

Chinese state and society in epidemic governance: A historical perspective

Angela Ki Che Leung 

Hong Kong Institute for the Humanities and Social Sciences, The University of Hong Kong, Pok Fu Lam, Hong Kong

Correspondence

Angela Ki Che Leung, Hong Kong Institute for the Humanities and Social Sciences, The University of Hong Kong, Pok Fu Lam, Hong Kong.
Email: angela-leung@hku.hk

SPOTLIGHT ISSUE

Histories of epidemics in the time of COVID-19

GUEST EDITORS

Erica Charters and Koen Vermeir

Abstract

This paper looks at the role of state and society in the history of epidemic governance in China for an appreciation of the way China manages the current COVID-19 epidemic.

KEYWORDS

China, epidemic governance, history, state and society

1 | INTRODUCTION

China's colossal mobilization of the country's medical and scientific personnel, the military, and the Party to fight the COVID-19 epidemic 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 system of 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 spotlight article reflects on the roles of the state and of non-governmental actors in epidemic control and relief in China's remote and recent past. It sketches the two faces attributed to the Chinese state: one expressing its hard, operative power, and the other conveying a Confucian benevolence that is expected by its subjects. I also give historical examples of various non-governmental actors and explain how they presented their interaction with the state in different epidemic contexts.

In so doing, I elucidate the historical background and perceptions 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. On the one hand, the effort was not just a necessary struggle to salvage the state's legitimacy, above all it was a demonstration and exercise of absolute authority that the state deems indispensable at moments of national crisis. On the other hand, the absence of Confucian benevolence by the

state was effective in galvanizing non-governmental groups who presented themselves as the state's collaborators in providing relief and aid, a fact that is much less known to the outside world.

2 | THE STATE'S HARD POWER

Historical examples of drastic measures showcasing the state's readiness and capacity to contain epidemics at all costs have been especially abundant 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 with occasional epidemic outbreaks from the 16th century onward, patients were forcefully expelled from their families and communities and confined in state-built asylums. Since the 18th century, these asylums, often found on remote mountains or deserted islands, or in the form of leper boats set adrift on the rivers, 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 defined 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 disease before the 17th century. As soon as the Qing government settled in Peking in 1644, many Manchus died after contracting the disease from the Chinese population. The first Qing 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 for a distance of 80 paces around it. As a result, small children with the slightest symptoms were abandoned on the street by their families, who feared expulsion from their homes. A special bureau was set up to implement measures to control the spread of smallpox in the capital. In addition to tactics targeting Chinese residents as carriers of the disease, special regulations were designed to protect members of the Manchu or Mongol military aristocracy who had not been infected in childhood; these "raw bodies," as they were known in Chinese, were not allowed to enter Peking and China proper. Imperial succession was also calculated according to the candidate's likelihood 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 8-year-old prince had already survived the disease. Indeed, Kangxi 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 at least 60,000 deaths), but especially because it was devastating a region where Russia and Japan were vying 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: it was dangerously contagious and 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, and so on. 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 successfully contained the epidemic

¹Leung (2009, pp. 96–109).

²Mason (2012, pp. 113–131).

³Liang (1987, pp. 239–253); Leung (1987, p. 143).

in 30 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 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-style governance. The emergence of this tactic was visible 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, the media, and so on. Recent studies show that the major achievement of such campaigns was not so much in the prevention or eradication of the disease, which re-emerged recently, as in the consolidation and penetration of state power at a grassroots level.⁵ Epidemic governance has thus become not only a test of state power, but also an effective power-building exercise.

3 | THE BENEVOLENT STATE

The publicly highlighted “brutality” that characterized the 1910 plague control revealed the lack of that “kindness” traditionally expected of the benevolent state. The granary system for the prevention of famine was 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 model of benevolent medical relief and epidemic governance that best characterised the Confucian tradition. The Song government initiated several unprecedented public health policies, some of which would leave an important legacy in the later periods. Two of these policies stood out as ground-breaking: the publication of government-compiled medical recipe books and the establishment of public dispensaries and sick wards. Benefitting from an emerging print culture, the Song government systematically compiled and edited existing medical formulas that were published and printed in book form beginning in 981. The explicit purpose of these printed recipes was the popularization of therapeutic techniques, hitherto reserved to a privileged few, in order 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. Another innovation of the Song government was the setting-up of 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, these public dispensaries also assumed the responsibility of distributing medicines during epidemics, as illustrated in Suzhou city in the spring of 1231, when the judicial commissioner mobilized local doctors to fight an epidemic by providing medicines to the sick.⁷

After the 13th century, the state gradually lost interest in pursuing such benevolent policies partly based on sponsored scholarly work, with imperial study and publication of medical recipes slackening 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.⁸ 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.⁹

The reduced role of the state 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.

⁴Lei (2010); Wu (1959, pp. 1–38).

⁵Gross (2016); Zhou (2012).

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

⁷Leung (2003, pp. 374–398; 1987, p. 137).

⁸Dunstan (1975); Hanson (2011).

⁹Leung (1987, p. 142).

4 | NON-GOVERNMENTAL ACTORS

One of the earliest actors in the long tradition of non-governmental medical relief were Buddhist monasteries, which began offering medical relief and other social aid to local communities in the 5th century. By collaborating closely with local society through all kinds of relief work, the monasteries' political influence grew significantly until the 8th century, when the Tang state (618–907) became 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.¹⁰ To a large extent, the public infirmaries of the succeeding Song regime were a legacy of the sick ward model of the Buddhist monasteries.

A new actor in the epidemic control in late imperial society, from the 17th century onward, was the 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 held degrees of the imperial civil examination and were former bureaucrats, were mindful of their role as collaborators, not challengers, of the benevolent state. They clearly expressed their loyalty, both in ideology and in action, to the state in their public speeches and writings.¹¹ A well-known example was Qi Biaojia (1602–1645), a native of Shaoxing city. After retiring from office, he regularly organized charitable dispensaries in his home town during epidemics. A particularly memorable episode occurred in the summer epidemic of 1636. For 2 months, he mobilized 10 renowned, local doctors to run a dispensary inside an old temple with a 6-day shift, reportedly treating 10,000 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 among many examples in the mid-17th century, when epidemics were rampant in cities along the Yangzi river.¹² 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 increasingly mixed crowd, from simple commoners of different walks of life to prosperous merchants.¹³

Merchants became a key stakeholder in epidemic control after trade with China 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, in cooperation with British merchants and local officials, introduced Jennerian vaccination 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.¹⁴ Modern businessmen became increasingly influential philanthropists in the latter half of the 19th century.¹⁵ In 1872, they set up the first Chinese hospital using Chinese medicine—the Tung Wah Hospital—in Hong Kong in collaboration with the colonial government to manage public health in relation to the Chinese population in the region. The hospital played a key role in the management of the major endemics and epidemics of the region, including beriberi, leprosy, malaria, smallpox, and bubonic plague.¹⁶ It was notably responsible for removing victims of the deadly bubonic plague in 1894 to a makeshift 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.¹⁷ The Tung Wah hospital set an example for other merchant-initiated

¹⁰Liang (1997, pp. 22–25). On the political and economic importance of early Buddhist institutions in China, see Gernet (1956).

¹¹Smith (2009); Liang (1997, pp. 62–70).

¹²Leung (1987, pp. 146–147); Liang (2011, pp. 145, 148).

¹³Leung (1987, p. 147).

¹⁴Leung (2008).

¹⁵Esherrick & Rankin (1990).

¹⁶For the measures taken by the hospital during the bubonic plague of 1894–1895 in collaboration with charitable halls, see Benedict (1996, pp. 133–138).

¹⁷Sinn (1989); Leung (2019).

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.¹⁸ The merchants, like their predecessors, the local notables, were careful to present themselves as collaborators with the various governments in the region.

For more than three decades after 1949, non-governmental philanthropists disappeared from China's social and political spheres and only re-emerged gradually after China opened up for economic reforms in the 1980s. Their role in the 2020 epidemic control operation has been significant and visible within China, but overlooked by the outside world.

5 | EPILOGUE

The historical examples above reveal several features that characterize traditional Chinese epidemic governance and that can still be observed in the 2020 COVID-19 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-style mobilization—building a gigantic infirmary in 7 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 other medical gear, food, clothing, and washing machines, and 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, volunteers, and sometimes rich businessmen. The activities of these groups were intensely reported and discussed on Chinese social media during the Wuhan lockdown from January to March. Until 2010, such groups claimed to be part of a growing “civil society” (*gongmin shehui*). Since then, the term has been dropped and banned, as it was interpreted as an unwelcome alternative moral arena to the state, implying a potentially problematic political contender.¹⁹

The *gongyi* sector, composed of philanthropic groups (*cishan tuanti*: literally, “kind-good-group”), is an important but little-understood actor in the Wuhan operation in the spring of 2020. Following the steps of late imperial and Republican non-governmental philanthropists, they compensate to some extent for the perceived lack of Confucian “kindness” that is expected by society from the state's epidemic governance. As in earlier times, the sector presents itself not as an alternative to the state, but as the state's loyal collaborator. Like their predecessors, these charitable groups grow by developing a tacit task-sharing arrangement with the state to ensure social stability and even economic development. The changing components of this developing sector and the growing diversity of their activities need to be studied carefully, as they would reveal significant changes in Chinese society since the 1970s.²⁰ In 2020, the *gongyi* sector has definitely taken up an important role in the combat against the deadly SARS-CoV-2 virus, not least by playing the part of altruistic, kindly relief providers.

Historical examples continue to provide inspiration for understanding the authoritarian campaign-style mobilization commanded by the Chinese state in the struggle against the 2020 epidemic. Its eagerness to further boost its power by seeking national praise after the “victory” in the combat in late March also finds precedent in earlier campaigns, such as the state's dealing with schistosomiasis in the 1950s.²¹ But for a full account of this pandemic control operation on unprecedented national and international scales, we also need to understand the contributions of China's *gongyi* collaborators, which are complex, malleable, resourceful, and omnipresent. With a rich historical

¹⁸Leung (2016).

¹⁹Chen (2016).

²⁰See Zhu (2008) for the early idealism of the *gongyi* movement.

²¹For a brief report on this event and on China's attempt to claim international leadership in pandemic control in late March, see “No Shining City on a Hill” (2020).

legacy, they offer new and alternative ways to understand and imagine possible future courses that China may take in public health governance.

ORCID

Angela Ki Che Leung  <https://orcid.org/0000-0003-1973-7101>

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