicine came into being, the sources of medical resources were rather complicated. In terms of medical agencies, health agencies of the county and of the district level were built in the early 1950s, followed by the establishment of the united clinics of individual practitioners

[2] For example, Zhang Zikuan believes that the cooperative medical care was the reflection of the cooperative economy in health work or the result of the extension of mass mutual help group from production to health work. See Zhang Zikuan et al. (1994).

[3] During the investigation of nearly 10 days, this honorable man and his dear wife not only made life easy for me, but also provided me with an army of valuable resources. I would like to express my gratitude to them and to others who also provided me with their selfless help in the investigation.

(after much political mobilization), and then by collective health care centers in the mid-1950s. In terms of medical and health personnel, there were staffs of Western medicine and paramedics, TCM physicians, folk herbal medicine physicians, plus health workers and midwives trained in the mobile medical services. Their identities were also rather complicated: The medical and health personnel in the district level and the village level belonged to the state-run agencies; the individual practitioners were, of course, of private ownership; the health workers of the production teams were half peasant and half doctor; there were also urban doctors who settled in villages whose identity could never be made clear. In the process of Agricultural Cooperation Movement, however, the state-run health clinics of the district level and the health care centers at the village level were incorporated into commune hospitals, while the united clinics and village health care centers were gradually transformed into the health rooms of the production brigades. Most of the private practitioners and all the half-peasant-half-doctor health personnel were eventually incorporated into the commune health organizations. When all kinds of health agencies and health personnel were ultimately integrated into the overall framework for the people's communes, the medical resources there were pooled, which provided the premise necessary for the operation of the development of the CMS.

In addition, the Agricultural Cooperation Movement financially supported the CMS. The attributes of agricultural economy in China decided that its surplus was few, but the productive cycle was long. Consequently, it would be difficult for the peasants to be burdened with the medical system if they had to pay on their own; either the sum would be too large to afford or they could not pay promptly. Cooperation served as a breakthrough of the bottleneck. After a fund for medical and health care was collected (consisting of payments by individuals as well as by the cooperatives), the affordability of the individuals was raised. Additionally, the need of the members to pay instantly was obviated, while the commune had more affordability when transacting with other entities. The credit created within the cooperative could also help delay the payment for the peasants if necessary.

Lastly, the cooperatives were organized, which helped its existence. The change in the organizational mechanism played a vital role in the transition from the original insurance against diseases to collective welfare. If it remained unorganized, the medical care construction could only cater for the some individual needs by treating illnesses or by reducing fees. The goal of introducing medical or health care could barely be furthered in this way. On the other hand, cooperatives, by constructing an organized system, could provide a platform on which the external support could be rallied, and on which the resources could be more effectively exploited.

15.2 The Cooperative Medical Services

Although the rural cooperative medical services won the approval of the state and the Party in 1960, its implementation was not merely smooth sailing. In the wrong idea of "free treatment and free medication," the limited CMS funds were soon used

up and the CMS centers had to be disbanded for financial reasons. The original state of "whoever goes to see a doctor has to pay the fee" was restored. In the author's opinion, only after 1968 did the real institutionalization of the CMS start.[4] In 1968, the experiences of Leyuan People's Commune (of Changyang County, Hubei Province) were approved by Mao Zedong and were published. Mao gave an instruction that "Cooperative Medical Services are good." On December 5, 1968, an article with the headline "A Cooperative Medical Service Widely Welcomed by the Poor and Lower-Middle-Income Peasants" was published in the *People's Daily*, in which the Leyuan experience was introduced, and the discussions of two suburban communes of Beijing (Huangcun and Liangxiang) were also published. A column of "Discussion on the Rural Medical and Health Care System" lasted for nearly a year in the subsequent 23 issues of the *People's Daily*, focusing mainly on applauding the advantages of the rural cooperative medical service scheme, on exchanging experience of the initiation and adoption of the scheme, and on proposing suggestions for the amelioration of the scheme. Propelled by the discussions, the CMS, which was nearly at the brink of bankruptcy, emerged in a "revised" form,[5] and a wave of setting up cooperative medical services flourished. By 1976, 90 % of the rural areas across the country established the CMS, and a relatively sound three-tier health care and disease-prevention network was set up. In this network, in addition to 510,000 doctors who had formal training, there were 1.46 million barefoot doctors (who still engaged in production), 2.36 million rural health workers, and 630,000 midwives in the rural areas. The goals ("wherever there are people, there are medical services," or "a common disease can be cured within the village, a serious one can be cured within the production brigade") were basically reached.

As the historical, cultural, and economical circumstances were widely different within the broad territory of China, the CMS development modes also varied from place to place. Therefore, only a general sketch of the system is offered below:

System Mode: The CMS could be divided into three types: those set up by the production brigades, those set up by the union of the communes with the production brigades, and those set up by the communes or by the associated communes. Those established by the production brigades were by far the most common. Such cooperative medical service centers were set up by a production brigade, managed by a management group (consisting of brigade cadres,

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[4] When consulting the related documents of the CMS, the author noticed that the first record of the rural medical care system was around the year 1969 in all places according to the local *Health Records*. Take Huaiji County, for example, "the pilot work of the rural cooperative medical care system first began in Lianmai People's Commune in 1969" (Chen Zhongxing 1998). Take Heilongjiang Province as another example, "At the beginning of 1969, the majority of the cities and counties chose different communes or production teams to carry out pilot work of cooperative medical care" (Local History Compilation Committee of Heilongjiang Province 1996, 286). Besides, Yingcheng of Shanxi Province, Longjiang of Guangdong Province, Pingxiang of Jiangxi Province all recorded the beginning year as around 1969.

[5] The so-called revised mode largely followed the experience of Changyang – measures for reducing costs were taken, and the medical personnel did not have pay (paid by work points only). In this way, the continued survival of the medical model was ensured.

barefoot doctors, and representatives of poor peasants), and financed by the collective economy of the brigade and the collective members. Only members of the brigades could join the scheme. Those set up by the union between the communes and the production brigades were also set up by the brigades, though they were partly financed by the commune's health care center and partly managed by the commune CMS management group (consisting of commune cadres, brigade cadres, barefoot doctors, and representatives from the peasants). The commune and the production brigade would discuss the management rules of the medical care system. Those set up by a commune were financed by the commune, the brigades, and the member peasants and were managed by a CMS management agency organized by the commune (consisting of commune cadres, brigade cadre representatives, barefoot doctors, and representatives from peasants). Those set up by the union of the communes were relatively few.

Membership: Generally speaking, those people with a registration status (*Hukou*) of the brigade or the commune can join and withdraw from the medical care system on a voluntary basis. The knowledgeable youth (*zhishi qingnian*) who came to the rural areas could also choose whether to join or withdraw from the system. This differed from place to place, whether those *Wulei Elements* (landlords, the wealthy, the reactionary, the bad, and the rightists) could join or not.[6]

Fund-Raising and Management: The scale of the funds varied from area to area, but generally they were all provided by the public welfare funds and the health fees turned in by the members. In general, each member would have to turn in 1–3 yuan each year, depending on the local living standard and people's affordability. The fee was usually deducted from the income of the peasants at the harvest allocation season, and in the direct collection, the sum was avoided. The collective would not advance the money for the peasants. People of "Five Guarantees" (mainly childless or sonless elderly people) did not have to turn in any fee, but could enjoy the medical treatment; the poor households would be partly relieved from the fees. Twenty to thirty percent of the state welfare funds (*Gongyi Jin*) were withdrawn for the medical purpose. In addition, the income of the CMS (mainly profits from the drugs, fees paid by the people without membership) and income of selling herbal medicine (some production brigades would allot some plots to the CMS centers to grow herbal medicine, or organize some experienced peasants to collect herbal medicine to be used by the brigade and to be sold) could be included in CMS funds. The funds would have to be exclusively used for medical care. A bookkeeping system would be followed: Accounts had to be cleared everyday, closed every month, publicized every season, and settled and summarized every year.

[6]According to *History of Heilongjiang Province: Health Records*, *Wulei Elements* could not join the cooperative medical care system (Local History Compilation Committee of Heilongjiang Province 1996, 287). However, "Introduction to the Cooperative Medical Care System of Leyuan Commune" prescribed that *Wulei Elements* could also join the cooperative medical care system depending on their political performance and if affirmed by the poor and mid-income level peasants. See Chi Zihua (2003).

Clinic System: Each CMS member had an I.D. card, by which they could receive medical treatment and medication. Intramuscular injections and visits were free; registration fee was usually 0.05 yuan; 30, 40, 50, 80 %, or even 100 % of the medication fees were reimbursed, with the rest of the fees defrayed by the patients. Those who had to receive medical treatment in the commune health care center or in another hospital should first be approved by the medical center of the brigade. The medical fees thus incurred would be reimbursed in the proportion formerly agreed upon. Injuries or disability caused by fighting would not be reimbursed, nor would those who drew on medical resources of some other places without approval.

Professionals: The staff usually consisted of a midwife (or midwives) and 2–4 doctors or health workers, all of whom were called "barefoot doctors,"[7] one of whom must be female, as it was prescribed in many localities. The medical staff should be politically right with a good origin, have an upright style of work, have acquired a certain level of education, have good health, and of young age. Recommended by the commune members and approved by the production brigade, the candidates would be sent to the commune health care center or the county health school to first receive a 6-month training and then retraining on an irregular basis in political education and in technology. Through the training, the barefoot doctors could learn how to treat around 15 common diseases in Western medicine and in the TCM, how to apply acupuncture, and how to carry out disease prevention. These barefoot doctors did not receive a salary; they would have work points and get their portion of grain as other commune members. According to their political performance and their achievements in their work, the work points they got were equal to or a little higher than those of the laborers of equal work force.[8]

Operation Mode: The trained doctors would simultaneously carry out medical treatment, epidemic prevention, maternity and childcare, and family planning when they did not engage in the collective production of the brigade. They did not have fixed working hours, and their work was highly fluid, as they should answer calls of their peasant patients instantly. In addition to the treatment of some common diseases, they would mainly carry out preventive work in their daily work. Especially in seasons that were prone to outbreaks of epidemics, the barefoot doctors would deliver medication to the fields or to the households. In order to mitigate the financial pressure of CMS organizations, they would be responsible for the planting or the gathering of herbal medicine together with other commune members. They processed the herbs so that they could be used in medical treatment. When encountered

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[7] In the 3rd issue of the journal *Red Flag* in 1968, an article "The Orientation of the Medical Education Revolution from the Perspective of the Development of 'Barefoot Doctors'—A Report from the City of Shanghai," the origin of barefoot doctors was revealed: It was the nickname given by the poor and mid-level income peasants in the outskirts of Shanghai to those health workers who were half peasant and half doctor. Hereinafter, "barefoot doctors" became a name especially referring to those medical and health staff who still engaged in production.

[8] According to my investigation in various places, the actual income of barefoot doctors would be equal to a vice production brigade cadre and higher than an ordinary peasant of equal work force. Besides, there was also 3–5 yuan per month given by the commune as subsidies for their preventive work.

with emergencies or critically ill patients, these barefoot doctors would be responsible for forwarding them to the commune health care center or the county hospital. When traffic was difficult or there were other reasons preventing them from forwarding the patients, the doctors would vary the routine and operate on the patient themselves. In addition to that, the barefoot doctors would have to carry out health education and popularization for the commune members regularly, take charge in the Patriotic Hygiene Campaign, and inspect the hygiene conditions of households and the environment.

15.3 A Communal Medical System

Researches have divergent opinions as to the nature of the CMS in China. Zhang Zikuan and others hold it to be a "medical insurance system" (Zhang Zikuan et al. 1994). Wang Shucheng and Li Xuesheng's interpretation is that it was a "cooperative medical and health care system," (Wang Shucheng and Li Xuesheng 1994) while Lin Mingang regarded it as "a fund-raising medical system, which was essentially rural collective welfare with low subsidy" (Lin Mingang 2002). The author believes that these interpretations are narrow and have severe spatial constraints. They are either constrained by institutional researches or focused merely on the rural areas rather than orienting them on a wider horizon or space. The greatest myth of these interpretations was the belief that the three "open sesames" – barefoot doctors, the CMS, and the rural health care network – are separable.

In a more essential sense, the rural CMS was a special and singular health care system, undertaking many medical tasks in reality and sometimes staying hidden behind various kinds of concrete medical activities and medical images. It was a community health care system with medical treatment as the carrier.[9]

Cooperative medical services were first and foremost a health care system.

This trait of the CMS was decided by the guideline "to put prevention first." As a late comer to a war-wracked China, the construction of industrialization was doomed to be an arduous and lengthy journey. Scarcely could the modern medical and health care achievements closely related with modern industry be able to find their ways to the grassroots to fulfill the requirements of the rural folks. During the process of the medical and health care construction in the grassroots, the grim national health care conditions and the lack of modern health care and medical products became the conundrum for the state. "What the state was to solve was the problem of a poverty-stricken and mostly agricultural rural society with people generally low in educational level." However, the ideology of the new state did not allow "providing the most advanced achievements of knowledge to only a minority of people." In consequence, "what the state focused on were not individual patients, but the whole community lagging behind in economy" (Chen Zhiqian 1998, 66).

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[9] My acknowledgements go to Prof. Xu Yong, who abstracted the concept here for me when I consulted him.

In the overall state strategy taking priority on "prevention," the villages lacking in medical resources could not be expected to remove the constraints imposed by such strategies and start all over again. The requirement laid down in the guidelines about the priority of prevention meant that the basic task of the CMS was to provide health education, family planning, inoculation, supervision, deliveries of reports on epidemics, and other preventive work. This requirement was underlined in the development of cooperative medical services. The initial stage of the CMS was mainly a medical system and proved more than the weak economic situation could bear. Only after it was inspired by the "revised" form of Changyang mode was it able to be developed again.

This trait was also reflected in the role of barefoot doctors. The repeated questioning on the qualifications of medical students and the school system by Mao Zedong actually defined, in a way, the fundamental role of barefoot doctors: Barefoot doctors needed to be trained for only a relatively short term and to understand a dozen or more frequently occurring diseases or endemic diseases to satisfy the minimum requirements. So they were not doctors with modern professional standards, but merely health workers. Judging from the actual behavior of the barefoot doctors, we can also discover that the tasks that they undertook were mainly those concerning health work in two categories: prevention (encompassing regular popularization of health work, health education, epidemic prevention work, environmental hygiene inspection, inspection of household hygiene, and public health campaigns such as the Patriotic Hygiene Campaign) and elementary medical treatment for patients and the forwarding of patients in emergencies or of critically ill patients.

The structural status of the CMS in the three-tier preventive health care network also illustrated this point. Around 1958, the state began to consider steering from the province-city-county preventive health care network to a network that involved levels below the county. The establishment of health care centers or hospitals of the county or of the commune meant the establishment of a county-brigade-village preventive network. From then on, the CMS not only undertook elementary medical care but also took upon itself the tasks of the state such as health education, family birth planning, inoculation, report on epidemics, and other preventive work.

Secondly, the CMS was based on a community.

Although the modes could be divided into the aforementioned three types – those managed by the production brigades, by the union of the communes with the production brigades, and by the communes or the associated communes – the first mode was by far the most common. In addition, the other modes were also based on a brigade, the space for a community in addition to its being a basic production unit and an independent accounting unit.

The communal feature of the CMS has its merits. First, it takes full advantage of the community feature of the "acquaintance society," as was termed by Fei Xiaotong to analyze the social structural characteristics of the rural China to illustrate many of the "self-evident" behavior and logic in China's rural life. In fact, the construction of "acquaintance society" also reflects a "rational choice" of the "rational small peasants (said by Philip C. Huang): "Acquaintance society" can minimize unnecessary transaction costs, maximize efficiency in transactions, and

bring about the greatest effect of the limited surplus of the small peasant economy. When the CMS was confined in a specific community space, the cooperation cost could be reduced, and favorable conditions could be created for the full use of the limited health care resources. Second, it facilitated timely and effective delivery and coverage of the medical and health care services in a certain area. Moreover, it kept pace with the production and living of the community residents and was fused into their daily life. This special medical and health care system broke the bureaucratic or formalistic framework for the modern medical system (such as fixed working hours and strict clinic regulations), thereby making it convenient for the community residents and saving unnecessary expenses. In this way, the sustainability of the system could be maintained with stronger communal support. Third, the localized barefoot doctors also ensured the effective implementation of public health care. For those doctors from the urban areas of modern medicine, it “requires a strong sense of social responsibility and determination” for them to carry out rural public health work, because they had to “work under very difficult conditions and they could not live in a more comfortable city.” At the same time, this might also mean that they had to sacrifice their “academic achievement” and “high income” (Chen Zhiqian 1998, 48). The barefoot doctors, being community members themselves, crossed such barriers. Being a community member could promote conditions for better public health care, as the barefoot doctor had sympathy for, and familiarity with, the community members.

Lastly, the health system used medical care as the medium. Basically, the CMS was established to provide individualized medical treatment, rather than crowd disease prevention. If the system failed to fulfill its basic function of medical care, its premise of existence was deprived; it was the insufficiency in the provision of medical protection that served the turn from medical care to health care. Although it could be relieved by using some folk medicine or planting and collecting herbal medicine, the substantial lack of funds hindered the cure of a wide range of diseases and imposed as a constraint on its development. Consequently, a fundamental shift occurred: The top priority shifted from the individualized treatment to the prevention of diseases. After all, not to contract diseases at all or to contract fewer diseases is the most economical way. Additionally, medical care itself became a basic form of health care. Meanwhile, when they offered the traditional individualized treatment, the barefoot doctors could carry out health work, such as inspection of hygiene, popularization of health work, and health education. Thanks to the interpersonal communication of an acquaintance society, a rather positive effect could be achieved.

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Chapter 16
"China's Road": The Cooperative Medical Services as a "Paradigm"

The establishment and development of the CMS effectively changed the long-term situation of the shortage of medicine in China's rural areas and provided basic medical and health protection for the majority of rural residents. By the late 1970s, China had become a country that had the most comprehensive medical care system. This could be said to be a very significant "health revolution" (World Bank 1994). The CMS had solved the initial health care of rural residents accounting for 80 % of the country's total population with only 20 % of total health expenses. The "China miracle" was created, a "model to address the problem of the health funds in the developing countries," "a China mode" in which "the greatest health benefits with minimum investment" was achieved. Health experts also regarded it a rational choice for the then-Chinese government to give priority to prevention, basic medical services, and low-cost promotion of health technology (Cullis and West 1979). In 1983, the World Health Organization held the Forum for Cooperative Medical Services, and China was selected to serve as a model of "a backward country achieving the health care level of the most advanced countries, in particular."[1]

The term "paradigm" was first used by Kuhn in his book *The Structure of Scientific Revolutions*. It mainly referred to the fundamental commitment, shared beliefs, and research consensus upheld by the scientific community in a historical period of time or an overall scientific view. I say that CMS can also be said to be a paradigm with a view to stress its originality in designing the rural health care services: We should not leave the China rural experience behind, following merely the modern discourse, nor should we follow the simple and brutal discourse with "political correctness" such as the increase in investment and the improvement of the technological level.

[1] The meeting was held in China's Shandong Province, and China's achievements in the rural health work were summed up: Infectious diseases, parasitic diseases, and endemic diseases were put under control; mortality rate, especially infant mortality rate dropped significantly; average life lifespan was lengthened significantly, topping other countries or regions in the same category; medical costs were relatively low; medical insurance "covered almost all of the urban population and 85 % of the rural population." The last point was acclaimed to be an unparalleled achievement among low-income developing countries.

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China's CMS was highly commended by the United Nations, World Health Organization, and other institutions. This rural health care scheme of China actually boasted significance of typology. The noted International Conference on Primary Health Care (a meeting held in Alma-Ata, USSR, September 6–12, 1978) praised the plan for being a "world-wide model for the implementation of primary health care."[2] It had transcended the category of typology and reached the level of being a "paradigm" as it deeply influenced the medical reform of other countries, inspired other countries to develop a medical and health care system adaptable to the national conditions instead of blindly copying other countries (Jamison et al. 1984).

In this sense, the problem awareness, the design concept, and mode of thinking concerning the CMS still enjoy great significance and value today, and reflections and researches on it have become a necessity, although China's society (the rural society in particular) is undergoing tremendous changes (the disintegration of the collective economy, changes in the spectrum of diseases, the large-scale population flow), which made the CMS unable to continue further after the reform policies were introduced.

16.1 "Neo-Traditionalism"

The CMS, started and institutionalized during the process of the Agricultural Cooperation Movement, developed in the real sense only after Mao Zedong gave instructions concerning Leyuan's cooperative medical care and said in 1968 that "the cooperative medical services are good," so it was intimately connected with a special political period of the "Cultural Revolution." Constrained by this special feature, the relative research shared an orientation: The CMS was researched as something independent of the social and historical background; the focus of the researches tended to be apolitical ones, focusing on the structure, functions, and operation features of the system itself. Although some of the studies noticed the "political" side of the system (Zhang Kaining et al. 2002), they did not enter into details. It is the author's idea that both the existence of the CMS and barefoot doctors suggested strong political colors; they could even be said to become "political symbols." If we neglect the political side and persist in their being apolitical, the thorough understanding of the phenomena of the CMS or barefoot doctors could not be expected to be reached, and some special values of the topic might be clouded. However, what the author of the book intends to reveal is not a comprehensive and specific definition of the rich political connotations of the CMS. Instead, he would confine himself within the range of the "Neo-Traditionalism" perspective and offer a preliminary analysis of the role of the barefoot doctors so that their significance in "China's road" could be disclosed.

Andrew G. Walder's concept of "Neo-Traditionalism"[3] was a reaction to the theoretical paradigms of totalitarian image and group theory of communism by analyzing

[2] See (1) Jamison et al. (1984). (2) Yang et al. (1991). (3) Chen et al. (1993). (4) White (1998).

[3] The Chinese version adopted here was one translated by Gong Xiaoxia (Walder 1996).

the authoritative relationship in China's factories. A new analytical mode of "Neo-Traditionalism" was proposed. Walder believed that a kind of modern authority exists in China's factories, which is both distinct from the "modern" characteristics shown in the Western enterprises (independence, contract, universalism, etc.) and from the characteristics in the tradition (dependence, deference, particularism, and so on). This is called a communist "Neo-Traditionalism." If we cast our eyes from Walder's workshop model to the broad society, we would also discover that the New China has established a "socialist Neo-Traditionalism" that is neither the same with the Western countries in modern times, nor similar to China's traditional society. It was a totally new social relationship mode or social cultural form.[4]

The "Neo-Traditionalism" of the state shaped, and was fully embodied in, the role of the barefoot doctors.

The essential requirements of selecting the barefoot doctors included the following four aspects: (1) right political conviction, honesty, and uprightness in one's ways and a love for health work; (2) a certain level of education; (3) good health; and (4) a young age (about 20 years old). Among these four requirements, the first was the most important. In usual practice, it was expressed as "born in a poor peasant family." It was commonly believed by researchers that this was an ideological symbol of the time and lacked research value; actually, what were implied in the background emphasis in the recruitment target of the barefoot doctors were some other conditions, such as honesty and uprightness, according to the author's investigation of various places in China. The reasons behind all these were that the reputation and the chastity of women, or the respectability of the community, still claimed profound social significance, despite successive social and political movements, and despite the colonizing, reforming, and dissolving efforts by China's grand traditions to the local traditions. While the barefoot doctors were in practice, the chances of them being immoral were great.[5] Seldom would the female victims report the harm done to them for fear of losing face or their name. Out of considerations of such a "tradition," the character and virtue of the barefoot doctors would have to claim primary importance.

If we say that the recruitment standard of barefoot doctors remained on a moral level, the subsequent training was on a political level. It should be admitted that the barefoot doctors had an enormous workload with low pay: prevention and treatment of diseases, health education, family planning, collection of death data, etc. In addition, the working schedules of these barefoot doctors were decided by the rhythms of agricultural production and living, possibly having to work while others had a break. Unlike those doctors in the urban areas who worked in a sheltered space, these rural doctors had to scale mountains, cross streams, or brave the storms.

[4] Many other scholars are also aware of the perspective. Although they did not directly use the term "Neo-Traditionalism," they analyzed the related issues in similar angles. Take Huang, Shu-min's *The Spiral Road: Change in a Chinese Village Through the Eyes of a Communist Party Leader* for example; Huang said that "A national culture emerged. The traditional small, semi-autonomous and dependent rural communities were replaced with a mass culture centering on the Central government" (Huang Shu-min 2002).

[5] A barefoot doctor with the surname Peng raped 21 women, including 17 lying-in women during the years 1969–1971. He was sentenced to death in 1957 and the sentence was served that very year.

Consequently, it was not enough to mobilize their conscientiousness and enthusiasm in work by moral strength alone, the political tools ought to be borrowed to educate and shape them. After they were recommended and approved by the production brigades, their training in the commune hospital/health care center or the county medical institute would begin, consisting of political and medical education. The political education usually included the studies of some classic articles, such as "In Memory of Dr. Bethune" and other works by Mao in order for the thought of "to serve the people wholeheartedly" could be rooted in their minds. This process was a refined and effective one, full of power techniques and discourse strategies. After they had received such training, their original narrow community sentiments would be replaced by a more effective state discourse, and they would be constrained or motivated by the thought of serving the people in their daily work. Both the initial training and the follow-up trainings adopted this mode, repeatedly reinforcing "Neo-Traditionalism."

The motivation from reality also existed. An ordinary person with a plain job in a remote area who conducted down-to-earth work with selflessness and without ostentation would gain glory and concern from the outside. The peasant cadre Qin Xiangguan and Wu Zhencai who had the honor of being invited to watch the ceremony of the 17th National Day Celebrations[6] were all models created by "Neo-Traditionalism." Norms and requirements of "Neo-Traditionalism" began to be gradually internalized through constant political propaganda. There was another aspect as far as the incentive from reality was concerned: Every time when the barefoot doctors conquered a serious illness, overcame a difficulty, or underwent a difficult surgery; every time when their conscientious work earned them the gratitude and trust of the patients and their families; or every time when they faced the complaints and powerlessness of the patients, they were likely to be mobilized to harbor faith and determination in their treatment of patients. In the framework for "Neo-Traditionalism," this motivation could be sublimated to work ethic and self-discipline.[7]

16.2 The "Optimal" and the "Most Feasible"

In the construction process of China's rural health care system, there had always been two basic choices: the optimal and the most feasible. The so-called optimal is to train health care personnel with professional standards which can offer qualified

[6] Wu Zhencai was a peasant of Lilin Production Team of a Pingding People's Commune in Jiangxi Province, where there used to be schistosome. On September 30, 1966, he was invited by Premier Zhou Enlai to attend the reception feast held in the Great Hall of the People. See CPC Yujiang County Committee Schistosomiasis Control Leadership Team (1984).

[7] In barefoot doctor Zheng Peizhong's diary, there were many such revelations of his sentiments: "At the thought of alleviating the pain of the patients, I felt happy in spite of the hard work." "Never complain about the tiredness of the work, work like a willing old horse to serve the masses – I think this is what I should do." "I still had a long way to go from meeting the requirements of the Party. Never will I be complacent." See Zhang Kaining et al. (2002).

medical and health care services to the whole society, governed by the scientific principle and with the help of the development and construction of modern science. The state regulates and manages the whole medical and health care services and ensures the overall quality and standards of the services. The most feasible mode, on the other hand, is to redefine the primary medical and health care standards and requirements to respond, according to the state's basic national and local health conditions, to the most urgent needs and to make up for the defect of the country in the coverage of medical care. Although it covers the widest area possible and makes medical care accessible by the majority, there are problems such as low overall qualification and quality and difficulty in standardization of the management.

Between the "optimal" and the "most feasible," it was obvious that the latter had been chosen in the CMS. To again take the example of the barefoot doctors, they could be accused of inadequacy in many aspects from the point of view of modern medical care: short-term or intermittent training, rather than systematic and comprehensive education; generally low and divergent levels among the doctors; the ambiguous identity of being a semi-peasant and a semi-doctor; and "sometimes only an agent to help transport patients to urban hospitals, which increased the burden of the town hospitals instead of solving any medical problems" (Lampton 1973). In sum, the barefoot doctors did not indicate any characteristics of being the "optimal"; they were even well below the "qualified" standard. However, they were the "most feasible."

First of all, the barefoot doctors were medical and health personnel who were "rooted" in the rural areas. Despite a large gap in medical skills and in specialized techniques between barefoot doctors and doctors trained in Western medicine (at least initially, the former could only treat a dozen or so common diseases), the doctors of modern medicine were not a group that could be "rooted" in the rural communities; their root was in the urban modern hospitals with strict departmentalization. For the rural villagers, these doctors of modern medicine who came and went could sometimes bring surprises, but could not be expected to comfort them exactly when they happened to be in pain. Barefoot doctors were a different case. They rose above their own communities and came back to their communities to provide medical care for their familiar folks, friends, or even family members and to engage in production at the same time. Such medical services involved more emotions, but less fear, more responsibility, but less self-consideration. Moreover, their low starting point decided that they had a large scope in which to develop their talents; their household registration status (*Hukou*) decided the place where they could display their talent. Whether they could take advantage of opportunities or possibilities for upward social mobility depended on how they could perform and behave in their workplace. Therefore, they were a very stable force rooted in the village. Their presence ensured the accessibility and availability of medical and health care. They also served as a channel through which more modern medical achievements could be imported to become an effective cure for the diseases of the villagers. Chen Zhiqian had much to say about this: "It is very important for physicians to be based on communities. Experiences show that a health care system consisting of dedicated administrative personnel and villagers who received minimum

medical training could actually bring the benefits of science and medicine to their fellow villagers" (Chen Zhiqian 1998).

Secondly, the barefoot doctors were also an inexpensive and therefore affordable medical and health care workforce. The long and complex training process of modern doctors determines their costliness. The attached modern medical care system is also expensive because of its close association with modern industry. The modern medical system would have proved to be more than the villagers could afford. By contrast, the barefoot doctors were much more "inexpensive." With their pay only slightly higher than that of an ordinary laborer, or equal to a deputy cadre in a brigade at most, it was within the range of the contemporary rural affordability. Even the form of payment of these rural patients was localized: It was not in cash, but in work points or in rations of grain, which they could acquire at the end of the year. This corresponded to the internal logic of the rural: lacking in surplus or in cash.

But a low-cost health care workforce does not necessarily indicate its inability to provide medical services, nor does a low starting point mean its inferiority to modern doctors. Unusually rich practical experiences,[8] as well as instructions given by mobile medical teams, secured the rapid improvement of their medical skills. Their familiarity with the community and the consequently acute awareness of the possible risks within made all aspects of their work more targeted and more effective. On the other hand, once instruments and equipments on which modern doctors relied so heavily were out of reach and once the diseases were beyond their specialty, it would be doubtful whether modern doctors could gain advantage from being at an advantageous starting point. More importantly, the barefoot doctors had a spontaneous motivation for the pursuit of lower cost as they were also a part of the CMS, making the specific work they did comply with the village requirements.

In the contrast between the "optimal" and the "most feasible," the "optimal" is more of an ideal state and development orientation, while the "most feasible" stresses practical constraints and gradual development. The advantage of the "optimal" is its advantageous starting point; the advantage of the "most feasible" lies in its unrivalled firsthand experience. The key is the "optimal" system would have confined the objectives and targets of their services to specific regions and relatively few people, whereas the "most feasible" system successfully removed the constraints imposed by space and the number of people and maximized the coverage to reach every corner of rural China, where there was the most urgent need of medical and health care service and where it would have been largely deserted in the "optimal" mode.

Chen Zhiqian acquired a deep understanding during the painful process of the Ding County Experiment: "In our efforts to bring modern medicine to the people, a new model must be created in our country based on its own conditions and resources. It is not one relying on borrowing the models of foreign medical schools. Borrowing

[8] To take my investigation experience in Wugong, Shaanxi Province, for example, in the three clinics of Xicun, each doctor had over 10 patients per day. By such calculation, a country doctor would receive thousands of times of medical practice in a year. It is owing to the large number of medical practice that the skills of the barefoot doctors could be sharpened.

the foreign model is full of risks and problems; this is my view in all my life" (Chen Zhiqian 1998, 48). Under the guidance of this understanding, Chen created the Ding County model in "China's Approach." However, China's efforts and effectiveness achieved in the field of rural health care implied a greater ambition: "Thus, for the continuum of the past, the present, and the future, the gaze was not on a Western model for China, but on a Chinese model for the nations which the West had long exploited. They 'will expect to find in Chinese history the key to the solution of their own problems'" (Levenson 2000).

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Part VI
A Public Country: The New Cooperative Medical Services

A "risk society" befell many a rural area in which diseases might prove to be "fiercer than tigers" at a time when the small peasant economy was confronted with the big market, the breakdown of the existing health network, and the turning of "benevolent" medicine into "money-making" tools. The incompetence in organization and the system defect of the New Cooperative Medical Service in face of a "fluid countryside" provided food for medication on the public problem of the state; a change in mindset from "group" to "individuals" is called on.

Chapter 17
A Risk Society

"Risk society" is a concept that was first framed by the German sociologist Ulrich Beck in *Risk Society* in 1986. In Beck's view, the modern society had deviated from (Karl Marx's) class society or (Max Weber's) industrial society and had developed into a social form that is highly modern, known as the "risk society." Social theories based on unequal distribution of wealth (the functional theory, Marxism, and various kinds of postindustrial or postmodern theories that derived from it) have lost their interpretability when it comes to the crisis and inequality in the distribution of risks. Therefore, there needs to be a turn in social theories, that is to say, "risk sociology" needs to be advanced with problem awareness being "how to avoid, minimize, and direct risks or hazards systematically created as a part of modernization."

Beck's concept of a "risk society" demonstrated his worries about and vigilance against "the faith in the progress of capitalism" (Zhou Guitian 1998). When the belief is embedded in the political decision-making mechanism of the modern state, and becomes the normal practice in social order, it will lead to "linear rationality" and, consequently, a "world ungoverned." The vast rural areas of China, threatened by ubiquitous diseases, had been actually thrust into a "risk society."

17.1 Small Peasant Economy Versus Big Market

Small peasant economy constitutes a basic feature of the traditional agricultural country of China. Such a small peasant economy is generally organized by the household, "with the husband tilling the fields and the wife weaving," assisted by the elderly and the young. Every family member depends on each other, each carrying out their own duties. When it comes to time for harvesting or seeding, a time when labor force is needed the most, every member will do their utmost to contribute their share. The objective of domestic economic activity is usually to "get a mere subsistence out of the soil" rather than the pursuit of profit. As He Bingdi once said,

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the most prominent feature of China's agriculture is "autarky."[1] The surplus produced in the small peasant economy was extremely small with the small scale of the economy and the pressure from increasing population. It was vividly termed as the "subsistence economy."

The subsistent nature of the small peasant economy had its effect on politics. From the perspective of Weber's "political finance," the peasants in the traditional society had to complete two tasks assigned by the state: taxes and corvee. As larger surplus could not be obtained from the small peasant economy, forced labor became an important way for the state to exploit the peasants. In addition, the small peasant economy shaped the governance model and structure of the traditional country: It was difficult for such a small surplus to support a complex state apparatus, thus impeding the expansion of state power, forming the political philosophy of "no rule is the best rule"[2] and a governance tradition of "the emperor's reign stops at the county level," in addition to a dual governance pattern. Moreover, the emphasis on agriculture and the exclusion of commerce, or the orders of "warning against luxury" issued by various dynasties were all connected with the small peasant economy.

The state wholeheartedly lent support to the small peasant economy, despite the fact that the small peasant economy constrained the state in various ways. "Smallholders, after all, were a more accessible source of tax revenue than the powerful big estate owners. From the point of view of the central government, they were also far less politically threatening. The success of the Qin state, for example, had very much to do with a small peasant economy… Through much of imperial history, therefore, the beginnings of new dynasties were associated with renewed assertions of the small peasant economy. It is in the periods of dynastic decline that one witnesses the rise of big powerful estates to challenge the central government's authority" (Huang 2000). In consequence, the support for small peasant economy became a basic state policy in many dynasties. Many examples exist, such as the "equal field" system of small cultivators that was installed in Tang Dynasty, while smallholders were supported by the Ming Dynasty.

In the delicate interplay between the small peasant economy and the traditional country, small peasant economy became the standard practice in dynasties. The society and the country used to be extremely stable, sometimes reaching the state of "stagnancy."

In modern times, confronted with the suppression of Western colonizers with armed forces, and faced with the influx of modern industrial and agricultural

[1] See Hu Zhihong (2002).

[2] As the "subsistent" small peasant economy was extremely fragile, "active" politics would not do. As a result, "if the ambitious imperial power had wanted to break new ground, built a river, it should have been regarded as an investment actually, just as what Roosevelt had done in the Tennessee Project, but it would be called tyranny in China." The result would be that "cries of discontent arose all around, and protests against the imperial reign rose everywhere" (See Fei Xiaotong 1985). In this sense, Emperor Shihuang of Qin (the first emperor in Qin Dynasty), who built the Great Wall, and Emperor Sui Yangdi, who built the Beijing-Hangzhou Canal, dug their own grave by being too "active."

products, the small peasant economy was placed under enormous pressure and was at the brink of collapse. Small peasant economy and small peasant society still played a dominant role in China, however, with China's crippled modern industry. Even after the industrialization process began after the founding of New China and the transition of the traditional agriculture to modern industry had begun, small peasant economy was a fact so commonplace in the grassroots society that it could not afford to be overlooked. The complicated development pattern of the rural China in modern times was shaped accordingly.

The history of New China's economic development was "abnormal" in a sense. A very special pattern and development path was optioned by the PRC under immense foreign pressure. Priority was taken to develop the defense industry and heavy industry, which were both intimately related to national security. Light industry and civil industry were somewhat marginalized, as a result. Domestic or internal accumulation became the only choice since there were no possibilities for foreign sources of accumulation. However, rendered destitute by the long-term plunder and prolonged war, the state had to create social or political discourses of thrift, hard work, and plain living to complete this Herculean task of developing industry. Individual consumption was reduced to a minimum subsistence level; meanwhile, the process of "equal distribution of poverty" began.

Agriculture made a substantial contribution to the completion of the industrial construction process. Small and dispersed surplus was efficiently and continuously gathered by such grassroots organizations as the people's communes to be used to develop modern industry; the large amount of agricultural produce was also frequently found on their way to the cities as important industrial raw materials. At the same time, constantly increasing efforts were paid to the collection and taxation of grain and other agricultural produce as provisions for the growing urban population to develop industry. In order to maintain a basic level of agricultural growth and the number of agricultural labor force during this process, the state strived to improve conditions and technology for agricultural production. On the other hand, peasants were confined to the rural areas by the household registration system (*hukou*) and other special means to prevent them from swarming into the cities and intensifying pressure on the cities. Special institutional arrangements of the segregation of the urban and the rural were made, and a dual social structure of the segregated urban and the rural areas came into being.

This unconventionality in industrial construction after the founding of the PRC not only resulted in the dual urban-rural social structure, but also shaped a unique social scene during the process of industrialization. There is usually a trend toward the reduction of agricultural population with the development of modern industry, but this was not the case in China, since the overwhelming majority of the agricultural labor force remained agricultural by the time when the industrialization process had been largely completed. By 1980, 80 % of the one billion people in China were still rural residents. That is to say, when the state had accomplished its construction of modern industrialization and had become an industrialized state, the grassroots society still retained the mode of small peasant economy and small peasant social status.

After the household contract responsibility system was generally adopted in rural China, the household resumed its place as the basic accounting unit. A dramatic turn occurred from collective economy to a modern small peasant economy in the rural areas. With fertilizer and with better strains of seeds, agricultural production rose and larger surplus was produced in agriculture. In the meantime, the taxation of the state lessened when it had basically accomplished the industrialization process. The dream of "enough food and clothing" that had long been cherished by the Chinese was finally turned into reality.

The pleasure of having "enough food and clothing" did last long, however, when the market began to involve the rural residents.

The dual institutional arrangements still segregated the urban and rural areas in space and restrict the peasants' access to the level of social security and social welfare the state has granted the urban areas. With its powerful "philosophy of money," however, the market broke down the barriers erected by space and the institutions, integrated the rural with the urban, and turned into an immense exchange mechanism. In this exchange mechanism, the differences between the urban and the rural, between the advanced and the backward, or differences in space and time are all totally ignored, as the cardinal principle of "universal equivalent" is applied everywhere. In the free exchange of equivalents, money has become the basic currency, and prices are set in a larger production system.

Involved in the whirlwind of the modern market, the weaknesses of the rural areas were quickly exposed: The juxtaposition of the products of simple labor and the industrial products of complex labor would soon reveal the primitiveness of the former and the sophistication of the latter. Furthermore, natural economy is too dependent on the weather, which makes it unstable. Additionally, the small surplus can never be expected to keep pace with the ever-increasing prices in the pricing system of demand. Therefore, growing valuable resources are departing from the rural areas and are being allocated to better places automatically.

The market mechanism, following the dual structure, swept over the country and thrust the rural areas into a nondiscriminatory exchange system. In consequence, another deep-cut "rupture" arose between the rural and the urban and between demand and payment, in which it became the practice that the peasants "have enough to eat, but with no money to spend." A dilemma presented itself when the development needs (such as education) and security needs (such as medical treatment) must be satisfied by means of payment in cash.

17.2 A Disrupted Medical Care Network

Article 8 of "Provisions of the CPC Central Committee and State Council on Further Strengthening Rural Health Work" (issued on October 19, 2002) specifically prescribed the respective functions of the components of the three-tier rural preventive health care network: The government-run county health care institutions are the guidance center of the operation of rural disease prevention and health care,

assuming the responsibilities of disease prevention, health care, medical service, referral from lower-level hospitals, first aid, and training and guidance for grass-roots health personnel. District (or town) health care centers should improve the service model and deliver disease prevention, health care, and basic medical service directly to the rural communities, households, and schools. These health care centers should not follow the hospital model. The village health care centers should shoulder the preventive health care tasks entrusted by its administrative health care departments to provide primary diagnosis and treatment of injuries or diseases. Professional service institutions for family planning are an integral part of rural health care resources. In accordance with the provisions of relevant laws and regulations, health care institutions and family planning professional service institutions should have clearly defined functions, play their respective roles in the rural health care work, help each other with their respective advantages, and share their resources. In summation, in this network, the county health care institutions (the county hospitals, county hospitals of TCM, epidemic-prevention centers, schistosomiasis control centers, maternity and child-care centers, and family planning professional service centers) are at the top, while the township-level health care centers are the body and the village clinics are the base.

The three-tier rural network of disease prevention and health care once played a vital role in protecting the health of rural residents and was one of the so-called three open sesames to construct China's rural health care. It received universal international acclaim as well. However, when the health care system gradually turned into a market-oriented system since the 1980s, the three-tier rural health care network was at the brink of insolvency for the following three reasons.

Insufficient Investment: First, the national health input was actually continually in decline from 1990 to 2000 (except in 1993 and in 1998 when there were catastrophic floods), when compared with the annual 16 % increase in financial expenses since 1993. In addition, the financial resources were extremely unreasonably distributed between the urban and the rural. The government's rural health budget expenditure from 1991 to 2000 was merely 69 billion yuan, accounting for only 15.9 % of total government health budget expenditure. Although there was an increase of 50.67 billion yuan in government health expenditure, only 6.008 billion yuan or 12.4 % of the increased sum was spent on rural areas during this period.[3] In the WTO assessment of the performance of national health systems of 191 WTO member countries in June 2000, it was found out that China ranked 188 (before Brazil, Myanmar, and Sierra Leone in the ranking) in terms of the "fairness of financial burden." On the other hand, as rural health care investment is largely financed locally (the local government is responsible for the finance of the cities, counties, or villages, respectively, under its jurisdiction) since the introduction of the tax sharing system in 1994, there necessarily arose the divergence of health care investment among different places in terms of local health investment. Only 2 % of the local health expenditure is backed by the Central Government, whereas 55–60 % is financed by the county governments or township governments. But the local sanitation investment fully

[3] "Research on the Policy Orientation of the Investment in Public Health in Rural Areas," *Shanxi Finance and Taxation*, 2005 (9).

Table 17.1 China's investment (I) in public (P) health (H) (1990–2000)[a]

Year	I in PH: I in H care (%)	I in the operation of hygiene care (billion)	I in H care operation: fiscal expenditure (%)	I in H care operation: I in science, education, and culture (%)
1978		2.242	2.02	19.90
1990	19.03	7.95	2.58	12.88
1991	17.09	8.646	2.55	12.21
1992	15.44	9.609	2.19	12.12
1993	14.09	10.785	2.32	11.26
1994	13.93	14.697	2.54	11.50
1995	11.99	16.326	2.39	11.13
1996	11.39	18.757	2.36	11.01
1997	10.70	20.92	2.27	10.99
1998	10.87	28.28	2.62	13.13
1999		23.56	1.79	9.78
2000		27.22	1.71	

[a]Cited in Chen Qiulin (2003)

rely on the local economic development and fiscal revenue, while they differ greatly from place to place (taking 1998, for example, gross product of Shanghai was 368.82 billion yuan, while in Ningxia the figure of 22.75 billion yuan was less than 10 % of that of Shanghai). What rural public health service can exploit from the local financial resources is limited where the local fiscal revenue is limited. In some cases, the salaries of the health workers cannot be paid in such areas. If they were to survive under such circumstances, the health institutions would have no other choice than to resort to business income or income from selling drugs. As it was put by some people, we "sell drugs to support medicine," to "provide medical service with charge to support the health care center." According to a survey, 67 % of the county health funds come from business income, among which 51.2 % of the revenue comes from the outpatient department, 38 % from in-hospitalization, and 3.4 % from charged maternity and child-care service (Table 17.1).

Lack of Health Personnel: A WTO expert paid a visit to China during his inspection of the SARS epidemic in 2003 and discovered that the shortage of professional public health personnel and no accessibility to professional training on the part of the rural public health care personnel were two of the four major problems in China's public health care and epidemic-prevention system. In addition to the inadequacy of medical professionals, the low educational level of the health workers was also a problem. Among the 32,000 health care personnel in the township health care centers of Yunnan Province, only 9.5 % of them claim a medical college education. Among the 32,100 village health personnel, only 13 % of them have secondary education (Chen Huiyang and Tan Zhonggui 2003). Across China, 1.4 % of the health professional staff in township hospitals have a college education, 53 % of them have a secondary education, and 36.4 % of them have a high school (or below) education.[4]

[4] See Health Minister Zhang Wenkang's report at the National Rural Health Conference on October 29, 2002.

Backward Equipment: According to an investigation by Jiangxi provincial health departments in 2000 on the 39 kinds of medical equipment in township health care centers as required by the "Standards for Township Health Care Centers" (formulated by the Ministry of Health in 1992), only 5 % of the township health care centers own birth process monitors and 7–25 % possess first-aid equipment such as ventilators, gastric lavage machines, suctioning machines, tracheotomy packages, and phlebotomy packages. Over 50 % of the centers have equipment necessary in obstetrics and pediatrics, such as the fetal head extractor, abortion suction apparatus, gynecological examination bed, and neonatal weight meter. Although more than 70 % of the centers are equipped with X-ray machines, B ultrasonic machines, and high-pressure antiseptic equipment, they are generally very old, and 41, 35, and 57 % of them (respectively) could not operate normally. Many a township health care center still heavily relies on stethoscopes, sphygmomanometers, and thermometers to diagnose diseases.[5] Among the 1,526 township health care centers in 1,539 towns, and the 12,991 village health rooms of the 13,555 villages in Yunnan Province, 48 % have no housing, equipment, or personnel, and 7,011 of the village health rooms do not have a specific room to practice medicine (Chen Huiyang and Tan Zhonggui 2003). Currently, 13.2 % have no blood pressure meter and 40.5 % do not have a sterilizer.[6] Such facilities proved inadequate once a public health crisis occurred. Prevention and treatment of SARS was a case in point. When the first case of SARS was reported in Jingle County, Shanxi Province in early April 2003, it was discovered that there was no ambulance in the entire county. With a mobile surgical vehicle borrowed from the County Family Planning Commission, the patient was finally sent to Taiyuan to receive treatment. When the epidemic struck Chezhan Town (in Suiping County, Henan Province), the health care center there was on the verge of bankruptcy. Only with 50,000 yuan borrowed from all possible resources, and an X-ray machine borrowed from Suiping County Medical School, was a clinic for fever diagnosis, with the glass panels of the head office all broken, able to be set up there. It shows the poor fundamental instrument which bring a lot of difficults for Rural Public Health Service.

As a result of the disrupted health network, a variety of endemic or infectious diseases revived or even became rampant for a while in some places. Tuberculosis, once put under effective control, saw resurgence and claimed five million patients in China or one quarter of the world tuberculosis cases. Hepatitis B remains a serious communicable disease in China, with 120 million virus carriers in China or 1/3 of the world total. Occurrences of AIDS have seen a substantial annual increase, and it is estimated that approximately one million people have been infected; endemic diseases such as Kashin-Beck disease, endemic fluorosis poisoning, or schistosomiasis are still widely spread, mainly in those ancient, minority, frontier, or poverty-stricken regions, claiming 51 million patients. In rural areas, in the poor

[5] Li Li, "Management System and Operation Mechanism of Township Hospitals" (Unpublished).

[6] See Health Minister Zhang Wenkang's report at the National Rural Health Conference on October 29, 2002.

regions especially, health indicators of the rural residents ceased improving or even fell. The gap between the health level between the rural and the urban residents widens. While in 1994 the rural maternal mortality rates and infant mortality rates were 1.9 and 2.9 times that of the city, the figures were increased to 3 times and 3.4 times, respectively, of those in the city in 2000.[7]

17.3 From "the Benevolent Medicine" to the "Formula for Money-Making"

In the long history of Chinese culture, "to pay attention to human beings" is a very important tradition. Xunzi said in *Xunzi* that "human beings have breath, awareness, and spirit, so they are the most noble ones in the world." In *Suwen* (*Noinclude*, a part of *The Yellow Emperor's Canon of Internal Medicine*), "there is nothing nobler than a human being, who is born with the breath of the heaven and the earth, and who grows up with the laws of the seasons." In this awareness that human beings are the noblest and the most valuable, it naturally follows that "life" is emphasized. Confucius "never discussed strange phenomena, physical exploits, disorder, or ghost stories" because "while you do not know life, how can you know about death?" Xunzi once said that "what the human beings desire most is life; what the human beings hate most is death" (in *Xunzi*). In the living world, "benevolence" becomes the highest principle, as Yuan Mei, a well-known scholar in the Qing Dynasty, said, "There is nothing more important than being benevolent in the sayings of the saints."

The nobleness and the uniqueness of human beings decide that "life" is noble and health is important. And "benevolence" served as the basic principle for the maintenance of "life." In such a culture, medicine, which enables the patients to do away with pain or sometimes the threat of death, becomes a "technique for achieving benevolence." "To show benevolence to people and to prevent people from dying young or dying from plagues" so that "the commonalty could be protected," "the common people could be relieved or saved." The practice of the physicians had been upgraded above the general social behavior and became a sort of "virtue." "The *Tao* of medicine is to prolong one's life, to help virtue arising from the interactions of the heaven and the earth to live on" (written by Wang Haogu of Yuan Dynasty). "The human life is the most valuable thing; it is even more valuable than a thousand *liang* gold. If we give the patient a formula to save his life, we shall possess virtue" (Sun Simiao of Tang Dynasty: *A Thousand Liang Gold Worth of Recipes* or *Qianjinfang*).

[7] See Health Minister Zhang Wenkang's report at the National Rural Health Conference on October 29, 2002.

While medicine was equivalent to “benevolence,” the practice of medicine was equivalent to “virtue.” Therefore, some requirements were imposed on the medical practitioners, such as, “if you know neither the ancient history nor today’s society, if you were not knowledgeable, if you were not highly talented, or if you were not Bodhisattva-hearted, you might as well make a living by tilling the fields or by weaving clothing instead of practicing medicine and cheating the world! Medicine is sacred and not something that you pursue when you fail in your studies and have nothing else to do to make a living. So one cannot be a physician before he has talents and professional knowledge, knows the rules of this world and the other world, has reflections on the books ancient and of today” (Pei Yizhong of Ming Dynasty: “Preface,” *On Medicine*). Sun Simiao imposed some more specific requirements on the behavior of a physician in his book *Dayijingcheng* (*The Essence of Being a Great Physician*): “If a patient resorts to you, do not care whether he is rich or poor, young or old, beautiful or ugly, be a relative or a friend, a Han or a minority; physicians should regard the patients as equal human beings, and as the most endeared ones. They should not hesitate and consider their own luck and protect their own life first. Instead, they should regard others’ pain as their own pain, have deep sympathy, and not delay. Saving the patient should take priority even when it is at the dangerous moment, in the small hours, or when the physicians are hungry or thirsty. Great physicians should be saviors of the common folks; bad physicians are the thief of the common folks.” If a physician practices medicine only to “court reputation” and to “accumulate wealth,” then “it is not a benevolent behavior,” and “it is disdained by humans and gods and those good people won’t do it.”

The tradition of “benevolent” medicine and health care continued to be carried out in the process of medical and health care construction in the PRC. The guideline of “to cater for the needs of workers, peasants, and soldiers” determined for whom the health care service was provided and what were the correspondent professional requirements. Under such requirements, to wear a gauze mask would be blamed by Mao Zedong, while “the socialist neo-tradition” imposed requirements of “benevolence” on the medical and health workers at another level; “to serve the people wholeheartedly” is a modern expression of being benevolent, while “being selfless and serving others’ interests only” are the behavioral requirements. In combining modern politics and traditional thoughts, medical treatment became a “benevolent” means of saving the patients and saving the people.

The secularization of the market, however, had swept away the rich cultural, political, and other connotations contained in the word “benevolence,” and medicine has degraded into being merely an occupation. Just like all the other occupations in modern society, this occupation also obeys the law of overall social division, undergoes the tests and complies with requirements of the specialized knowledge in its specific space of the profession, and is subjected to the specific constraints and management of the specific regulations imposed by the profession. This is the first step from the “benevolent medicine” toward “formula for money-making.” Then the market transcended the limitations imposed by time and space as well as boundaries among the walks of life, involving medicine in an exchange system with unparallel force. At this time, survival is of the utmost importance for the medical and health

care departments, and growth is the fundamental requirement. Under such pressures of survival and growth, terms like cost accounting, input-output, and economic efficiency act as the inherent constraints of health care activities. Medicine was unable to retain its characteristic of "benevolence" and eventually became a "formula for money-making."

From a Welfare Provider to Profit Maker: In the initial health care management system in the PRC, the medical and health care sectors were state apparatus and agencies of social welfare. The state was responsible for the appropriation of all their funds (the majority of the funds were from the state financial budget, although the actual business income may differ from one unit to another). Since the 1980s, however, the reform to the managerial system of the health care sector was carried out as efficiency, and profit-making became the general requirement or the goal model. The medical and health care sector turned corporate: "High quality, high efficiency, and low cost" frequently appeared in the internal standard set by the medical and health care units. The state threatened to "wean" the appropriation of all or most of the funds, triggering the pressing survival crisis of the health sector. Yongfeng County People's Hospital can serve as a good example. In 2003, the constant fiscal appropriation decreased from 655,000 to 400,000 yuan. An average of 40,000 yuan each month and 480,000 yuan each year had to be spent on the 60 retired staff of the hospital if each had a salary of, say, 650 yuan. Then, how about the salaries of the 87 registered staff and 220 other staff? Such a dilemma forced the health care sector acclaim profit-making as the highest standard.

The Negative Effects of Cost Accounting: Medical and health personnel, who were once compared to "angels in white," once won universal social respect for their special role of "healing the wounded and rescuing the dying." However, profit-making and cost accounting later posed as the requirement and usual practice of the so-called internal management. The purported cost accounting is, in turn, simplified as such a rule: The unit must be responsible for and defray its patients' unpaid medical fees. Under such circumstances, how could the medical and health personnel help being "cold-hearted killers"? After all, a medical worker is just an ordinary human being who has to make a living. In addition, there are simply too many patients in poverty. The unpaid fees would likely swallow the annual revenue of the unit like an insatiable monster, if one was not careful. No wonder social ills frequently arise: "No measures are taken (by the medical staff) to save the dying (for the medical fees have not been paid)," or "patients who cannot afford the medical fees are not welcomed." What has turned the "angels in white" into "cold-hearted killers"?

A Heavy Heart After Life Saving: According to Article 24 of "Law on Medical Practitioners," doctors cannot refuse to treat a patient in an emergency; they are required to provide the patient with their medical treatment. It is all very well that emergency medical treatment is thus ensured, but who will defray the bill for the unpaid medical fees and for the medication for such patients? This is not mentioned in the law. While such unpaid fees could be reported to higher authority for compensation, this will no longer suffice today. Therefore, the joy of the doctors who have saved the patients from the brink of death might turn sour.

Thus the "benevolent medicine" has finally undergone the metamorphosis to "a formula for money-making" with the pressure from profit-making standards, cost-accounting regulations, and the requirements of law. In addition, medical service is indeed developing into something very expensive.

17.4 One's Life or Death Is Utterly Dependent on One's Fate

With diseases looming large on the horizon and with the disbanding of the CMS, a vast number of peasants found themselves in an awkward situation in which "whoever can afford the fee will get medical treatment" and in which the market-oriented medical service proved to be beyond their purchasing power.

In his book *Krankheit als Krise und Chance,* Edgar Heim states: "In the course of a fifty-year lifespan, the average adult suffers one case of life-threatening illness, twenty serious illnesses, and around two hundred fairly serious illnesses" (Dethlefsen and Dahlke 1999). When medical service proved to be beyond the peasants' affordability, what can they do to cope with the diseases that some would inevitably catch from time to time?

Escape: According to a 2003 investigation carried out by Economics Research Center and Center for Health Care Policies and Management of Peking University on the expenses of a SARS patient using the data of Peking University Hospital, the People's Hospital, the Third Hospital of Beijing Medical University, and other hospitals in Beijing before April 20, 2003, 1,090 yuan was spent on every suspected SARS patient during his/her 3-day observation; for the diagnosed SARS patient, approximately 1,100 yuan (for a mild case) or 3,220 yuan (for a critically ill patient) was spent every day in his/her 21-day treatment. So the total expense on mild and critically ill SARS patients was 23,000 and 67,000 yuan, respectively. What should we make of the figures? As Premier Wen Jiabao revealed to the reporters of Hong Kong Phoenix TV at the Press Conference after the Tenth National People's Congress in March 2003, "In China, 900 million of the 1.3 billion people are peasants. Among them, 30 million peasants have not been upgraded above the poverty line according to the standard of 625 yuan annual per capita income." "If the standard of 825 yuan is used, then the number of the peasants below the poverty line is 90 million." Using Wen's statistics, and assuming that these poor peasants must finance their own medical treatments, we will discover that, if the patient were a critically ill SARS patient, even if he has been working from 18 to 68 years old and does not spend a penny on anything, he would still be 27,000 short: 67,000 yuan − (800 yuan × 50 years) = 27,000 yuan. That is to say, if a peasant became a critically ill SARS patient, he would have to work until he was 103 years old to pay off his medical fees. As a matter of fact, 170,000 yuan (excluding human capital) was spent on the case of imported SARS in Jiangxi Province. No wonder peasants were severely frightened and resorted to fleeing the area when SARS struck (Xu Yong 2003). Fortunately, the state exerted all its powers under the guideline that "nothing should be left undone to control the epidemic." Faced with the

Table 17.2 Peasants' top ten diseases for hospitalization and the corresponding expenses for each hospitalization (Unit: Yuan)

Injury of chest, abdomen, or brain	3,108.13	Pesticide poisoning	2,614.80
Traumatic brain infarct (hemorrhage)	4,032.03	Natural birth	1,861.50
Fracture	3,761.35	Coronary heart diseases or myocardial infarction	3,789.33
Bleeding or perforated alimentary canal	3,453.90	Chronic bronchitis or chronic cor pulmonale	2,078.50
Acute appendicitis	2,380.11	Caesarean birth	1,949.00

epidemic of SARS, Deputy Minister of the Ministry of Health Gao Qiang announced on April 20, 2003 that "medical fee subsidy system should be implemented for the urban SARS patients in economic difficulties and all the peasant patients." Three days later, two billion yuan was allocated by the Central Government for the founding of a SARS Prevention Fund. On April 29, the Ministry of Finance and the Ministry of Health issued a document, in which it was prescribed that free treatment be provided for those urban SARS patients in economic difficulties and peasant patients, and all the costs be reimbursed by the government. On May 1, the Ministry of Health, Ministry of Finance, Labor and Social Security Ministry, and Ministry of Civil Affairs jointly issued "Notice about the Medical Expenses of Atypical Pneumonia Patients and Suspected SARS Patients," emphasizing the principle of "treatment first, fees later." All patients with fever will receive treatment and be hospitalized with neither registration fee nor deposit (prepayment); all the peasants and the poor people in the cities belonged to this category. Only with such state arrangement was the escape of the frantic peasants prevented and conditions conducive to the triumph over the spreading of SARS were created.

While the SARS peasant patients could use the specially allotted funds of the state, how about those peasant patients who face the threat from other diseases (such as schistosomiasis and Kashin-Beck disease) neither internationally influential nor reimbursed by the state? Could they stay calm? With the resurgence of communicable diseases and endemic diseases such as schistosomiasis, maybe to escape from the epidemics or the endemics was the most "rational choice" of these "rational smallholders."

Delay: First we can see some data collected in an investigation conducted by the School of Public Health of Harbin Medical University in 2000 on the top ten diseases because of which peasants were hospitalized and the correspondent expenses for medical treatment in each hospitalization (see Table 17.2).

Let us now have a look at a case (F/Yuan/2004/H/3/yhw) of the author's investigation on a person with the surname Yuan, 47 years old, with four family members, the eldest daughter being a migrant worker in Guangdong and the little son studying in the Yuanzhou District Senior Middle School. Yuan tilled 4.2 *mu* fields (among which 1.4 *mu* was rented) for rice. This was his expenses and receipts in 2003: (1) Gross income. With the average annual produce being 750 kg/*mu*, the

total produce was 3,150 kg. As the price for rice was 0.72 yuan/kg for the grain of the first season of rice, and 1.00 yuan/kg for the grain of second season of rice, the average grain price was 0.86 yuan/kg. So the total income was 3,150 * 0.86 = 2,709 yuan; (2) Expenditure. Investment per *mu* included 140-yuan worth of fertilizer (carbon amine and urea), 30-yuan worth of seeds, 20-yuan worth of pesticides, 10-yuan worth of herbicide, 50 yuan to pay for the hired labor, and 10 yuan to pay for water resources. This means the expenses were 260 yuan/*mu* and 1,092 yuan in total. Together with 180 yuan/*mu* for taxation and money set aside (for the collective), the expenses were 1,848 yuan; (3) Net income: 2,709 − 1,848 = 861 yuan. That is to say, the annual net income is not able to finance one case of hospitalization.

While from 1990 to 1999, the annual income per capita increased 2.2 times, or from 686.31 yuan to 2,210.34 yuan,[8] the outpatient charge and hospitalization fee increased 6.2 times (from 10.9 yuan to 79 yuan) and 5.1 times (from 473.3 yuan to 2,891 yuan), respectively.[9]

While surplus in cash form was too small, the expenses of medical treatments were massive. Consequently, it was difficult for the peasants engaging in agriculture to bear the expenses of medical treatment. In addition, agriculture follows a natural cycle and investment has to be made periodically; however, when they are paid, the peasants hardly ever paid in cash. As a result, a peasant does not usually have a lot of cash at hand. Thus, for the diseases that are not very serious, the peasants would just delay seeing a doctor until they felt too weak to pull through. In the end, they will turn to any medical resources. As mentioned by a survey in Anhui, Hunan, Yunnan, and Sichuan Provinces by researchers from Peking University in 2001 and 2002, 48.65 % of the peasant families had members who contracted a disease for 2 weeks; 81.25 % of the sick peasants failed to resort to medical resources, among whom half of the patients did not seek medical help because of financial reasons. According to the "Report on the Statistics of the Development of the Health Care Service of 2001" released by the Statistics Center of the Ministry of Health, the expense for each hospitalization was 3,245.5 yuan in 2001. In another survey of the Ministry of Health, it was discovered that the rate of the people in poverty-stricken areas who failed to avail themselves of medical resources for economic reasons increased from 55.9 % in 1985 to 67.7 % in 1993 (State Planning Commission 1999).

"The siren of the ambulance means the selling of a pig to foot the bill of hospitalization." "I spent the whole spring tilling the fields; I spent the whole autumn harvesting the crops. However, when I caught a disease, I found all my efforts in vain." "After exhausting labor I finally harvested some grain; however, they were all gone when a family member sneezed." "When a family member catch a disease, all the family members have to increase their labor; the medical charges still could not be covered after I have sold all the chicks and pigs." "I had been off the poverty line for a couple of years; I went back to the line when I caught a disease." The plain words of the peasants described how they were caught in a genuine dilemma; they

[8] Cited in Wang Yanzhong (2001).

[9] Compiling Committee of *China Chronicle of Health Care, China Chronicle of Health Care (1996)*, People's Medical Publishing House, 1997, 408.

can "ill afford to cover the medical expenses," and they would quickly return to the poverty line if they caught a disease.

Waiting: With the overall environmental devastation, the countryside has been ravaged by pollution caused by modern industry, garbage, and other pollutants,[10] which adversely affects people's health. In consequence, incidences of chronic diseases and incurable diseases are increasing. Liver cancer and lung cancer are contracted by a growing number of people in some villages, where such cases have never occurred before. Generally speaking, if it were the main laborer who suffers from a serious illness, every effort would be paid to save his life until their financial resources are depleted. Medical treatment will sometimes come to a halt, unfortunately, if funds cannot be raised timely. When resources are exhausted, the patient's family has no choice but to simply buy painkillers to ease the patient's sufferings. Unable to bear the torture of the illness and when there seems to be no way out, some patients simply commit suicide to avoid being a burden to the family. The elderly people with chronic diseases, on the other hand, are usually the last ones to receive medical treatment, being generally marginalized for their lack of labor force. Exceptions to the rule will occur unless it is in an area where the clan tradition still remains. During the author's investigation, many cases of sick elderly peasants who had a hard time enduring the sufferings inflicted by their illnesses, with neither timely treatment nor long-term treatment, were found.

Therefore, the encounter between the small peasant economy and the market would likely result in the phenomenon of the peasants' having "enough to eat, but not enough to pay in cash." Their requirements for development can barely be satisfied, and they are increasingly at risk. The rupture of the rural health network only further deprived the peasants of protection against the diseases. In the shifting tide of secularization and in its battle for survival, the originally benevolent medicine has turned into "formula for money-making." When dangers lurk in reality, the peasants' chances of averting it are small. There is no way for them to acquire some relief. When diseases like plagues appear on the horizon, the peasants have to either flee, or delay, or await medical treatment. They are fearful, helpless, or even in despair. The Chinese peasants are in a risk society, to say the least.

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[10] During my investigation in Shaanxi province, I discovered that the river was polluted and contaminated by the paper mill located by the source of the river, judging from the pungent odor that could be felt from a faraway place. It was the villagers' opinion that the frequent incidence of cancer was directly related with the mill.

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Chapter 18
New Cooperative Medical Service

18.1 Reconstruction

As the household contract responsibility system was implemented in the rural areas, the CMS ran into enormous difficulty and slowly disintegrated. By 1985, the percentage of the villages having the CMS had plummeted from an all-time high of 90 % to a mere 5 %. 1989 witnessed the dominance of privately financed medical service (out-of-pocket payments), while the CMS remained in only 4.8 % of the villages (Gu Tao et al. 1998). By the early 1990s, the CMS had shrunk so much that it could only be found in the "South of Jiangsu Province and Shanghai."[1]

The CMS once relieved the shortage of medicine, improved the health care of the rural residents, and won high international acclaim, but it was at the verge of disintegration. Seeing this, the state made attempts to restore the system. However, with sweeping social changes, the efforts to restore the system would come to nothing without correspondent systematic innovation. Emergent with further social and economic polarization in the 1990s were the problems of "the difficulty to see a doctor" and the "danger of rural people becoming impoverished because of illness," which necessitated the state's efforts to restore and reconstruct the CMS.

"To stably implement the cooperative medical service" appeared in the notification of the State Council's approval of the document "Request of the Reforming and Strengthening the Rural Medical and Health Work." The idea "to continue to implement fund-raising and cooperative medical insurance system" was expressed in the speech "A Ten-Year Plan and the Eighth Five-Year Plan for National Economic and Social Development" delivered at the 4th Session of the 7th National People's Congress in April 1991. In addition, it was stressed in the document "On Further Strengthening the Agriculture and Rural Work" "to strengthen the construction of the rural medical and health care network and to build a sound cooperative medical service system."

[1] "Fund-Raising in China's Rural Health Care Service and the Payment Mechanism of the Rural Doctors," *China's Primary Health Care,* 2000 (7).

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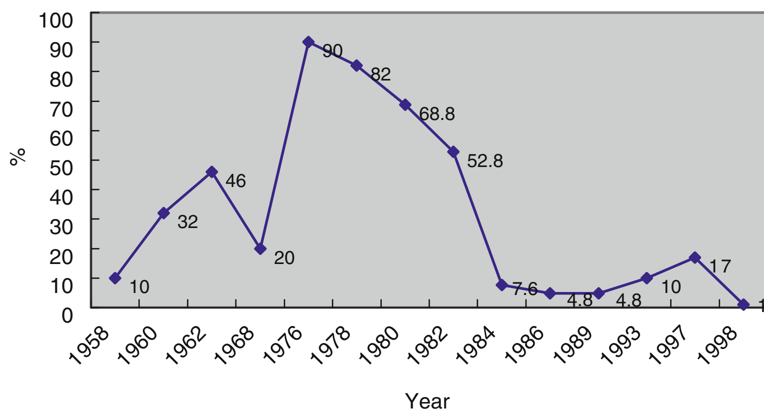
Furthermore, the idea of developing and perfecting the cooperative medical care system was emphasized in various Central documents and at various conferences: "A Decision on Issues Concerning the Establishment of a Socialist Market Economic System" (released on the 3rd Plenary Session of the 14th CPC Central Committee in November 1993), "The Eighth Five-Year Plan for National Economic and Social Development and an Outline of Development for the Year 2010" (delivered at the Fourth Session of the Eighth National People's Congress in March 1996), the National Health Work Conference (for the first time in history and in the name of the Central Committee and the State Council held on December 9, 1996), "A Decision of the CPC Central Committee and the State Council on the Reform and Development of Health Work" (January 4, 1997), and "Opinions about the Development and Improvement of the Cooperative Medical Service in Rural Areas" (May 1997). However, as there was a lack of practical, specific formulations and the substantial support from the state, the CMS did not make significant progress, despite the fact that it was stressed several times, efforts to establish the system were paid in some areas such as Kaifeng (in Henan Province), Wuxue (in Hebei Province), and Yihuang (in Jiangxi Province), and experiences were accumulated as to how to raise funds, how to manage, and how to submit an expense account.

CMS Coverage in China's Rural Areas[2]



Note: In the years from 1978 to 1989, there were actually other means of reducing medical expenses. They occupied only a very small proportion and could be discounted, however.

Sources: For statistics of the years 1958–1976, see Zhou Shouqi, "Research Development of Health Care System in China's Rural Areas," *Health Work Management of China's Rural Areas*, 1994 (9); for the years 1978–1989, see the data from the yearly report of health work; for statistics of the year 1993 and 1998,

[2] Cited in Gu Xin and Fang Liming (2004).

see the report on analyzing the National Health Care Service of 1998; for statistics of the year 1997, see Ma Zhenjiang (2000).

In May 2001, a document entitled "A Guideline for the Reform and Development of Health Work in the Rural Areas" was released, in which it was pointed out that "local governments of various levels should strengthen the guidance, organization, and support of various forms of offering health security to peasants; a fund-raising mechanism and management system that suit the economic conditions should be built. Health education should be made to raise the peasants' self-protection awareness for their health; the "danger of rural people becoming impoverished because of illness" should be averted. Local governments of various levels should strengthen the leadership, the development of the organization of the CMS according to each one's free will and one's capability. The CMS should be held by the people and partly publicly financed." There were, however, no specific measures in these documents, although state support was mentioned.

On October 29, 2002, the Central Committee and the State Council pointed out in the document "The Decision to Further the Rural Health Work" that "a rural cooperative medical service, as well as a medical relief system, should be established and improved," and that "local governments of all levels should vigorously lead the peasants in the establishment of a new rural cooperative medical service with "reimbursement of serious illnesses" being the major content. Emphasis should be put on solving the problem of a "return to poverty" because of catching communicable or endemic diseases." "Medical relief work should be provided to the poor rural households." "A New Cooperative Medical Service should have been built by 2010 covering roughly all the peasants." Subsequently, the State Council forwarded the notice of the Ministry of Health, the Ministry of Finance, and the Ministry Of Agriculture about "Opinions on Establishing New Cooperative Medical Services." It was required that all provinces, autonomous regions, and municipalities select 2–3 counties (cities) to carry out pilot work and gain experience before gradually implementing the New Cooperative Medical Service. On the basis of free will, with funds raised from multiple sources, with medical expenses decided by local finance, and with moderate security, the New Cooperative Medical Services (NCMS) should be piloted and implemented step by step. Every rural household can participate in the system on a voluntary basis, the towns and the village collective should provide financial support, and both the state and the local financial departments should arrange specialized funds to support the system. As for the fund-raising standard, each peasant should turn in no less than 10 yuan each month, and the local finance should support no less than 10 yuan each month. From 2003 on, the Central Finance began to provide a 10-yuan subsidy per capita through special transfer payments for the central and western regions. In spring 2004, a new concept of development was formulated by the Central Committee of "overall planning for the urban and rural areas, economic and social development simultaneously." With such macro political background, the NCMS was emphasized by the local governments of all levels, and both pilot work and implementation work were put on the agenda.

18.2 Difficulties

In the actual process, however, both the “Second Cooperative Medical Service” and the “New Cooperative Medical Service” carried out in 2003 encountered grave difficulties and proved ineffectual.

In “A Decision of the CPC Central Committee and the State Council on the Reform and Development of Health Work” (January 4, 1997), it was pointed out that “cooperative medical service should be developed and perfected actively and steadily.” “Under the leadership of the government, cooperative medical service should be carried out on a willing basis and with subsidies coming from the state. The funds should be raised mainly from the members, but they should also be moderately subsidized by both the collective and the state. Through popularization and education, the peasants should increase their awareness of self-protection for health and mutual help, and they should be mobilized to participate in the system. The cooperation methods, fund-raising standards, and proportion of reimbursement should be adapted to the local conditions. The level of the health care should be raised. The cooperative preventive and health care institutions should continue to be implemented. Scientific management and democratic supervision of the cooperative medical service should be strengthened so that the peasants could benefit. By 2000, the majority of the places in the rural areas should have built cooperative medical services. Cooperative medical service should be increasingly socialized and be transformed into medical insurances where the conditions are ripe.” In order to carry out the above decisions, the Ministry of Health submitted “Opinions about the Development and Improvement of Cooperative Medical Service in Rural Areas,” which the State Council approved. It seemed to be the “rising tide” in the reconstructive efforts of the rural cooperative medical service.

However, even in such rising tide, the CMS only covered 17 % of the administrative villages and 9.6 % of the rural population (the pilot areas excluded) (Ma Zhenjiang 2000). In the Second Survey of State Health Care Service conducted by the Ministry of Health in 1998, it was found out that only 12.56 % of the rural population received medical care of some sort, among which merely 6.5 % was cooperative (Wang Yanzhong 2001). In another survey by the Ministry of Health and other departments on 2,960 households in 1997, nearly one third (897 households) were unwilling to participate in CMS (Liu Yuanli et al. 1999). Also in 1998, when a survey was conducted on 301 households of Yuandi Village, Xunyi County in Shaanxi Province, only 36 % said that they were satisfied or relatively satisfied with CMS, 44 % offered no comment, and 20 % said they were dissatisfied. Only 44 % said they were willing to join the CMS and 56 % said they were unwilling (Gu Xingyuan 1998). From the statistics, we will discover that the participating level of the rural cooperative medical service is not high, neither is the voluntariness to join the system (Table 18.1).

The pilot work of the NCMS began in 2003. It proved unable to live up to the original optimistic expectations in the pilot areas, however, despite the investment

Table 18.1 Constitution of medical security system in China's rural areas[a] (%)

Financed	Total	Category I	Category II	Category III	Category IV
By the state	1.16	1.07	0.76	1.98	0.26
By labor insurance	0.51	1.40	0.54	0.15	0.03
Partly by labor insurance	0.20	0.64	0.10	0.07	0.05
By medical insurance	1.41	2.39	1.63	1.16	0.12
By unified planning	0.05	0.15	0.03	0.01	0.00
By CMS	6.50	22.21	3.24	1.62	1.83
Privately	87.44	71.19	93.17	94.77	81.49
Others	2.73	0.34	0.52	0.23	16.22

[a]Sources: "Preliminary Products of the Second Survey of the State Health Care Service," in Office of the Ministry of Health, *Documents and Articles of the 1999 Conference of the Major Leaders in Health Care Departments*, 1999

and the fund-raising work by the state. The reason for this is that the peasants have gradually lost interest in the CMS in the repeated efforts; meanwhile, the confidence in the government has been undermined in the tension between the cadres and the peasants on the grassroots level. Owing to all these factors, the NCMS has not developed as expected; it has been discovered that the system design of the NCMS is nevertheless fraught with problems.

18.3 The Crux of the Problem

The defect in the systematic design of the NCMS can be cited as one of the reasons behind the difficulties encountered in the restorative or reconstructive efforts of the state and the unwillingness of the peasants. It is the following flaws in systematic design that has prevented the sustainable development of the NCMS.

The first defect is the lack of organizational support. To a large extent, the success of the old cooperative medical service was due to solid organizational support. The people's commune used to fulfill multiple functions of management, including economic, political, and cultural management, along with its subordinate organizations, including production brigades and production teams. That is to say, such collective organizations carried out not only the economic functions of organizing production but also administrative functions and functions of social security as they additionally organized the social welfare causes. In addition, such organization could help collect fees for the CMS in advance or at the end of the year. In this way, there was no need to transact with the peasants individually and the transaction cost was saved. As a matter of fact, the reason why the CMS survived in Shanghai and south Jiangsu Province after the 1980s was that collective economy remained in the "South Jiangsu Model." Township enterprises there were largely developed on the

basis of collective economy. In this way, social causes could be developed and the CMS could be transformed into medical insurance gradually.[3]

The second system defect is its inadaptability to the reality of the village in the state of flux. The small scale in the old cooperative medical service, with the basic unit being the community, had presented problems of insufficiency in funds, inadequacy in the security provided, limitedness in capacity in risk reduction, and tenseness in internal allocation of funds. Consequently, the CMS was apt to disintegration in spite of the efforts paid to lower the costs, once there were free riders such as cadres who had medicine at the collective expense. In order to remove the disadvantages of being small in scale, and to increase the level of security, the NCMS had chosen county as the basic unit to promote the level of protection. Unfortunately, this system design pays scant attention to changes in the rural areas, the openness, and the state of flux, to say the least.

In the overall environment of the market economy, agricultural production alone is far from being adequate to satisfy the peasants' demand for development. So although there is still an overall strict household registration system, a growing number of peasants have left the countryside and are working in the cities or overseas where capital is relatively concentrated, thus forming a "massive wave of migrant workers." The rural areas are not closed areas any more, but areas in the state of flux. The vast number of migrant workers has made villages deserted (only the elderly, the children, and some women remain), as has been noticed by numerous researchers. However, the NCMS did not give due consideration to the changed circumstances. As a result, various problems have arisen, and the pilot work and the promotion of the NCMS are not entirely smooth. For example, one's medical expenses cannot be reimbursed unless he/she has chosen a specific hospital to receive medical treatment, according to the design of the NCMS. It would be unreasonable, however, for a migrant worker to go all the way back from his workplace to his hometown to see the doctor for such an illness as, say, a common cold. So even if they have participated in the cooperative medical care system, they cannot enjoy the benefits of the system. On the other hand, the present residents of the rural areas are those who are especially in great need of medical relief. So there are chances that the actual members in the system are just those that need the relief work greatly. In such cases, the double investment by the state and by the local government might prove insufficient to reimburse medical treatments.

The third defect is the high cost of raising the funds and the lack of mobilization. The present fund-raising mechanism is that the local financial department would not arrange finance unless the participant peasants have accounted for a certain proportion. So the key to the success of the system is whether they can encourage as many peasants to take part as possible. Costs escalated, however, in the county-based fund-raising mechanism; individual transaction with the dispersed peasants leads to

[3] The collective role in the South Jiangsu Model was analyzed in depth by Dr. Pan Wei in his book *Peasants and the Market* (Commercial Press, 2003). Lu Dewen's "Reflections on the Peasants and the Market" (*Reading,* Vol. IX, 2009) also commented on this.

enormous transaction costs. At the same time, the management mechanism and the operation are more complicated than, and different from, the previous one, which takes longer and involves more efforts to make the peasants understand and be attracted. This is also costly. According to Zhou Haisha's survey in a county in Henan Province, the direct cost of the promotion and mobilization work reached 416,440 yuan (excluding the salaries of the related staff) in 2004 (Zhou Haisha and Li Weiping 2005). On the other hand, the local governments (the county governments) directly responsible for the construction and management of the NCMS actually have a low level of internal motivation, with financial policies being that every level is responsible for its own finance. In other words, according to the present fund-raising regulations, the more participants of the NCMS, the higher the participation ratio, the more the local governments have to invest. The management and operation costs would also increase, correspondently. For the local governments that are not well-off, the rising costs might seem overwhelming.

Besides, although the "reimbursement of serious illnesses" in the NCMS reinforced medical security, its coverage shrunk (Li Chenggang and Li Huilian 2005). In addition, there are some other problems: too much red tape, too complicated of a system, and too many difficulties in management. More importantly, the guideline about "prevention first" is neglected in the overall design of the NCMS, neither does it meet the requirements fundamental to the development of rural health. That is why I think that the implementation of the system will prove to be an arduous journey, a lengthy process of trial and error.

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Chapter 19
A Public Country and Its Expansion

While low voluntariness and low participation ratio in the implementation of the NCMS exposed the defects of the system design (lack of motivation of the organizers owing to the high cost of organization, low beneficial range of people owing to the orientation in the reimbursement of serious illnesses only, the increasing openness and state of flux of the communities), another problem that underlies at a deeper level does not arouse adequate notice or concern. We have to pursue the basic ideal behind the system design. When they are with the correct ideal, the policies can still be modified to solve the emergent problems or to increase the applicability; when the ideal is problematic, however, the policy cannot be expected to fulfill the designers' original plan, or to solve the problems effectively, or to reveal the crux of the matter, even with considerable technological modifications.

The fundamental problem that exists in the NCMS is that the duality in the old system is still followed in the new system; that is, the distinction between the urban and rural residents still exists in the system design. Space segregation forms a sharp contrast with the overall market principle in the present medical system. To put it another way, when market becomes the chief means or forces in the allocation or integration of medical resources, a unitary market relationship arises, in which there is a unitary price: market price. More importantly, with the overall dissolution of the boundary between the urban and the rural, every resident, urban or rural, has become the purchaser of the medical products. This is another form of "deterritorialization": everyone's medical and health care needs are integrated into the national exchange system, regardless of the area or the space he/she is in.

As a result, we need innovative thinking or a new line of thought to make a breakthrough in the rural medical care – the expansion of the public dimension of the state.

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19.1 The Public Dimension of a State with Its "Internal Demand"

The functions of the state are an indispensable part of theories about the state. Two categories could roughly be seen in the functions: external functions and internal functions. The former refers to the state functions in terms of its resistance to invasion and maintenance of sovereignty, while the latter refers to the state functions in terms of social services and the maintenance of order – the public dimension of the state.

The public dimension of the state is essentially an "internal demand." As Engels said, "Here we are only concerned with establishing the fact that the exercise of a social function was everywhere the basis of political supremacy; and further that political supremacy has existed for any length of time only when it discharged its social functions" (Engels 1972a).

In his book *The Origin of the Family, Private Property and the State,* Engels had more to say about the origin of the state: "Rather, it is a product of society at a particular stage of development; it is the admission that this society has involved itself in insoluble self-contradiction and is cleft into irreconcilable antagonisms which it is powerless to exorcise. But in order that these antagonisms, classes with conflicting economic interests, shall not consume themselves and society in fruitless struggle, a power, apparently standing above society, has become necessary to moderate the conflict and keep it within the bounds of 'order'; and this power, arisen out of society, but placing itself above it and increasingly alienating itself from it, is the state" (Engels 1972b). From the analysis of Engels, we know that the state first emerged as a potential savior to save the society from "irreconcilable antagonisms." Whether the state will exist or not is a question once it ceases being a savior, although it becomes something with its own logic, a power "arisen out of society, but placing itself above it and increasingly alienating itself from it."

In another important theory about the origin of the state (the theory of social contract) we can also discover the "internal demand" of a public state. Rousseau, a believer of human goodness, believed that "by convention and legal right," "…the whole social system should rest: i.e., that, instead of destroying natural inequality, the fundamental compact substitutes, for such physical inequality as nature may have set up between men, an equality that is moral and legitimate, and that men, who may be unequal in strength or intelligence, become every one equal" (Rousseau 2003). Hobbes, who believed that human nature is evil, was strikingly similar to Engels. In Hobbes's eyes, the relationships among human beings are just like those among the wolves and the "law of jungle" is observed. As a result, to maintain the existence of human society, one should resort to violence in order to contain violence, and Leviathan of the state would be created to restore order. A common premise exists in some other theories such as the "God-sent Rule Theory": The state is created in answer to some special requirements. That is, the state should fulfill the "public" function before it can claim existence.

The "internal demand" of the public state is required by the legitimacy construction of the state.

Max Weber grouped the legitimacy of a state under three categories: conventional authority, charismatic authority, and rational-legal authority. When we neglect the categories and cast our eyes on the process of the assumption and exercise of state authority, we may discover that any authority is based on its having a "public" aspect. The states of conventional authority in early times might have assumed power by the so-called God's will or inheritance by blood, but whether their legitimacy could be upheld by the grassroots still depended on their performance. China's politics in ancient times was a case in point. Having "God's will" only did not mean legitimacy in reality; "God's will assisted with virtue" was quite necessary. If the exertion of authority did not correspond with "God's will," doubts about their legitimacy (e.g., in the form of revolts) would arise. Consequently, it was necessary for the state to demonstrate its public side in order to assert its legitimacy when the occasion arose: offering sacrifice to gods or ancestors, appealing to heaven for rain, sending people emergency famine relief, or providing medication for epidemic victims.

The monopoly of violence is the greatest difference that lies between a modern and a conventional state, as was stressed by theorists like Karl Marx, Max Weber, Antony Giddens, and others. Antony Giddens even ascribes the distinction of the modern nation-state from the conventional state to the industrialization of violence. In the era of cold arms when the state could not monopolize violence, other forces, such as religion in the Western countries or ethics in China, were needed to strengthen its legitimacy and to assist in social control. In the era of hot arms when industrialization helped accumulate vast social wealth, however, the state became powerful enough to facilitate total domination by means of violence. The conditions were favorable for the state to assume overall control over society. Therefore, the actual role the state plays, i.e., how much the state has demonstrated its public aspect, should be taken into consideration in the issue of legitimacy, in addition to the source of state power.

The constituents of the state can also help comprehend the "internal demand" of the public side of the state. Generally speaking, a state consists of power, territory, and nationals. The nationals compose the nation, with territory being the space of their activities, and with power demonstrating the internal relationships among them. Producers of social welfare, the nationals both are agents themselves and are subjected to political power. There will be no political power or territory, however, without the nationals. A change of a state first involves the change in the relationship between the state and its people. In this sense, the state-national relationship is fundamental. As the nationals have to be provided daily sustenance, the relationship between the state and the nationals will turn into realities of daily life such as births, aging, diseases, deaths, housing, diet, and transportation. The relationship demonstrates itself in two aspects: overall management and state care. The former refers to the employment of power techniques and the exertion of state power to be permeated on all levels so that the whole society can be regulated and integrated and communal rules and order can be formed. The nationals are mobilized to counteract and resist any attempt to violate the order and rules. The latter, on the other hand, refers to the satisfaction of the needs of the nationals, based on which the legitimacy of the

state and the state goals can be achieved. In other words, it is the state care for the daily necessities of the nationals that shows the characteristics of the "presence" and the "publicness" of the state.

19.2 Increasingly "Broader" Public Aspect of a State

The concept of the publicness of the state is not closed. With the development and the transformation of the state, the public attribute of the state will have its new orientations and requirements. During this transitional process, the public aspect is increasingly "broader."

In the first place, the publicness of the state will change with the role change of the state. "The most traditional role of the state is that of a guardian and an arbitrator" (Chen Chunwen 2006). As a guardian, the state is responsible for national defense and national security. As an arbitrator, the state concerns itself with legislation and justice. In both cases, state intervention in social life is limited and inactive. The tradition in lawsuits ("If there is nobody to launch a lawsuit, the officials will ignore the case") is a good example, and so is the laissez-faire political idea of "no rule is the best rule."

Indeed, the state would sometimes play the role of a provider, as in the relief work in disasters or in emergencies, but such role of the provider might be a temporary one. As time went on, the temporary role might become fixed and turn, gradually, into a fundamental requirement of the state. Take public health as an example; for a very long time, it was not within the range of state management, except in epidemics when the state might deliver medicine to the people or use force to quarantine the patients and prevent the disease from spreading further. Public health was by no means included in regular state management. However, when the status of the nationals as the labor force and the producer of wealth began to be highlighted, or when the health of the nationals was directly related to the strength of the nation, the temporary role as a provider would became permanent, and the state would be transformed into a promoter of public health care service and active protector for the health of the nationals.

The state would be cast in the roles of being the manager or the integrator in addition to the roles of being a guardian and an arbitrator. It is in these roles and in the role behavior that the connotation and denotation carried in the "publicness" of the state became wider. That is to say, when more and more roles are played by the state, it means that the public aspect of the state is increasingly demonstrated.

The public aspect of the state is even broader with the strengthening of the state. With the growth of the productive forces and the development of production, large amounts of social wealth are accumulated, which provides the state with the necessary conditions for the strengthening of the state. At the same time, the employment of new tools and new technology provides the state with new management skills so that it can go beyond boundaries and reach the space and range that it could not have reached originally. The increase in the state capacity also strengthens the publicness of the state and expands its range.

On the other hand, the publicness of the state cannot be fully embodied if the state capacity is limited. That "the emperor's reign stops at the county level" suggests the limits of the state capacity or the constraints of reality upon the publicness of the state. Under such constraints, the publicness of the state cannot be fully embodied or demonstrated, thus leading to the general consciousness of "the emperor's rule is remote in the mountainous areas," "knowing the existence of one's family only without the awareness of the state," and the management pattern of "the division into the top-level governance and the grassroots governance."

The increase of state capacity, however, enables not only its public aspect to be demonstrated constantly but also the publicness to be realized on a higher level. The increased capacity can mean the development of new public domain and space (supply of tap water, garbage disposal, social security, and others) in a way that the connotation of publicness can be wider.

What is more, the public aspect of the state might be broadened with specific state requirements. State as a subject with internal logic of its own, with management and rule being its behavior and goal, is confronted with challenges or even crisis. The public aspect is therefore developed as the basic means to pool resources and strengths so that the rule and management can continue to be carried out.

Public health is a case in point. The modern China was beset with the pressing problem of how to mobilize the national and social forces to withstand the pressure exerted by the Western powers. During this process, public health became highlighted. First, the metaphor of the "Sick Man of East Asia" galvanized people into action to develop public health in an attempt to expel the metaphor; in this way, public health was included in the construction and management of the state. Second, obligations of the nationals to the state arose when the state showed its concern about and responsibility for public health. Third, the construction of public health itself was developed into discipline over the general public.

The peculiar situation and requirements of modern China had made the development of public health firmly on the state agenda. The development, in turn, had shown the broadening of the public aspect of the state in a very special way.

19.3 From Group Orientation to Individual Orientation

The crux of the matter of the design of the NCMS lies in the choice of being "group-oriented" or "individual-oriented" in the process of the realization of the public aspect of the state.

In general theory, there are two dimensions to the public aspect of the state: One is the shared requirements of all societies which are indispensable to all the states, such as national defense, public security, and order; the other is public requirements specific to a particular form of social life, such as education or medical care. Such requirements are not necessarily indispensable; they have different contents and orientations in different times. Such public aspect is optional, concrete, and can be separated. While the former is dominant and must be satisfied or ensured first, the

latter is secondary and non-compulsory and can be built on different orientations in the concrete process of its realization.

Guided with this theory, we can find where the problem is in the design of the NCMS: the neglect of the internal tension between "group orientation" and "individual orientation."

Far from being a spontaneous process, the development of modern medical and health care was interwoven with the politics, as well as the construction of a modern state in modern times.

Two problems were acute during the national crises in modern times: For one, the health level of the nationals was low. The portrait of an ordinary Chinese was a weak, sickly, and malnourished person; the "Sick Men of East Asia" they were often accused of being. Such health level could not, apparently, be matched with the goal of "saving the nation"; for the other, the social quality of the Chinese people was low. Faced with the pressure and the challenges posed by the Western countries, neither reform limited within the upper level of society nor the introduction of modern technology was adequate; it dictated wider and deeper social mobilization so that all social resources and forces could be tapped for a common goal. However, long exposure to "a family in possession of an empire" had made the Chinese, who had long formed the social psychology of "knowing merely there being a court without awareness of there being a state," numb to the impending national crisis. The disunity of these people also rendered the resistance mechanism ineffective.

Therefore, medical care construction had been endowed with two roles. On the one hand, through the treatment of the diseases in the body, the health level could be raised. A strong body, in turn, could be hoped to encourage bravery, endeavor, or courage to "defend the boundaries and resist invasion." On the other hand, the state care through medical and health care construction correlated the state and the grassroots and stimulated people's consciousness of, responsibility for, and obligation for the state. At the same time, in the construction process of the modern medical and health care services, means of modern science and health administration were employed to discipline the nationals with a view to mobilize the social forces, share social resources, and repulse invasion.

Consequently, although the state in modern times had demonstrated the public aspect by beginning modern medical and health care construction and pointing it to the health care of the general public, the emphasis of the construction was not laid on the level of social life.

If we say that the medical construction before 1949 was an effort to repel invasion and to create a modern nation by means of "group treatment," then medical and health care was more on the level of social life after that.

Undoubtedly, the achievements of medical and health care were impressive, as we could see in the lengthening of life expectancy from 35 years in 1949 to 63 years in 1978. On the other hand, the abnormal mode of modernization has led to a dual urban-rural mode and "group orientation" in medical and health care construction.

The so-called group-oriented mode means the division of the residents into different social groups by the state (according to one's identity and the area one is in)

to meet the needs of overall state building. Different groups will receive different modes of medical and health care (medical treatments financed by the public, by labor insurance, and by the rural Cooperative Medical Service) roughly according to the rural or urban areas one is in. There are divergences between modes, but not much difference within a mode.

Such “group orientation” presents challenges in market economy. First, a unified exchange system of medical services has been constructed in the market. With the marketization of medical and health care services, the medical and health care resources are allocated and arranged to meet the market requirement. Such services are provided or acquired according to market exchange rules by which different social groups can enjoy medical and health care services non-differentially. The original constraints imposed by one’s identity and residential areas have been removed.

However, it created serious conflicts and clashes against another process in the reform: the democratic construction since the 1980s. The establishment of the socialist market economy set out more demanding requirements and tasks, such as the exercise of freedom, equality, and civil politics. In such mandatory requirements, the “people standard” was modified: The original strict political restrictions were lifted, and one’s inalienable rights according to the identity have been restored. In other words, the blurred rights have been relinquished and the core of democratic politics is directly built on the basis of the rights for every citizen.

Both the unification in the market and the integration of politics embody the denial of the original “group orientation”: The individual’s rational choice is the cornerstone of the market mechanism, and the core of the civil politics is based on the freedom and rights for each citizen.

From this, we will discover that while “group orientation” is embodied in the system design of the NCMS, it has to be accomplished in the “individual-orientated” market exchange mechanism. The paradox within forebodes the hardship in reality and a doubtful future.

In addition, while the market has removed the restrictions introduced by one’s identity or area of residence, another distinction has been created. In the market, the provision and acquirement of medical and health care services are on the premise of one’s affordability. The greater the affordability, the more the medical or health care services he/she can get and the higher the quality. The other side is that even the basic medical and health care services may be unable to be provided to some individuals for lack of affordability. As mentioned above, affected by the limitations of small peasant economy, the abnormal development, and the dual system design, the smallholders can only maintain a little and inferior medical and health care services. The segregation by the market, without doubt, forms a tension and conflict with the “individual orientation” of the civil politics.

Maybe Professor Xu Yong’s suggestions are feasible: equal civil rights for everyone and basic medical and health care on the basis of one’s citizenship (Xu Yong 2003).

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Part VII
Conclusion: Disease Politics: A Nation-State or a Democratic State?

Lenin once pointed out that to solve problems in social sciences, to really be able to work out the correct solution without being confused with overwhelming details, or to observe a problem with a scientific eye, the most reliable, essential, or important thing is not to forget the historical relationships: To examine a particular problem, one needs to see how the phenomenon emerges in historical circumstances, what the major steps there have been in the development, so that the present situation can be examined according to the development (Lenin 1972). The French Annales school of thought also pointed out that all history is contemporary history. As a result, to examine a current problem, one cannot become too involved with the symptoms the reality presents; one cannot draw a hasty and subjective conclusion after only a preliminary examination of the symptoms. Instead, one needs to examine the historical development, to clarify the turns and routes with the lapse of time in order that an in-depth understanding of the current problem can be reached. On the other hand, to explore things on a broader background or order might be the way for us to approximate truth. Based on this premise, this book tries to discover the internal logic of disease politics and to understand and interpret China's politics based on disease politics.

What the author has been trying to make clear and answer are the following questions: Why, in the contemporary times, have diseases of the body developed into an issue of public concern and provoked repeated discussion, while in the long period of history, the states had been indifferent to diseases and their treatment; they did not regard it as a problem that needs presenting and resorting to others, to society, or even to the state? At what time did the change in attitude occur? Why did the state, which used to have a staunchly and distanced stance, stoop to give care to the details of everyday life, such as people's aging or diseases? In what way does the state become involved? Has the state's care solved all the problems? If not, what problems, responses, or challenges is the state still facing? If the state is to participate in the process of disease treatment, what intervention model is the most suitable under the national conditions of China?

What concerns the author more are the following problems: What kind of historical starting point and process can the review of medical history or the history of disease politics reveal? What consensus (whether it is a lesson or experience) has been reached after nearly a century of explorations? In what way should we review those recurrent phenomena, such as "the abolishment of the TCM" or the "enlightenment movement"? In short, how can we carry out a critical and objective evaluation of history? What attitude should we adopt to the ongoing or future processes?

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Chapter 20
The Logic of Disease Politics

When he cast his eyes on the present medical problems, the author of the book was at once attracted by the "curious" phenomena, such as a newfound of disputes over Chinese and the Western medicine: Which is the superior medicine? Which should be abolished? Should they both be adopted? These familiar words, and largely the same standpoint, reminded him of a time long ago when and in which there was another similar dispute and controversy. It was the similarity between the historical scenes and the recurrent phenomena that forced me to reflect upon and to meditate a feasible interpretation: Do they belong to the same category? Are they of the same nature? What logic exists behind the controversy?

> Thus events strikingly analogous but taking place in different historic surroundings led to totally different result. By studying each of these forms of evolution separately and then comparing them one can easily find the clue to this phenomenon, but one will never arrive there by using as one's master key a general historical-philosophical theory, the supreme virtue of which consists in being supra-historical (Karl Marx 1979).

Guided by Lenin's principle, the author believes to have found a key or an interpretation as well, after conducting investigations into the political medical history in modern China.

20.1 Nationals: Diseases, Politics, and the State

In the early stages of development, the primitive people had to scavenge and hunt for food, had to fight fierce beasts, and repel attacks of snakes and scorpions, in addition to fights with others. Therefore, injuries were not uncommon; besides, harsh weather conditions, eating raw food, and poor food choice all might lead to poisoning or various diseases. As Hanfeizi had said, "In primitive times, those people would eat the smelly things as the fruits, mussels, or clams, which would do harm to their stomach. So many of them would contract diseases." *Fengsutongyi* also mentioned that "In prehistoric times, people lived and slept in grass without

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shelter. *Yang* is a kind of bug that bites. When they caught a disease, people would be asked, 'no *yang*'?"[1] In order to relieve the pain and to cure the diseases, "people had to try this herb and that. It would be ineffective when the herb was irrelevant to the disease; sometimes when the herb proved to be workable and curative, then it was known that this was the therapy for the disease" (Lu Xun 1980). In this way, medicine was developed. "Shen Nong tasted every kind of herb and might encounter 70 kinds of poisonous ones in a day" (*Huainanzi*). "Stone needles, poisons, acupuncture, or *daoyin* were invented in various places in China." This means that the conscious research had been combined with experience; medicine had become a specialized knowledge or technique.

Although medicine as a specialized technique or knowledge might sometimes be connected with politics because of the monopoly over knowledge or the status of the physicians, it posed mainly as an apolitical issue in China, standing in sharp contrast to the dense political atmosphere in the development of Western medicine.[2]

20.1.1 From the Church to the State: Medical Politics in Western Countries

A trace of medical politics could be detected in the source of Western civilization. As early as in ancient Greece, people were engaged in the pursuit of health. Plato once commented, "A person with good health, but without assets, is much better than an emperor with ill health." Socrates once raised the question, "Is there anything more valuable than one's health?" In the political quest of harmony and justice, health, combined with rationality (thoughts), constituted the noble and beautiful "goodness"; diseases, on the other hand, separated people from "goodness" and brought them to an inferior world. Therefore, doctors were respected not only because his knowledge or expertise could relieve patients from pain, but also because they could take on the responsibilities of helping the "inferior people" return to a perfect world of "goodness."

Different from Judaism, Christianity changed "segregation politics" into "unification politics." In Judaism, diseases resulted from the patients' violation of God's will or mitzvah. As a result, diseases would befall these "criminals" and they were forced to undergo sufferings and torture. Diseases were considered an evil thing, a punishment, or retribution. The sick ones were deserted and segregated from the pious people.

In the gospels of the Christian *New Testament*, however, God becomes an omnipotent "healer" who relieves the world of hardship. The gospels declare that diseases are not a taint, neither are they the retribution of one's sins or others' sins; it is a

[1] Cited in Zhen Zhiya (1987).

[2] In his "Roles of an Ancient Physician," Mr. Jin Shiqi politically interpreted the establishment of the official doctor and medical political medicine during the Spring and Autumn Periods, however. See Li Jianmin (2005).

"grace" instead. The pain incurred by diseases can lead the soul to eternity by waking the spirit within. The sick assert moral superiority because of the cathartic effect of disease.

"Diseases are the grace given by God. Healthy people have to express their sympathy to the sick ones if they want to receive grace." The sympathy might become an obligation: "When I (Jesus Christ) am sick, come to see me. Give your regards to any patient, just as you give them to me" (Sigerist 1936). When diseases became graces and the sympathy, regards, and care became obligatory, diseases had become the political channel through which social unity could be achieved.

Guided by church politics, the abbeys and convents served as medical centers, in which the clergy practiced medicine and put the rights of medical management or treatments under control. Medical practice by individuals had turned into collective medical practice. These were the embryonic form of modern hospitals or modern medicine. In 330 A.D., the first church hospital was organized (Xue Gongzhuo 1995). At the same time, care centers were built with donations or volunteer caretakers. Charity was greatly developed in this way. After the sixth century, caretaking of the sick had become the daily affairs of a convent or an abbey.

Propelled by the development of modern science during the Renaissance, medicine made great progress after the Middle Ages and became independent of church medicine. During the Industrial Revolution, the newly arisen nation-states began the construction of state medicine, one of the symbols being the rise of public health and health insurance system for the nationals. During the process, state medicine had its special orientation.

It was the unpleasant memories of "crowd diseases" that led to the rise of public health. As the population began to accumulate in the urban areas during the Industrial Revolution, and "when the human population became sufficiently large and concentrated, we reached the stage in our history at which we could at last evolve and sustain crowd diseases confined to our own species" (Diamond 2000). Stimulated by the poignant memories of the Black Death, plagues, measles, and influenzas that broke out frequently in the Middle Ages in Europe, the states began to pay special attention to the public health issues such as the outbreaks of epidemics brought about by the rapid expansion of cities. On the other hand, the ever-developing medical products provided assistance for the construction of public health.

A change in the attitude toward the nationals occurred in nation-states with definite boundaries. Once regarded as merely residents on a piece of land, the nationals are a population under the rule of a centralized government, human resources that can be supervised and be exploited, and a part of the expansion of wealth and power. In consequence, the state would care more for the health of the nationals, as their health would affect productive forces, the prosperity, defense, and growth rate of the state.

"The idea of public health took shape in an attempt to eradicate 'pathologies' from the population – the 'social body'" (Giddens 2003). Industrialization and urbanization not only created a serious wealth gap, but also brought about the organization and unity of the lower-level classes, the working class especially. Threatened by the rising tide of strikes or even violent resistance, the state began to bear the

responsibility for improving the living conditions of the people. Health facilities and water supplies were constructed or improved to prevent diseases. At the same time, health insurance was established by the state to ensure the stability of the state.

The implementation of the public health program and the implementation of health insurance of the nationals were even developed into a political strategy of inspiring people's loyalty to the state. "Almost a century ago, Prince Otto Eduad Leopold von Bismarck, the principal creator and first chancellor of the new German nation-state, introduced compulsory national health insurance to the Western world" (Fuchs 2000).

20.1.2 From the Filial Subjects to Nationals: The Turn in China's Medical Politics

Fei Xiaotong once described China's politics as "double-level politics," i.e., the governance was divided into the top-level governance and the grassroots governance. Among the academic circles, a general consensus that "the emperor's reign stops at the county level" is beginning to emerge: In the context of small surplus in the small peasant economy, it was difficult for the state power to go to the grassroots, which provided space for grassroots governance. Correspondent with the political structure, a situation of the separation of "official doctors" and grassroots doctors also came into being.

"In the feudal society, the physicians were officials of the country and were descendants of prestigious families. That is why when the book *On Rites* (*Li Ji*) talked about treatment of the diseases of the emperor or high-rank officials, it was said that 'never take the medicine unless it is prescribed by the third-generation physician of a physician family'" (Jin Shiqi 2005, 4). From this we can see that official physicians were in the political order with their ranks, salaries, and positions, which could be passed down to their descendents. Their medical services were provided to the ruling class. Although in subsequent development, the role of an official doctor underwent certain changes; roles of sorting out and compiling medical documents, roles of giving medical education, and so on began to appear. Nevertheless, their services were generally provided to ministers in the court, and the official physicians had little to do with the folk society.

The folk society, on the one hand, had "more chances of learning the practice of medicine as the disintegration of aristocracy since the Spring and Autumn Periods" (Jin Shiqi 2005, 6). As a result, folk medicine started its colorful development and an "extended medical network" either "mobile" or "fixed," either "dynamic" or "stationery". In this network, there were the so-called *pu* physicians, *tang* physicians, *baitan* physicians, *Zoufang* physicians, and *wu* physicians. *Pu* (store) physicians usually had a family tradition of practicing medicine or had learned medicine from a prominent physician. They usually had very good medical skills and considerable capital; they usually both practiced medicine and sold drugs. Or they mainly

practiced medicine, with drug-selling as a supplementary business. *Tang* (the principal room of a house) physicians enjoyed certain fame and had won the confidence of the drugstore owner. Sometimes, the drugstore owner would invite a relative or a good friend who was also a good physician to sit in shop and to attract business. *Baitan* (a stand) physicians were mainly folk physicians who were good at using herbs, healing injuries, or treating other complicated diseases. They would take advantage of a poor agricultural season by setting up shop in markets and fairs. *Zoufang* (roving) physicians or *You* physicians often frequented the villages and made house calls. Such amiable doctors' medical skills were relatively low, though they still enjoyed fame within a certain area. They were also called "herb physicians" as they mainly use herbal medicine. *Wu* (martial arts) physicians were usually born in a family of martial artists and were usually good at bone-setting (traditional Chinese surgery to treat fractures and dislocations) or surgery and so on.[3] They were dispersed in the rural and urban areas and assumed the responsibilities for curing the diseases of folk people.

In times of epidemics or disasters such as floods, the state might order the official doctors to deliver some medicine to show the grace of the emperor; the folk doctors would also be likely to be recruited to the court when their fame of superb medical skills had aroused the emperor's interest. Overall, however, the state did not show enough concern about the pains and sufferings of the diseases of its folk citizens; neither had they consciously included the community medical and health care work into the general management and administration in the traditional pattern of separation of management. Accordingly, "in a traditional country, it is the individuals or social forces that have definite consciousness for the health cause, although the support given by the state when necessary cannot be said to be insignificant" (Yu Xinzhong 2003).

In the separation of the official medicine and folk medicine, the basic nation-national relationship could be seen. On the premise of "a family in possession of the empire," the state belonged to a certain family, and the supreme ruler was the patriarch. In the political ethics of "the relationship between the emperor and the officials were like that of the father and the sons," the whole nation was constructed according to the family model. In such a system, the "filial" populace accepted their responsibility for the nation by turning in grain or serving in the army, but the state did not provide care for the daily life of the "subjects as family members," constrained by reality. For the general public, the state only meant "the other" high above and did not mean anything else except when they were forced to turn in grain or serve in the army.

[3] When I did my investigation in Jixi, Anhui Province, I found another kind – "Confucian physicians" who were composed of resigned officials, scholars who did not pass the imperial examination, and other intellectuals. They resided in the rural areas, liked reading books on medicine, and would occasionally prescribe for the others. They did not charge anything, however, and they would even give the patients some money for drugs if they happened to be too poor to afford the drugs.

After 1840, China was invaded by the Western powers militarily, economically, and religiously; many agreements unfair to China were signed; and China had lost its dignity. The defeat in the Sino-Japanese War of 1894–1895 precipitated the crisis of the survival of China, and it became a terrifying experience for the heavy-hearted Chinese. It was not as if the Qing Dynasty simply stood by in inaction: During the Tongzhi period, there was a self-help movement; during the Guangxu period, there was the Reform of 1898 and the Administration Reform by the end of the Qing Dynasty. The reforms had been carried out in the military, national defense, industry, finance, constitution, legislation, bureaucracy, and education for the purpose of saving the nation from decline and reinvigorating it. When the reform met difficulties or was defeated, "the body was endowed with another duty besides forced labor and taxation," and this had been "decided in accordance with the times" (Huang Jinlin 2006).

However, there were only "sick men" in China at that time: short life spans, full of bodily defects, with high mortality rate, married at too early an age, with bound feet, stricken by a plague, or addicted to opium. "They were at their last gasp and one could not find a single strong body among the 400 million Chinese people" (Liang Qichao 1999). It was obvious that such a sickly body was unable to bear the burden of "saving the nationality and saving the nation." Thus, "the people's health" became the "basis of the strength of the nation" (Jin Shanbao 1926). "To rule the world, we should first rule the nation; to rule the nation, we should first strengthen the general public; to strengthen general public, we should first strengthen their body."[4] In the logic of "saving the nationality and saving the nation," medical and health care were detached from the level of saving people's lives alone, and the boundaries between the official medicine and folk medicine were dissolved and were integrated into state management. The state began to assume the duty of protecting the health of the general population. In this way, the discourse of "subjects as family members" was replaced with a discourse of "nationals."

When the state began to assume its responsibility for the people's health, and the "subjects as family members" were turned into "nationals," another process silently began: the discipline over the nationals. "There is, therefore, a spontaneous and deeply rooted convergence between the requirements of political ideology and those of medical technology. In a concerted effort, doctors and statesmen demand, in a different vocabulary but for essentially identical reasons, the suppression of every obstacle to the constitution of this new space…" (Foucault 2001, 41).

Given the advantages of modern medicine in epidemic control, the state began to keep the TCM at an indeterminate state. People were disciplined in the name of carrying out public health, shored up by the powerful state discourse and scientific discourse. "He who does not know hygiene is the traitor of the country." Hygiene was no longer only individual behavior or habits; instead, it directly connected itself with the public aspect of the society and the state. Before the people who used to "feel like a king after turning in the grain" had time to reflect, they were handcuffed by the fate of the nation, and the awareness of the "state" had reached

[4] Liu Zhenlin, "Prosperity Begins with Health," cited in Zhao Hongjun (1989).

the innermost part of their souls. On the other hand, the individual behavior and details of life were disciplined by being "good patients" in the hope of becoming "disciplined nationals."

During the process, the doctors played a dual role: They provided treatment for the patients' sick body; they also had to "recreate the patient" (Yan Fuqing 1916). "To be a doctor, you should be farsighted and have the overall situation in mind instead of considering only those things at hand. The medical treatment itself is things at hand, and being farsighted means to enlighten the people, to teach what they do not know so that they get to know the justice of health and existence in the world." We can see that ancient maxims are acclaimed here: "Medicine is used to heal the country first of all" or "the cure of the body is like the governance of the world."

20.2 The People: Rights and Disciplines

In the tempestuous social and political movements in modern times, "*national*" was a word frequently quoted and used. Sun Yat-sen had experienced the "separation of powers into five parts," "the defeat of multiparty republic," and "learning from the Soviet Russia," when it suddenly dawned on him that "actually, we do not have any state to govern now." While the nation is still an "imaginary commune," the concept of nationals is, of course, only illusory, or vague, with nothing within. Guided by the discourse of the "people," New China carried out numerous thorough, grand, creative, and large-scale movements of modern medical politics.

20.2.1 Discipline the State Enforced

Although the discipline in New China was still centered on hygiene as it had been in history, its orientation underwent a major change with the change in the historical scene. While it used to be the "awakening of the nationals," the discipline over the "nationals" to resist foreign invasion, or the construction of a new nation-state, in New China it was to "remake" the nationals within the framework for the new ideology and the new institutions and then to integrate the nationals remade into the subsequent construction of the existent nation-state.

That "the world (the state) was for all the people" dictates the discipline of the nationals. But the concept "nationals" has an internal flaw: "Lack of emphasis on the major contradiction," as Mao Zedong had termed. The concept "nationals" is too vague, as it is impossible to require every national to reach the same level of awareness and behavioral autonomy. Additionally, the word "national" connotes emptiness, disconnected with human feelings. As a consequence, when the nation needed to be saved by the "nationals," it was found out that the people were too dispersed and disunited to be integrated into "nationals," to say nothing of the salvation of the nation.

The "people," on the other hand, is a typically political concept. It highlighted the superior status of the general population and demonstrated the exclusive rights by being officially designated to be the "friends" of the state rather than enemies. The extensive use of exclusion or separation placed the social groups who were excluded from the category of the "people" under unrelenting pressure and appalling dilemma; nonetheless, it unified the "people." The vagueness and the infeasibility in the concept of the "nationals" disappeared in the concept of the "people," and in this way, great strength was accumulated in the construction of a new nation.

However, these people as the basis of sovereign had to be twice born before they were quite capable of participating in the new social life. At the founding of the new nation-state, and after the legitimacy of the state was strengthened by the "cleaning" of the state, people's shortcomings as a group were revealed: While what the new nation-state needed was the integration power and a standardized control that went beyond time and space, the people, each with his/her own identity, lacked the spatial dimension and could not reach the level of state awareness as far as the spatial dimension was concerned. Consequently, "to recreate the nationals" became a vital issue in political practice and pointed directly to the "deterritorialization" of the people. The "germ warfare" opened up a marvelous opportunity for the state goal of "deterritorialization," while the "Patriotic Hygiene Campaign" offered an effective means for "deterritorialization," with the help of the stimulation from the metaphor of the "Sick Man of East Asia."

20.2.2 Discipline Over the Discipliner

The political orientation of the "people" did not fade, even after the state discipline of "remaking the nationals." In subsequent state building, the compressed time and space required the building to be a "distribution of poverty." The discourse of the people and the practice of power were further strengthened.

Modern medicine emerged triumphant from the national movements. Its advantage in community epidemic control, its affinity to modern science, and its style of management, coinciding with the regulatory and the standardized state administration, made it win the favor of the state and the nation and occupy a dominant position in the health and medical care construction after the "abolishment" of the TCM. The features of modern medicine also enabled it to play the role of the discipliner: public hygiene from the perspective of "community health care," the education about being a "faithful patient" for those disbelieving patients, "restraint and discipline" over the undisciplined, etc.

However, the ambition of modern medicine was thwarted by the fact that the slow development of modern industry in China could not ensure even distribution of the products of modern medicine (which relies heavily on modern industry) to the vast grassroots areas in which the small peasant economy still dominated. For that reason, medicine failed to become the welfare for the common people. On the other hand, the limited products became the "welfare of the minority," mainly

concentrated on the cities where modern industry relatively flourished more. The great number of people of the grassroots society still existed in an embarrassing shortage of medicine. The deficiency was even more desperate after the retreat of the TCM, despite its existence of hundreds of years. In such cases, the "free lunch" that the state had promised proved to be a mirage after all; it was something that could be seen, but not reached.

The definition of the "people" given by the new state decided that "serving the people" is one of the duties of the state. However, the limited products and their failure to reach the grassroots society made it difficult for the state to fulfill this duty. Modern medicine, long been the discipliner, had in turn been disciplined: It was accused of serving only the minor portion of the population, of having the wrong orientation in medical research and medical education, of the doctors having the wrong sense of being a member of the elite by wearing a gauze mask, and of having the "mean and abominable bourgeois consciousness."

Disciplined by reality, modern medicine was reformed to a great extent in the growing tide of delivering health care to the countryside. While the grassroots reaped benefits of modern medicine, these doctors derived great psychological satisfaction from being the "good doctors sent by Chairman Mao" in the people's discourse, as shown in the health care delivery dominated by political power.

Having been under discipline for a long time, and having been forced to retreat altogether or to practice clandestine medicine, the TCM was justified in New China and became "good medicine" for complying with the requirements of the people, playing a vital role in the rural medical and health care system. "Good medicine would be given status and legal protection by the state; and it would be the task of the state 'to make sure that a true art of curing does exist,'" (Foucault 2001, 21–22) which was expressed, among others, in the publicity for the achievements of the barefoot doctors.

20.3 Citizens: From Rights to Benefits

The state building in the newly founded nation-state was first oriented in building a good basis; in the construction of a modern industrial system, as Giddens said, "[the first is] the combination of industrial and military power originally developed in the European nation-state. Rather than promoting peaceful economic advance, industrialism was from the beginning married to the arts of war. No state that did not possess military forces able to use the new organizational forms and the new weaponry could hope to withstand external attack from those that could muster such forces" (Giddens 1998).

Nevertheless, the goal of industrialization was met with obstacles posed by the compressed time and space and a lack of constructive resources. In order to achieve the primitive accumulation of capital, start the construction of the indispensable social causes with the limited capital, and to develop modern industry, the adoption of an abnormal developmental mode seemed to be inevitable. In addition,

unpleasant memories imprinted on Chinese people's mind, and the general awareness of there being a looming crisis in a less-developed nation, had made "the state's protection the only choice available to the people." Thus, while state building needed people's support and adherence, the people also called for the state to be present and to assume responsibility for them. Therefore, it was an "optional affinity" (Huang Jinlin 2006) between the state and the people. State power became the basic means of mobilizing and allocating resources.

Medical care at public expense was established in state organizations and public institutions of the urban areas, and labor insurance policies were enforced among those people engaged in industry. For the rural areas (which had always been the exploited area), products of modern medicine were also transferred there continuously under pressure from the "discourse of the people." A three-tier health care network was built via the exploitation channels where the villagers could receive basic medical and health care. As a result, the role of the state as the "protector" was realized in the medical field.

By the end of the 1970s, the basic construction of modern industry had been completed, the productive forces were increased, and a large number of social products emerged. Objectively, there needed an ever-expanding market to meet the demand of the exchange of products. At such a time, the allocation of resources by power with the goal of exploitation did not prove to be readily adaptable. In addition, the strengthening of the state power and a defused international environment pacified the crisis consciousness, while the state's role of being the "protector" was weakened under the contemporary circumstances. The image of the state being the "colonizer," however, gradually came into being and the era of citizenship arrived.

The market as the main resource distributor, however, has a flaw: It completely disregards the historical background and entirely dismantles the fences between the rural and the urban originally built to ensure the realization of the goal of industrialization. The residents, both rural and urban, are now in the same exchange system.

An efficiency-orientated medical and health care system was the initial result of the market mechanism. Public health care services are disconnected with medical care. Nonetheless, the former would not survive if it did not turn into a kind of medical service. Thus the originally benevolent medicine was forced to be transformed into a "money-making formula." In addition, the protective state ceases its existence, and a medical system rigorously based on one's affordability has been established. Thus, the villagers, who are in urgent need of rural medical care delivery and who are already at the brink of bankruptcy after the small peasant economy encounters the great market, are now running the risk of diseases that might inflict them from time to time. They, therefore, call for "the return and reentry of the state."

The NCMS is an attempt of "the return and reentry of the state." However, under circumstances of a unified market and the consequent rural area in flux, the "communal starting point" implied in the NCMS poses a severe test for the return of the state. It is still too early to say whether the NCMS can achieve the expected effectiveness. However, the burning question of whether a basic nondiscriminate

citizenship can be realized based on which each citizen can have his/her own basic right is awaiting our answer.

As Paul Unschuld once pointed out, the strength of a medical method system in any society does not solely depend on its medical efficacy. Of equal importance is whether the social and political groups accept the ideal to which the medical system is committed.[5] The ideal manifests itself in terms of the national basis in modern China's state building. It mainly includes two parts: One is that after the state's legal monopoly over violence, the political legitimacy mainly relies on the care for the nationals with regard to their daily necessities or realities of life such as birth, old age, illnesses, and death; the other part is that the modern nationals also need recreating to be adaptable to the various needs of state building. In this way, when we look over the shoulders of the numerous and complicated phenomena in medical and health care in modern times and discover the social and political ideal that the system conformed to, we can discover that there was a turn in internal logic or transition: from the "filial" subjects in the official medical system to the nationals spurred by the metaphor of being the sick men in the metaphor of the "Sick Man of East Asia," to the "people" disciplined, and to "citizens" who will demand their own rights. Similarly, the state politics were transformed from crisis politics and large-scale mobilization politics to life politics. In addition, state building also went from a nonstandard means, such as the resort to one's feelings, large-scale mobilization, and ideological coercion, to standard rationalized and institutionalized means.

In the preliminary survey on China's disease politics, the richness and complexity of the problem struck the author forcibly. After an analysis of the logic within, the author feels there is still much left to be said, which will be discussed in the following, in the hope of aiding researchers in the future.

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Chapter 21
Curse to the Latecomer

Maybe it was the painful memories of the indignity the Chinese people had suffered for nearly a century that they would instinctively resist anything that might hurt the scar that remains unhealed. Maybe it was the urgent need for giving hope and reinvigoration to the populace and the state. People take much delight in talking about the "latecomer advantage": Factor Endowments Theory, Location Theory, Industrial Transfer Theory, etc. Various scholars triumphantly describe a bright future for China: Being a latecomer is nothing. China can take advantage of being a latecomer. Being a latecomer means that a country does not have to make a detour; it means that China can save time and conserve resources. China can make leaps ahead and catch up with those early movers or even be the first one to arrive at the destination.

While these lofty sentiments are exhilarating, it is the "curse to the latecomers (or late movers)" that China is now suffering from and is constrained by. China should therefore be clear-minded and valiant-spirited enough to face and analyze the problem. It might mean to have to face the painful past or face an uncertain future, but that is simply reality. Only in the framework for the "curse to the latecomer" can the divergences, controversies, puzzles during the process of development, and myths be comprehended and appreciated.

21.1 The Advantages of Being a Latecomer

The theoretical origins of the advantages of being a latecomer can be dated back to the theory of absolute advantage by Adam Smith and David Ricardo.[1] The well-known historian Arnold Toynbee also thought that "when the majority of these backward countries intended to enter a stable 'world nation,' they might be met with fewer difficulties than the minority of those advanced countries" (Toynbee and Ikeda 1987).

[1] Jin Mingshan and Che Weihan (2001). Also in Li Qingjun (2000).

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Peter Bauer, a British scholar, also thought that "the third world could take advantage of the external market, the foreign monetary market, and the technology or techniques which we did not have before."[2] Leon Trotsky even considered it "the privilege for the historically backward countries."[3]

Among the researches of the "advantages of being a latecomer" (or "second mover advantage"), the most prominent might be Marion J. Levy Jr., an American sociologist, and Alexander Gerschenkron, an economic historian. Levy believes that a latecomer claims a variety of advantages and the following are some of the major advantages: (1) It faces a world that has undergone the opening phase, (2) it has some experience to borrow, (3) it can skip some early stages, (4) it can have motivation and confidence from its predecessors, and (5) it can have the assistance and support from their predecessors (Levy 1988).

Gerschenkron especially stressed the role of the leaders and the ideals of the intellectuals in backward countries in pushing the country's development. However, he warned that these advantages are only potential ones. There is a huge gap between the conditions needed for making full use of these advantages and the actual conditions in these undeveloped countries. To turn the potential advantages into reality, conditions need to be adapted to it (Gerschenkron 2002).

China's scholars also carried out in-depth researches, among which Professor Luo Rongqu's studies are typical. With the backdrop being China's modernization process, he summarizes the "advantages of being a latecomer": (1) The closure and stagnancy, which a feudal country necessarily possessed and which could not have been overcome automatically, were broken down by the Western countries; (2) experience can be gained from the advanced countries to avoid making detours and to march sooner onto the highway toward industrialization; (3) advanced technology, capital of the advanced countries, and other advantageous conditions can be borrowed to be more internationally competitive; and (4) other latecomers can be united for further development and to resist the developed countries' measures to enrich themselves with detriment to other countries. Similar views are held by other scholars (Luo Rongqu 1998). Professor Wu Zhongmin's analysis of the advantages, traps, and countermeasures is a good example (Wu Zhongmin 2001).

The propaganda and reiteration of the advantages are quite necessary for Chinese people and for China as a country once reduced to a half-colony or even a "subcolony."[4] The psychological frustration was effectively relieved in the belief that instead of being absolutely disadvantageous, the latecomers were actually in a somewhat advantageous situation. Such belief is vital in saving people from the depths of despair, in restoring their faith, and in bolstering their confidence.

[2] See Webster (1987).

[3] See Harding et al. (1987).

[4] In Sun Yat-sen's standpoint, China was not only a colony but also a "subcolony." While other colonized countries had only one invader or one colonizer, China had to suffer from the bullying and exploitation of many invaders. China was the colony not of one particular colonizer country but of many countries; China was the slave not of one country but of various countries. So China was even in a worse situation than those semicolonized countries. See Sun Yat-sen (1999).

Some approaches, methods, or proposals might prove feasible. For a country that is eager to shed its negative image of backwardness while resources are finite, a large part of the costs of explorations or experiments might be saved and the resources for development might be used in a more effective way.

Just as Gerschenkron had warned, if we indulge too much in the sadly misplaced optimism of being the latecomers, but do not fulfill the potentials, we might find ourselves in a deplorable situation sooner or later. At the same time, if the bright vision of the future brought about by being the latecomers should blind us to the passivity and external constraints, uncertainty might be hanging over the future of China.

21.2 Curse to the Latecomer: The Displacement of Time and Space

The term "the curse to the latecomer" was proposed by some economists. In his speech "The Curse to the Late Comer, Republic and Freedom" at a biweekly economic seminar at the Unirule Institute of Economics in December 2000, Xiaokai Yang, the well-known Australian economist at Monash University also proposed that attention be paid to the curse to China as a latecomer. Gilbert Rozman, after thorough and systematic analysis of the modernization process of China, also warned that the modernization of latecomers is different from their predecessors. The later they come, the more serious problems they might encounter (Rozman 1995).

Of course, there are various understandings of the problem of "the curse to the latecomer." In the author's eyes, the most serious consequence of it is the misplaced space and time.

As the noted thinker Anthony Giddens puts it, "social scientists have failed to construct their thinking around the modes in which social systems are constituted across time-space," while "[i]t is at the very heat of social theory" (Giddens 1998a). Giddens is particularly concerned with the separation of space and time, holding that it to be a key factor. "The separation of space and time provides possibilities for the reorganization of time and space, which in turn enables the social organizations with modern characteristics to transcend time and space to regulate social relations, so that modern social life can get free from the bondage of tradition" (Jing Tiankui 2002, 388). Based on this, he believes that "the concept of globalization is best understood as expressing fundamental aspects of time-space distanciation." Also he notices that "globalization has to be understood as a dialectical phenomenon, in which events at one pole of a distanciated relation often produce divergent or even contrary occurrences at another" (Giddens 1998b). Having known "the importance of the time and space dimension in understanding society" (Jing Tiankui 2002, 386), Professor Jing Tiankui attributes the divergent or even the opposite results to the fact that "time and space for the undeveloped countries is a structured one and was in a compressed and contracted structure" (Jing Tiankui 2002, 395). He also responds to Alexander Gerschenkron's warning: "For the latecomers, the backwardness itself is

not an advantage; neither are learning or gaining experience from their forerunners themselves advantages. Only after great efforts had been exerted and heavy costs been paid, could the disadvantages be turned into relative advantages" (Jing Tiankui 2002, 396).

Giddens's analysis stopped at the "extension of time and space," in the same way that Mr. Jing's examination failed to go beyond the "compression of time and space" to reach internal studies. Without internal studies, however, the author believes that it might be difficult to realize active construction and self-construction in a passively constructed structure.

With a view of this, the author will classify the "misplacement of time and space" in "compressed time and space" into two types.

One is "non-synchronization of simultaneous issues." There might be diverse requirements and orientations in a specific social space; with the limitations imposed by such factors as resources and so on, the latecomers have to choose among the various requirements that should have been complied with simultaneously and put emphasis on some of them before other requirements are suited. Therefore, the satisfaction and the fulfillment of these requirements are in a certain order when they should have been simultaneous. The security of medical and health care services is a case in point. Another aspect is that the phenomena or development that should have emerged simultaneously in a specific state is limited or delayed, demonstrating signs of non-synchronization. The non-synchronization of China's industrialization process and the urbanization process is an example.

The other is the "simultaneity of the non-simultaneous issues" (Rudolf Hamann 1993). That is to say, for those tasks which the forerunner countries could have solved and made arrangements for consecutively, the latecomers could only compress all the tasks in a specific social space and approach them all at once, because either time is pressing for them or because they need to catch up with the other countries. One thing that should be noted particularly is that if these tasks in hand were internally contradictory, the dilemma would present itself when a state had to decide whether or not to choose to fulfill a certain task, halting development in its tracks and giving rise to a rupture or a crisis. The internal tension between the nation-state and democratic state is a case in point.

This classification, however, is merely the "ideal type" and does not mean that either has its respective route and orientation in social practice. More often than not, they are in an intertwined progression and development, resulting in another status of misplacement of time and space. When both the "non-synchronization of simultaneous issues" and the "simultaneity of the non-simultaneous issues" enter into the "extension of time and space," and is influenced or compressed by the "extension of time and space," more complicated misplacement of time and space might result. Greater costs might be involved in addressing and solving the resultant problems.

So the concept of the "misplacement of time and space" might contain a frame of reference for the analysis of, the approach to, and the method of appreciating the complications in the field of medical and health care.

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Chapter 22
Local Knowledge and Localized Knowledge

Everyone, throughout their life, runs the risk of pain and sufferings from diseases, which is the ultimate reason why everyone should enjoy equal rights for medical and health care services. From this perspective, we say that medical and health care are a simultaneous issue. In reality, however, there is always a great difference among people in basic medical and health care in a particular time in history: the non-synchronization arising from the internal and external constraints of modernization construction. People approached the problem in exceptionally diverse ways and had equally exceptionally diverse ideals behind it. The tricky problems that persist in today's medical and health care might be enlightened by a comparison of these approaches. "Local knowledge" is the key concept.

22.1 Local Knowledge

"Local knowledge" was introduced by Clifford Geertz, a cultural anthropologist and a representative in interpretative anthropology. He understood culture as a "network of meanings" and cultural studies as "an interpretive discipline seeking meaning." The meaning is carried by the so-called cultural texts – the languages, customs, ceremonies, or even the general behavior of human beings. It is the basic task of anthropologists to interpret and understand the "meaning" through the interpretation of cultural texts. However, only in a specific context ("locality") is the "meaning" (interpreted "knowledge") presentable and interpretable. Therefore, "local knowledge" does not refer to any particular localized knowledge; it is a new concept of knowledge. That is to say, "local" here does not mean any specific area; rather, it refers to the special situation in the generation and defense of knowledge. As the generation and the defense of knowledge are always in a specific situation, it is advisable that the examination of knowledge be more concerned about the specific conditions in which knowledge arises than about the general principles (Sheng Xiaoming 2000).

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In the original sense, when they conduct anthropological researches, they have an issue in mind: through the examination and understanding of the alien culture (the "other"), awareness of or reflections on one's own culture can be encouraged. In Geertz's opinion, the Westerners, whose civilization presided in a dominant position for a long time with the help of the "extension of time and space," have always swelled with pride in their rationality. The alien culture remains "the other" and does not lead to reflection of any kind. Further theoretical formulation is needed and the theory of "local knowledge" is such efforts. In this sense, what Geertz meant to do is not to interpret a locality by means of spotting its "localness" but to create a new knowledge type by means of the construction of "local knowledge" which must be produced and defended in a specific situation. For the very reason that the newly arisen knowledge is "local," it is worth mentioning in the same breath with Western civilization or the universal theory of modernization. In this way, conversation can take place and communication can be established, making the understanding of, and the reflection on, Western culture possible. So the core of "local knowledge" is not any specific knowledge but a new knowledge type arising from a specific situation.

If Geertz's "local knowledge" is interpreted as "knowledge type" and is apply to the analysis on rural medical construction, the realization can be made that there was an essential difference between Chen Zhiqian's health care construction in Ding County and the CMS: While the former is localized knowledge, the latter is local knowledge.

22.2 "Localized Knowledge": The Construction of Health Care in Ding County

In the health care experiments, Chen Zhiqian constructed a "Ding County Model": a county-district-village three-tier health care system. The implementation of the system rather effectively alleviated the shortage of medicine in the then-Ding County and provided China with a feasible model for the people in destitute areas to enjoy "modern medical and health care services." Chen Zhiqian could not help feeling a sense of satisfaction or even complacency when recollecting this, thinking, "this is a health care service model proved by experiments to be very suitable for the rural conditions." When he explained why the Ding County Model failed, he said that "no one can ever achieve great progress without the enthusiastic support from the government."

Indeed, there were a variety of "innovations" in Chen's "Ding County Model": the abolition of the high status of the experts, as well as the premise of life statistics in making health plans; the designation of the village health worker; and so on. From the standpoint of the construction of "knowledge," however, he did not construct a new knowledge type because he did not do away with the framework for "modern medicine," although he "localized" knowledge of "modern medicine" by

creating numerous innovations. In consequence, the model remained at the level of “localized” knowledge and fell short of the standard of “local knowledge.” The limitation of the “Ding County Model” reduced the scope for its development.

To be more specific, although Chen Zhiqian discovered the costliness of modern medicine, he insisted on the construction of the costly system in the rural areas. Although he also discovered the positive force within the village, the village health worker, he limited their functions: “If they are allowed to treat diseases, and if they can prescribe any medicine for any patient, problems of various sorts will necessarily arise” (Chen Zhiqian 1998, 222). Although he found the urban orientation of the modern doctors, he still entertained hope for their “self-sacrificing spirit.”

Despite great achievements made in Chen’s experimentation in Ding County, only a small portion of people (778 among the 400,000 people) were able to be hospitalized to receive medical treatment. When Chen accused the government of not providing support, he forgot the fact that after the Health Bureau of the Nanjing Government was founded, every county was ordered to set up a county health care center, every town was ordered to set up a town health care center, and a health worker was to be designated in every *Bao*, just “the same as in the health care system in Ding County,” as Yan Yangchu put it (Zheng Dahua 2000). The reason for the failure was revealed by Chen himself: “The investment of the government is not what the countryside really needs” (Chen Zhiqian 1998, 213).

Combining local conditions with the effective employment of the local positive forces and following the basic model of “modern medicine,” we can indeed find a partial solution in a certain area. But the problem of “modern medicine” in China, or an issue of localized knowledge, still remained fundamentally: The smallholders with too small surplus were still confronted with the costly medical system, among other things. As a result, it could not be placed on a par with the “local knowledge,” a new knowledge type.

22.3 “Local Knowledge”: Rural Cooperative Medical Services

Superior to the localization of knowledge of Chen Zhiqian’s “Ding County Model,” the rural CMS (cooperative medical services) established in the 1960s in China was “local knowledge.” If we say that the “Ding County Model” was “localized” “modern medicine,” the CMS was a “local” medical care system with China’s experience for the following reasons.

First, the barefoot doctors were not scientifically trained medical professionals in the strict sense with expertise in modern medicine or health care. Engaged in both medical care and health care, they even took part in collective work with other peasants. They were not professionals, but they could deal with the local problems; they did not have rigorous training, but they improved their medical skills through practice after their short-term training sessions.

Second, there were no specialized techniques or means in medical treatment; whatever was effective would be used as treatment, including Western medicine, the TCM, folk recipes, or prescriptions. Whatever drugs available would be exploited, no matter whether it was medication in Western medicine, herbs, or other TCM medication.

In addition, the CMS was also a social and political system within a larger "neo-tradition" although still being a health care system based on a medical system. It is more governed by political duties and community feelings than a specialized system based on rationality.

Therefore, essentially different though the CMS was from modern medical system, it solved as many problems as a modern medical system has done in the developed countries, judging from the basic role of the medical system. Although modern scientific requirements were waived here, it demonstrated effectiveness. The CMS were characterized by the basic features of being "local knowledge" and took on meaning in the context of China's experience.

As "local knowledge," the CMS could claim their right of being a discourse and stand up for equal status with the Western medical system. We should nonetheless still exercise "critical vigilance" about "local knowledge."

Clifford Geertz's "local knowledge" implies a pursuit of cultural relativism, an attempt to counteract the pride and conceit shown in Western culture. Even so, it does not mean a full-scale rebellion or deconstruction of Western culture. Even if the logic system suggested by "local knowledge" acknowledges cultural differences, it does not predetermine the superiority in value. That is to say, we cannot deny the universalism of knowledge and admit only the localness of knowledge. If we expand "local knowledge" endlessly, governed by nationalistic feelings, then "local knowledge" will lose its legitimacy and power in discourse. That is why China can reject "European centralism" but cannot afford not to undergo industrialization; that is why China can refute "Western centralism" but cannot afford not to push hard for democratic and political construction; that is why China can deconstruct "macro narration" but cannot afford not to strengthen the building of a modern state.

Additionally, "local knowledge" is just a description of knowledge; it does not necessarily mean that the knowledge is worthy. In a much wider space or longer time, the legitimacy of local knowledge itself would be overthrown. To take the rural CMS for example, while we can use words like "we had to do this and that" to explain the "local knowledge," barely can it be expected that it can assert rights of discourse or discourse status, being an abnormal knowledge, after all.

The abuse of "local knowledge" might entail risks: The protective feelings of nationalism of putting too much emphasis on "local knowledge" might lead to the neglect or overshadow of universal requirements set by history, owing to the protective psychology. The reverse is also true: If China concerns itself too much with the universal historical requirements, it might fail to keep pace with others, constrained by China's particular local knowledge.

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Chapter 23
A Nation-State? A Democratic State?

Eric Lionel Jones's view (among others) seems to be self-contradictory: China is both too weak to play a positive role in making achievements and too strong to play a positive role in progress.[1] The self-contradictory view embodies none other than the dilemma of "the simultaneity of the non-simultaneous issues." In other words, it embodies the internal tension between the nation-state and the democratic state during the process of China's modernization.[2]

The construction of the nation-state and the democratic state is successive, judging from the historical process of countries around the world. That is to say, a nation-state usually comes before a democratic state. The constitutionalism after the Glorious Revolution in 1688 was a case in point. As only a minority of the people who had the resources to turn in taxation had suffrage, and only the upper class would take part in the suffrage, it was still hard to say whether Britain was a democratic state then. The law was well illustrated by the developmental trajectory of Japan in modern times. Under the pressure of armed forces of the Western countries, Japan adopted the measures of centralization by crippling the powers of vassals before pushing through the wide-ranging reform with policies of "divorce with Asia and marriage with Europe." Only after the modernization-oriented reform had yielded considerable results was the establishment of constitutionalism put on the agenda. State building in other countries such as Germany and the United States could all serve to demonstrate that a democratic state usually succeeds a nation-state.

[1] Cited in Wong (1998).

[2] For the sake of convenience, I made the distinction between the nation-state and the democratic state. While the nation-state emphasizes sovereignty, territory, and centralization, the democratic state emphasizes the distribution of resources, the security and realization of the rights of the populace, and the limits placed on state power.

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23.1 The Simultaneity in State Building: Coexistence and Tension

As a latecomer, China's state building did not follow the order of "first the nation-state and then the democratic state." Instead, they existed simultaneously with an internal tension.

Despite strenuous efforts, the Qing government did not save the nation from the downward tendency and the national crisis deepened. When the notion of "the world of the world people" did not seem to take effect, the questioning "whose nation it is?" or "who is the host of the state" began to focus on the autocracy of "a family in possession of the empire" gradually. Then governed by the discourse of "the people's sovereignty" in the PRC, any demands for or expression of centralization would be suspected to be defense for autocracy and be discarded, while every effort was made to build a democratic nation.

But after "a family in possession of the empire" was overthrown, the democratic state did not arrive as expected. The lack of centralization resulting from the warlords setting up independent regime by force of arms exacerbated instead of effectively alleviating or solving the problem in any measure. In such a situation, demands for a nation-state of "unitary discipline and unitary action" were stepped up. At this time, however, any centralization efforts could not be made unless with the "permission" of democracy. So the state, the nationality, the revolution, and the sovereign were put side by side with democracy, freedom, individuals, and rights. The building of the nation-state and the democratic state coexisted in such diverse discourses.

However, an internal tension exists between the nation-state and the democratic state: While the nation-state demands the centralization of power, non-differentiation, universal will, benefits for the whole country, or macro narratives such as the sovereign or the boundary, the democratic nation requires the state power to be limited and the basic human rights to be retained – the rights concerning births, deaths, aging, etc.

The coexistence and tension of the nation-state and the democratic state made the state building of China a challenging and a formidable task. Any attempt that was unable to satisfy or ill adaptable to the demands of both would be foiled sooner or later. From this point of view, a creative thinking is needed in the modernization construction of China.

When he gave up medicine and began the attempt of constructing a new state, Sun Yat-sen was torn between building democracy or nationality. His pursuit of democratic revolution ended in the overthrowing of "a family in possession of the empire," but also in the deconstruction of the centralized system necessary in a nation-state, and in his meditations that "actually we do not have any state to govern now." His efforts to construct a state governed by a party, following the line of "stratocracy," "political tutelage," and "constitutionalism," also resulted in ultimate failure.

Chiang Kai-shek had expected to build a nation-state. His neglect and disdain of a democratic state could be seen in the wave of "abolishing the TCM." As a result,

"The construction of the Republic of China did not turn China into a modernized nation-state; it only result in the complete social, political, cultural, and moral disintegration" (Lin Yusheng 1986).

23.2 An Abnormal Mode

State building of New China used an abnormal mode. Actually, "the compressed" time and space did not allow it to follow the normal approach and to bide its time. In this abnormal mode, industrialization was crucial. However, there awaited a difficult problem: primitive accumulation of capital. There was no chance of external (foreign) colonization in such a weak country, and the so-called friends in the socialist camp offered limited assistance but with respective complicated plots. Internal "colonization," however, may reduce the subsistent scope and waive the requirements imposed by a democratic state.

Abnormal coping strategies were invented in the abnormal construction of the rights for benefits.

From the perspective of medical and health care, people in the vast areas of the countryside had always been in a disadvantaged position. The resources of modern medicine had always been distributed to the municipalities where modern industry was relatively more developed. And after all, modern medicine would have proven to be too expensive for the smallholders with small surplus; thus, Western medicine had been a privilege, enjoyed by only a few. To make matters worse, the TCM, after it was hit hard several times, lingered in a steadily worsening condition, so there was a deficiency of medicine everywhere in the rural areas. Notwithstanding the fact that the rural population accounted for 80 % of the national population and modern industrialization mainly exploited the rural people, minimal products of modern medicine reached the rural areas (through the mobile medical teams) during the industrialization process in New China; the majority of the limited products were shared by public-financed medical care or medical care financed by labor insurance. Therefore, an inequitable pattern emerged.

Ideologically however, the state supported the rural areas. In the transition from being nationals to the "people," the great majority who were at the grassroots level had proven to be the most stable part; what used to be the masses, the rabble, or the "subjects as family members" in the traditional sense were now endowed with a new meaning in the "people's regime" and were elevated to a high place of being the hosts of the PRC. "To cater for the needs of workers, peasants, and soldiers" was the first among the four health guidelines and the core of the overall health work. In the "people's discourse," the rural residents gained powerful political advantage and moral superiority for the first time.

In addition, the frustration caused by the gap in material wealth was compensated for by the shaping of mass ideology of "to be thrifty in China's state building." On the other hand, the superior status of the social elites, their sense of superiority especially, was suppressed: The publicity of "cleanness" and Mao's comments on

"gauze masks" were examples. So although the substantial majority of the rural residents differentiated in their rights and in their life experiences, they, for the first time, were psychologically on an equal footing with, sometimes even morally superior to, the social elites that used to be set above everyone else. Meanwhile, the social elites, required by the grand politics of the state, could do nothing but act as an ordinary person and be merged with the masses. The psychological distance between the two was thus shortened and the large majority of the rural residents experienced a kind of psychological relief.

Furthermore, vigorous actions were taken by the state to relieve the shortage of medicine in the countryside: the commotion of the epidemic-prevention team at the founding of New China, the going about of the mobile medical care team, the training for the barefoot doctors in the CMS, and the transfer of urban doctors to work at the grassroots level. These sensible arrangements enabled the products of modern medicine to have more and more contact with rural society.

So with the support of ideology, relief in psychology, and medical relief work, the peasants achieved a status in "the people's discourse." The psychological and social stratification with the social elites seemed to be grinding to a halt, the cost being the peasants' right for the security from medical care. While they reaped the support of the "people's discourse," they had to admit the legitimacy of the differentiation in the benefits. In other words, they exchanged their "benefits" for "rights."

With the exchange, the new nation relieved the tension between the nation-state and the democratic state the most effectively. However, when the "rights" were forfeited, the inequity in the "benefits" reemerged. When the force of the market gradually integrated the urban and the rural areas into one market, the difference in "benefits" would create such a dilemma of the peasant patients that they had to either "delay" or "escape" from seeing a doctor. At such times, the disadvantaged people would urge the return of the state, whereas the advantaged ones would demand more freedom and the "retreat of the state." A new round of tension between the nation-state and the democratic state seemed to have come to the original starting point after a cycle.

Then, how should China make a choice between the nation-state and the democratic state?

23.3 The Retreat and the Return of the State

The analysis of the state was abandoned in Western political science in both behaviorism and pluralism, two theories dominating the scene of political science in the 1960s and 1970s. The 1980s witnessed a change of motif in political science into "bringing the state back in." There are basically two approaches in "bringing the state back in." In the analysis of historical institutionalism, the state is regarded as a unified agent which should be included in the historical process and be analyzed through state design, the exercise of state power, geopolitical science, or interaction of the civil society; M. Levi, however, adopts the other approach by advocating the

idea of "bringing the individuals back in." He thinks that the state itself is not an agent; the agent is the populace that stands for the state (Levi 2002).

The author believes that whether the state be what Engels had described ("a power, apparently standing above society, has become necessary to moderate the conflict and keep it within the bounds of 'order'; and this power, arisen out of society, but placing itself above it and increasingly alienating itself from it, is the state") or be what Max Weber had described ("monopoly of the legitimate use of physical force"), the state itself is a basic action unit and has its own special functions and interests as a unit. Alternatively, the nationals as the constituents of the state are also agents by themselves and have needs far more diversified than the needs of the state. The demands of the state and the demands of the nationals, to a certain extent, also embody the different resorts of the nation-state and the democratic state.

When the Paris Peace Conference (1919) failed to live up to the naïve expectations of the Chinese intellectuals, it suddenly dawned on them that the formation of "a modern state" was not self-sufficient, and neither was it based on the ideal relationship of interaction on an equal footing. Instead, the states in modern times could not do without the control of the capitalist power system in an ever larger sense. The control showed itself not only in the "wars for redrawing the boundaries" in the political order but also in greater market penetration into the domestic market regardless of the boundaries, resulting in social inequality within the newly arisen nation-states. By means of the expansion of the monopoly of economic power, the unifying force of capitalism increasingly integrates the world into "a world without boundaries."

It was under this pressure of the "fusion of the boundaries" that building a nation-state became a very strategic goal for the underdeveloped countries to strive for: a boundary needed to be established to protect what was within the boundary. A process of the "building of boundaries" was the outcome.

As abnormal strategies were adopted in the construction of a nation-state, the efforts to "build boundaries" to counteract the "fusion of boundaries" had, in turn, transformed the nation-states themselves into the biggest internal "colonizers," giving impetus to the turn to the democratic states. The introduction of the market mechanism rendered the originally disadvantaged rural society in the position of absolute disadvantage in the unified market, which formed a new demand for protection from the state. In addition, the building of a democratic state began to confront the "fusion of boundaries" brought about by the "extension of time and space" in globalization, thus the reinvigoration of the nation-states is called for.

For China, perhaps what is necessary is to construct a democratic nation-state.

As the author of the text, I know that many of my expressions may not be in accordance with the popular discourse; they are what conclusions I can draw after much deliberation and explorations, however. I would like to use what Max Weber said in his speech "Science as Vocation" to encourage myself and to end the book.

> Figuratively speaking, you serve this god and you offend the other god when you decide to adhere to this position. And if you remain faithful to yourself, you will necessarily come to certain final conclusions that subjectively make sense. This much, in principle at least, can be accomplished. Philosophy, as a special discipline, and the essentially philosophical discussions of principles in the other sciences attempt to achieve this (Weber 2004).

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Postscript

Many of my friends and I have the habit, as many people do, of reading the postscript when they first pick up a book. While in the body of the book, we might encounter the rational side of the author (deliberate planning, carefully chosen words, etc.), the postscript is more likely to reveal the emotional side, or "the pilgrim's progress," of the author, accentuated with moving stories, enigmatic characters, and so on. At a time when the utilitarian atmosphere prevails, this practice may be one that becomes neglected or forgotten. As it is said, "the academia is an instrument of the public," which means that research is something serious and should entail the responsibility and care for the state and the society, as well as the public. In addition, researches should also carry the connotations that any academic book is not the efforts of the author alone, but involves the contributions and efforts of many people; it is "coauthored" by many people, so to speak. So I would like to introduce these "coauthors" so that the readers might understand and remember how much they contribute to the completion of this book.

The major content of the book is based on my PhD Dissertation. As independent research, it could be dated back to the end of 2003, when the research project entitled "The Research of the Rural Areas and the Peasants in China," headed by Professor Xu Yong, was approved as a key project in philosophy and social sciences of the Ministry of Education. The project involves the irrigation works, water conservancy, medical treatment, the senior citizens, disputes and mediation, and entertainment in the rural areas. My abiding interest in medicine and the outbreak of SARS helped me to undertake the subproject on medical treatment. Subsequently, I carried out an extensive investigation into the new and old form of cooperative medical services, hygiene, and folk medicine in the rural areas of Changyang (in Hubei Province), Jixi (in Anhui Province), and Guanzhong (in Shanxi Province). The further the investigation was conducted, the more puzzled I became. Contrary to the subject of the project (the governance of the rural areas), and to medical treatment only as a perspective on the observation and interpretation of China's rural areas and peasants, I often had an intense feeling that medical treatment, and health care especially, often goes beyond the boundary of the countryside and is associated

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with the grand developmental trajectory of the state. That is why I have been trying to connect diseases and medical and health care work with state politics and to examine and interpret the process of China's political change in modern times from the perspective of medical and health care work. At that time, there was no related research except in Nouvelle Histoire, in which diseases and medical treatment are occasionally associated with diseases in the discipline over disease history. My research was met with difficulties from the very beginning. Fortunately for me, numerous teachers and friends provided me with assistance in choosing the topic, in composing the dissertation, and in publishing the book. Without their help, I would have been hard to imagine the conception of this book.

Professor Xu Yong, whom I have admired for a long time, happened to be my Ph.D. supervisor when I came to the "Research Center of China's Rural Problems" of Central China Normal University (CCNU) to be a visiting scholar, studying the confusions and puzzles in China's rural issue. In 2003, I was fortunate to become a doctorate student of Xu. Sensible, broad in vision, insightful, and reflexive, he enjoyed a reputation in the circle of political science, and rural political science, especially, stressing the internal logic of knowledge and the word-analysis approach. With his guidance, I gradually broke free from my originally trivial mindset and research model and followed the right directions on the road of academia.

Professor He Xuefeng was a supervisor of mine during my initial months as a doctorate student. He was actually about the same age as me, making communication and conversations with him devoid of the stiffness and scruples that usually exist between Chinese teachers and their students. Professor He's great enthusiasm for and devotion to academia, his rich experience in conducting investigation, and problem sensitivity helped me confirm my belief in academia and make breakthroughs.

A prominent scholar and expert, Yu Jianrong was also once a doctorate student of Professor Xu. At my defense venues against my choice of the topic for my dissertation and then against my dissertation, his warnings given in the former venue made me worried but also thoughtful. From then on, I ceased treading in others' steps in researches and was determined that I should conduct independent thinking and judgment. The several contacts and consultations with Yu after that benefited me substantially.

Xiang Jiquan, Cao Jinqing, Wu Chongqing, Wu Yi, Li Yuanxing, Dong Leiming, Luo Xingzuo, Wu Licai, He Donghang, Wang Jingrao, and Zhang Deyuan were teachers and friends I met during my stay in CCNU who had helped me immeasurably in enlightening me in my researches, in providing me with resources, in making things convenient for me during my investigation, or in giving me invaluable advice about my dissertation. I will never forget their teachings, nor will I forget insightful discussions I had with them.

Professor Xiong Jingming, a competent administrator and researcher whom I met when I attended the "International Graduates' Seminar on Contemporary China" held by HK Chinese University in January 2005, gave me many constructive suggestions. Professor Xiao Jin pointedly commented on my thesis at the seminar and gave me professional advice on the writing of my doctoral dissertation. Professor

Niu Mingshi of Duke University, an occasional acquaintance at the seminar, also cast a favorable eye to me; he generously gave me some related materials and provided me with great care and courage in my writing.

I was fortunate to meet many friends at CCNU and my discussions with them were the greatest gains during my stay there. Ding Wei is very familiar with the overseas China studies and the academic circle; he was often the person I consulted concerning those topics. I still remember that we would talk until the early hours during the year we shared a dormitory. Wang Ximing, whose intelligence and progress had once always seemed to "suffocate" me, served as a "gadfly" to goad me into further progresses. Lu Fuying and Meng Wei had actually been very competent in their research abilities and had achieved a lot academically; my interaction and communication with them had corrected my wrong mindset. Tan Tongxue and Liu Yiqiang, now both doctors of philosophy, were MA students when I was at CCNU. They possessed maturity far beyond their years: They had good academic training and a wide range of knowledge, which always made me feel that my basic strength and confidence were lacking as I adopted the discipline rather late in my life. Xiao Lou, a casual acquaintance, deeply impressed me, even shocked me, with his tenacity (he did field work in a single village for 10 years) and with the profundity of "using simple words to say something beyond my comprehension." My talks with some of the other doctors (Huang Huixiang, Ji Cheng, Ren Baoyu, Li Weinan, Yuan Fangcheng, Zhu Zongwei, and Fan Hongmin) not only ended in friendship but also made me enjoy my pursuit of knowledge.

The research at CCNU made me more concerned with the daily experiences and left me to reflect upon applying experiences to the test of related theory, but I still felt a little lost when it came to combining micro experiences with grand social structure. In an attempt to improve this skill and to revise my doctoral dissertation, I went to the Sociological Department of Tsinghua University to carry out a postdoctoral program. I received generous help from my supervisor Professor Zhang Xiaojun, as well as other professors in Tsinghua University (Professor Shen Yuan, Professor Jing Jun, Professor Guo Yuhua, Professor Pei Xiaomei, Professor Wang Tianfu, and Professor Liu Jingming), and Professor Kong Shao from Renmin University of China. Professor Zhao Xudong from China Agricultural University and a book-reading discussion group held by Qu Jingdong, Ying Xing, and Zhou Feizhou at Tsinghua University also contributed much to the revision of my book. My eternal gratitude goes to all of the teachers mentioned above. I am also grateful to Professor Chen Meixia from National Cheng Kung University, who generously helped a stranger like me with the materials I needed.

It was owing to the editor of Social Sciences Academic Press (China), Tong Genxing's conscientiousness that this book could get published. Thanks to his promotional efforts, my book was included in the "New Sociology" series of Social Sciences Academic Press (China) and in the "Recommendation List of the Year 2011" of the press. Tong Genxing read my draft of the book carefully, gave me much advice, and corrected many of the errors. My PhD supervisor Professor Xu Yong's preface to the book, written despite of the summer heat and tiredness from a trip, lent brilliant color to the book.

Without the support from my parents and my family members, however, my dedicated work at CCNU and Tsinghua University would have been virtually impossible. My parents are both very elderly, but they often run errands and take care of the family for me. My wife did all the housework and took over all the responsibility for the education of our only child. In a key period of growing up, my daughter did not receive her father's share of care and warmth. For this, I have always felt remorseful and guilty. I hope the publication of the book can bring some comfort to them.

What I have to add is that although revisions were done on the basis of my PhD dissertation, there are, I am sure, many things I neglected to say. To that end, I sincerely hope and welcome criticism in any form.

Please forward any criticisms to: Huyi@163.com. Hu Yi

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