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Chinese state and society in epidemic governance: a historical perspective

China's colossal mobilization of the country's medical/scientific personnel, the military and the Party to fight the Covid-19 virus in the spring of 2020 is unprecedented in terms of scale and scope in the history of epidemic control. The massive campaign demonstrates the government's exceptional control over medical, human, and infrastructural resources and its unique capacity to rally central and regional forces in no time to deal with a critical epidemic situation. This major operation focusing on Wuhan, the epidemic epicentre, but in the context of a major national crisis, demonstrates the character of an effective authoritarian governance armed with modern science and technology. The rationale behind it, however, is rooted in Chinese history and culture.

Based on my previous research and existing literature, this think piece reflects on the roles of the state and of non-governmental actors in epidemic control and relief in China's remote and recent past and their legacy. It sketches the two faces of the Chinese state: one expressing its hard, operative power, and the other conveying Confucian benevolence expected by its subjects. I also trace the various non-governmental actors in history to see how they interacted with the state in different historical periods and epidemic contexts. By so doing, I try to show the historical background of the way China has been dealing with the spring epidemic in 2020, especially the state's readiness and determination to carry out the most drastic and intrusive measures to suppress a threatening epidemic. The effort was more than a necessary combat to salvage the state's legitimacy, but above all a needed demonstration and exercise of absolute state authority at moments of national crisis. Whereas the regretted absence of Confucian benevolence in the campaign was effective in galvanizing existing social groups as the state's collaborators in providing relief and aid, which is much less known to the outside world.

The state's hard power

Historical examples of drastic measures showcasing the state's readiness and capacity to contain epidemics at all costs were abundant especially in the late imperial and modern periods. One illustration was the enforced segregation of victims of leprosy. In southern China where leprosy became visibly endemic from the 16th century onward, patients were forcefully expelled from their family and community to be confined in state-built asylums. Since the 18th century, these asylums, often found in remote mountains, deserted islands, or in the form of adrift leper boats, became widespread. This strategy was the result of the state's response to social violence provoked by popular aversion to the patients seen as embodiment of an ugly, contagious disease.[1] By forcefully excluding them in the name of protecting a healthy society, state bureaucrats asserted their power and influence at grass-root level. To some extent, this mentality of exclusion is still present in modern Shenzhen where public health bureaucrats arbitrarily define migrant workers as dangerous biological threats to the city in their preventive strategy after the SARS epidemic in 2003.[2]

Another late imperial example was the Manchu state's (Qing dynasty 1644-1911) unprecedented policy to combat smallpox epidemics at the beginning of its rule over China. The Manchus, nomads in sparsely populated lands on China's north-eastern peripheries, had little immunity against the old disease before the 17th century. As soon as the Qing government settled in Peking in 1644, many Manchus died from the disease contracted from the Chinese population. The first Emperor Shunzhi immediately set up one of the first systematic quarantine measures in China in 1645: "People who have smallpox will be expelled 40 *li* (13 English miles) away from the city wall". An infected household would be cordoned off 80 steps around it. As a result, small children with the slightest symptoms were abandoned on the street by their families who feared being expelled from their homes. A special bureau was set up to implement measures to control the spread of smallpox in the capital. Other than tactics targeting Chinese residents as carriers of the disease, special regulations were also designed to protect Manchu or Mongol military aristocracy who had not been infected in childhood: these "raw bodies", as they were called in Chinese, were not allowed to

[1] Leung (2009. pp. 96-109)
[2] Mason (2012: 113-131)

enter Peking and China proper. Imperial succession was also calculated according to the candidate's possibility of having a long reign: Kangxi, third son of Shunzhi, was thus chosen to succeed the first emperor who died of smallpox in 1661 at age 23, because the eight-year old prince had already survived the disease. Kangxi indeed ruled China for 61 years.[3]

The most spectacular example of drastic state intervention took place towards the very end of Manchu rule, in the winter of 1910/1911. This time the epidemic in question, the pneumonic plague, threatened the survival of the weakening state. It was a major threat not only because it was unknown and deadly (causing the death of at least 60,000), but especially because it was devastating a region where Russia and Japan vied for control. If not contained in time, the epidemic would further damage the tenuous sovereignty of China. For the first time in Chinese history, the Qing government entrusted epidemic control to a Western trained expert. Young, Cambridge-trained Wu Lien-teh (1879-1960) confirmed from the start the nature of the little known disease: dangerously contagious, transmittable from person-to-person. The Qing state fully endorsed all the radical measures Wu proposed to contain the epidemic, including mobilizing not only all the available medical personnel but also the army, the police and local militia to control and limit human circulation, enforce quarantine and isolation, prohibit public gatherings, turn schools into quarantine hospitals, impose the wearing of gauze cotton masks for key personnel etc. It even approved Wu's controversial decision to carry out mass cremation of the corpses as there were too many and the ground was too deeply frozen to allow for quick burial. These radical measures did successfully contain the epidemic in thirty days, but were perceived and remembered as "The most brutal policies seen in four thousand years" of Chinese history, as admitted by the viceroy of the region.[4]

Dr Wu was praised by his contemporaries as the patriotic hero who saved China's sovereignty. These drastic interventions demonstrating

[3] Liang (1987, pp. 239-253); Leung (1987, p. 143)
[4] Lei (2010, pp. 73-108); Wu (1959, pp. 1-38)

the determination and hard power of the Qing state, however, did not prevent its final collapse in October 1911.

After 1949, the Chinese state developed a new tactic in large-scale epidemic management: the campaign-styled governance. We saw the emergence of this tactic in the early 1950s when the Chinese state was organizing huge campaigns against schistosomiasis in rural areas by mobilizing peasants, doctors of all categories, cadres, media etc. Recent studies show that the major achievement of such campaigns was not so much in the prevention or eradication of the disease, which re-emerges recently, as in the consolidation and penetration of state power at grass root level.[5] Epidemic governance has thus become not only a tester of state power, but also an effective power-building exercise.

1. The benevolent state

The publicly highlighted "brutality" that characterized the 1910 plague control revealed the regretted lack of "kindness" traditionally expected of the benevolent state. The granary system for the prevention of famine is one of the best illustrations of the paternalistic welfare ideology of Confucianism since the Song dynasty (960-1279).[6] Similarly, the Song government built the best model characterizing the Confucian tradition of benevolent medical relief and epidemic governance. Song government initiated several unprecedented public health policies some of which would leave important legacy in the later periods. Two of such policies stood out as ground-breaking: the publication of government compiled medical recipe books and the setting up of public dispensaries and sick wards. Benefitting from an emerging print culture, the Song government systematically compiled and edited existing medical formulas that it published and printed in book form beginning in 981. The purpose of these printed recipes was explicitly for the popularization of therapeutic techniques, hitherto reserved to a privileged few, to save more lives especially during epidemics. The publication plans ran parallel to the establishment of urban infirmaries to accommodate victims of epidemics in the late 11th and 12th centuries.

[5] Gross (2016); Zhou (2012)

[6] Will & Wong (1991, pp. 497-506) on the late imperial period when the system remained a crucial part of good governance.

Another innovation of the Song government was the setting up of public charitable dispensaries where medicinal ingredients were sold at reduced prices to the public. Between 1076 and 1103, at least six dispensaries were established, and the effort continued for at least another four decades. Established in various town centres,[7] these public dispensaries also assumed the responsibility of distributing medicines during epidemics as illustrated by the one in Suzhou city, where the judicial commissioner mobilized local doctors to fight an epidemic in the spring of 1231 by providing medicines to the sick.[8]

The state gradually lost interest in pursuing such benevolent and cultured policies after the 13th century, with imperial study and publications of medical recipes slackened off and public infirmaries disappearing altogether. Charitable dispensaries, however, continued to function as sites of relief delivery during epidemics, where local officials and doctors worked together to provide medical service and medicines to the sick. These institutions were especially visible during the last years of Ming rule (1368-1644), when a series of deadly epidemics devastated the capital and cities along the Yangzi River.[9] Although the efficacy of medicines distributed to the victims of the epidemics seemed limited, activist officials in various localities did, through such acts, dutifully convey the state's benevolence.[10]

Reduced state's role in epidemic prevention and relief during the Ming dynasty was probably the cause or even the result of growing local and non-governmental activism in public health governance at the turn of the 17th century.

2. Non-governmental activists

One of the earliest actors in the long tradition of non-governmental medical relief were Buddhist monasteries, which began to offer medical relief and other social aid to local society in the 5th century. By collaborating closely with local society through all kinds of relief work, the monasteries' political influence grew significantly for more than two centuries until the 8th century when the Tang state (618-907) became

[7] Leung (2003, pp. 374-398)
[8] Leung (1987, p.137)
[9] Dunstan (1975); Hanson (2011).
[10] Leung (1987, p.142)

suspicious of their popularity and influence. The government finally purged the monasteries in 845 and the affiliated charitable institutions were taken over by state bureaucracy. The Buddhist establishment permanently lost its political clout after the purge.[11] To a large extent the public infirmaries of the succeeding Song regime were a legacy of the Buddhist monasterial sick ward model.

A new actor in the epidemic control in late imperial society, from the 17th century onward, was local elite. Local notables, often literati from prominent families, took advantage of the state's diminished role in public health governance to carve out a space for activism that would give them a new public role. The emergence of philanthropic societies led by these scholar-notables in the 17th century was an indication of this important change. Unlike Buddhist philanthropists in the Tang period, late imperial local activists, many of whom degree holders of the imperial civil examination and former bureaucrats, were mindful of their role as collaborator, not contender, of the benevolent state. They clearly expressed their loyalty, both in ideology and in action, to the state in their public speeches and writings.[12] A well-known example was Qi Biaojia (1602-1645), a native of Shaoxing city. During his years of retirement from office he regularly organized charitable dispensaries in his home town during epidemics. A most memorable episode was the summer epidemic in 1636. For two months he mobilized ten local renowned doctors to run a dispensary inside an old temple with a six-day shift, reportedly treating ten thousand patients. He subsequently expanded his efforts, gaining support from a local official and more local doctors, with whom he travelled deep into the countryside to treat sick peasants. His initiatives in fighting epidemics in collaboration with state officials were only one of many examples in the mid-17th century when epidemics were rampant in cities along the Yangzi river.[13] Qi, interestingly, was remembered less as a philanthropist than for his loyalty to the Ming state, demonstrated by his heroic suicide in 1645 after the Manchus took over China. Dispensaries set up by local notables continued well into the Qing period, mustering around them an

[11] Liang (1997, pp. 22-25); On the political and economic importance of early Buddhist institutions in China see Gernet (1956)
[12] Smith (2009); Liang (1997, pp.62-70)
[13] Leung, (1987: 146-7); Liang (2011, pp. 145, 148)

increasingly mixed crowd: from simple commoners of different walks of life to prosperous merchants.[14]

Merchants became a key stakeholder in epidemic control after China trade became part of a growing global maritime system. As Canton was the only Chinese port open to global trade in the late 17th century, Cantonese merchants were the first to collaborate with both the state and their foreign counterparts to manage epidemics in southern China. They introduced Jennerian vaccination with British merchants and local officials in Canton in 1805 by publishing a Chinese translation of the technique and inoculating the first local children in the public hall of Canton *hong* merchants' guild.[15] Modern businessmen became increasingly influential philanthropists in the latter half of the 19th century.[16] They set up the first Chinese hospital using Chinese medicine – the Tung Wah Hospital - in Hong Kong in 1872 in collaboration with the colonial government to manage public health related to the Chinese population in the region. The hospital played a key role in the management of major endemics and epidemics of the region, including beriberi, leprosy, malaria, smallpox, and bubonic plague.[17] It was notably responsible for removing victims of the deadly bubonic plague in 1894 to a make-shift plague hospital or to the Hospital Hulk Hygeia for segregation, and for repatriating Chinese patients of beriberi and leprosy from Hong Kong and other parts of world where they had worked.[18] The Tung Wah hospital set an example for other merchant-initiated hospitals in Hong Kong, Canton, and Macau that formed a cluster of institutions that ensured a healthy environment for businesses and international trade in the region.[19] The merchants, like local notables, their predecessors, were careful collaborators of the various governments in the region.

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[14] Leung 1987: 147
[15] Leung (2008)
[16] Esherick & Rankin (1990)
[17] For the measures taken during the bubonic plague of 1894-95 by the hospital in collaboration of charitable halls see Benedict (1996, pp.133-138)
[18] Sinn (1989); Leung (2019).
[19] Leung (2016)

The above historical examples reveal several features that characterize traditional Chinese epidemic governance that can still be observed in the 2020 operation in Wuhan, even though China has undergone profound social and political changes since 1949. While the world was watching the Chinese state's spectacular performance in campaign-styled mobilization - building a gigantic infirmary in seven days, assembling medical teams from all parts of China to the virus epicentre, impermeably blocking entire cities with the army and military police, monitoring citizen's daily behaviour with high-tech drones, organizing all state media to report on the progress of the epidemic situation - numerous non-governmental groups and individuals from different parts of China were flooding into Hubei province delivering masks and various medical gears , food, clothing, washing machines, providing social support to the needy in every major affected city. These indigenous, relatively low-profile organizations and individuals collectively known as public good (*gongyi*) deliverers are a developing phenomenon since the late 1990s. They involve NGO professionals, intellectuals, and volunteers, and sometimes rich businessmen. Activities of these groups were intensely reported and discussed on social media during the Wuhan block down from January to March. Until 2010 such groups claimed to be part of a growing "civil society" (*gongmin shehui*). The term, since then, was banned and dropped as it was interpreted as an unwelcome alternative moral arena to the state, implying a potentially problematic political contender. The *gongyi* sector, an important but little understood actor in the Wuhan operation in the spring of 2020, like late imperial and Republican non-governmental philanthropists, presents itself as the state's loyal collaborator.[20] The changing components of this developing sector, and the diversity of their activities would reveal significant changes in Chinese society since the 1970s.[21]

While we continue to find inspiration in historical examples for understanding the all-powerful Chinese state that commands the 2020 epidemic combat, its *gongyi* collaborators – complex, malleable, resourceful, and omnipresent - offer new ways for understanding and

[21] See Zhu (2008) for the early idealism of the *gongyi* movement.

imagining possible future courses that China may take in public health governance.

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