
Public Health, National Strength, and Regime Legitimacy: China's Patriotic Health Campaign

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ABSTRACT

Modern public health initiatives are usually assessed according to their contribution to preventing or controlling the spread of disease. But there is also a crucial political dimension to such assessments. As the COVID-19 pandemic indicated, no country is more sensitive to the connection between public health and regime legitimacy than China. This article discusses the important role of public health efforts in the legitimation of Chinese Communist Party rule, from revolutionary days to the present.

The recent COVID-19 pandemic underscores a long-standing association between public health, on the one hand, and national strength and regime legitimacy, on the other. Although the medieval European notion of the “body politic” (which revered the monarch as “head” of state responsible for the well-being of the realm) was undercut by the guillotine of the French Revolution, the conviction that a robust populace and a resilient polity go hand in hand continued to enjoy considerable currency.¹ In China, the venerable precept that rulers who cared for the welfare of the people enjoyed the Mandate of Heaven was retrofitted rather than

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1. Ernst Kantorowicz, *The King's Two Bodies: A Study in Medieval Political Theology* (Princeton, NJ: Princeton University Press, 1957); Antoine de Baecque, *The Body Politic: Corporeal Metaphor in Medieval France, 1770–1800* (Stanford, CA: Stanford University Press, 1997); Jonathan Harris, *Foreign Bodies and the Body Politic: Discourse of Social Pathology in Early Modern England* (New York: Cambridge University Press, 1998); Marleen Bekker, Damir Ivankovic, and Olivia Biermann, “Early Lessons from COVID-19 Response and Shifts in Authority: Public Trust, Policy Legitimacy and Political Inclusion,” *European Journal of Public Health* 30, no. 5 (2020), 854–55.

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rejected by twentieth-century revolutionaries vowing to rescue the Chinese nation from its demeaning status as the “sick man of Asia” (*yazhou bingfu* 亚洲病夫).²

Public health initiatives are usually evaluated according to epidemiological criteria, in terms of their contribution to preventing or controlling the spread of disease. But as ancient admonitions remind us, and as Foucault’s concept of biopolitics elaborates for the modern period, there is also a crucial political dimension to such assessments.³ Regardless of actual governance outcomes, a ruler’s expressed concern for nurturing a healthy population plays an important role in perceptions of state capacity and regime legitimacy, internationally as well as domestically. And, as the COVID crisis so poignantly illustrated, no country is more cognizant of this connection than the People’s Republic of China (PRC). China’s insistence that its mass lockdowns had catapulted the country to the forefront of the global response to the pandemic bespoke a defiant defensiveness born of decades of efforts to improve public health and thereby elevate the international standing of the Chinese Communist Party (CCP) and its supreme leader.

Attention to public health as a critical component in upgrading China’s position in the world was a hallmark of Mao Zedong’s earliest revolutionary writings. Mao’s first publication, which appeared in the journal *New Youth* in April 1917, was an essay on physical education that stressed the importance of the population’s corporeal vigor to the nation’s military preparedness and international status. As he put the issue, “if our bodies are not strong, we will be afraid as soon as we see enemy soldiers, and then how can we attain our goals and make ourselves respected?”⁴ The political salience of health was a theme to which Mao would return frequently in later years, often deploying martial language to emphasize his concerns. When the CCP established its first soviet government in Jiangxi in the early 1930s, Mao stressed the need for state-sponsored health campaigns: “Disease is a major enemy in the soviet areas because it depletes our strength. . . . Mobilizing public health campaigns [*weisheng yundong* 卫生运动] among the broad masses to reduce and even to eliminate disease is the responsibility of every township soviet.”⁵

After the establishment of the PRC in 1949, Mao’s pledge to fortify the Chinese nation through improving the health of the masses became a signature feature of his campaign-style governance. Intensive propaganda designed to enlist ordinary people in the battle to strengthen and safeguard public health was deemed key to its success. As foreign observers noted, during the Mao period “the Chinese stressed

2. Zhou Xun, *The People’s Health: Health Intervention and Delivery in Mao’s China, 1949–1983* (Montreal: McGill-Queen’s University Press, 2020).

3. Michel Foucault, *The Birth of Biopolitics: Lectures at the College de France, 1978–1979* (New York: Palgrave Macmillan, 2008).

4. Mao Zedong, “Tiyu zhi yanjiu” [A study of physical education], *Xin Qingnian* [New Youth], April 1917.

5. Mao Zedong, *Changgangxiang diaocha* [An investigation of Changgang Township] (1933).

‘mobilizing the mass’ as a crucial component of their vast health campaigns.”⁶ The 1950s and early 1960s would witness a string of patriotic health campaigns intended to inoculate and invigorate the nation.

Although the disruption of the Cultural Revolution (1966–76) brought a temporary suspension of nationwide public health movements, large-scale campaigns to upgrade hygiene and sanitation and combat infectious disease resumed in later years, reflected most recently in Xi Jinping’s December 2022 directive on the patriotic health campaign (PHC) aimed at eradicating COVID-19. Xi’s directive expressed admiration for China’s 70-year history of “successful practice in applying the mass line to the work in the sector of health and disease prevention” and his hope that “comrades on the national patriotic health and sanitation front would . . . carry forward fine traditions . . . and make new contributions to the building of a healthy China.”⁷

The effectiveness of China’s tradition of PHCs in combating disease is debatable. While mass movements may serve to improve standards of personal hygiene and public sanitation, their usefulness for controlling epidemics (where social distancing is key) is less obvious. But actual health benefits notwithstanding, the PHC enjoys the enthusiastic endorsement of Chinese authorities. A steady stream of government directives and academic writings from Mao’s day to the present praise the PHC as a singularly successful homegrown approach that combines traditional Chinese therapies with revolutionary mass mobilization in a manner uniquely suited to the country’s “national character” (*guoqing* 国情). Even after the precipitous lifting of all COVID restrictions led to a devastating spread of the virus in December 2022, Chinese media still credited the PHC with having “revolutionized China’s entire health system, which is now a model for the world.”⁸

When placed in comparative and historical perspective, the originality as well as the efficacy of the PHC appears questionable. The distinctiveness of the Chinese pattern, it will be argued, has resided in its persuasive political framing more than in its public health procedures or remedial results per se.

HISTORICAL PRECEDENTS

Public health campaigns in the name of nation-building have played a prominent governance role ever since the founding of a Chinese Communist state, but the practice did not originate with Mao or the CCP. Two years before the publication of Mao’s maiden essay on physical education, weeklong public health campaigns

6. Ruth Sidel and Victor W. Sidel, *The Health of China* (Boston: Beacon, 1982), 6.

7. “Xi Jinping dui aiguo weisheng yundong zuochu zhongyao zhishi” [Xi Jinping issues important instructions on the patriotic health campaign], December 26, 2022, https://www.gov.cn/xinwen/2022-12/26/content_5733619.htm.

8. Muhammad Asif Noor, “China’s Health Campaigns Set Example amid Pandemic,” *China Daily Global*, January 30, 2023, <https://global.chinadaily.com.cn/a/202301/30/WS63d71cf5a31057c47ebabbfe.html>.

organized by Western medical missionaries in collaboration with the YMCA had been held in more than a dozen cities across China. These were well-publicized initiatives to involve ordinary citizens in hygiene and sanitation drives that included lectures, traveling exhibits and lantern slide shows, along with widespread distribution of educational literature and colorful eye-catching posters. Christian-inspired posters focusing on the health of women and children figured prominently in the campaigns, which offered special programs for these targeted groups. A goal of the YMCA and other Christian organizations was to encourage Chinese to vaccinate their children, consume balanced diets, and participate in group efforts to exterminate disease-carrying vermin such as flies and rats.⁹

The YMCA public health campaign in Changsha, where Mao was then a student at Hunan Normal School, was one of the largest and liveliest such events, drawing more than 30,000 people in May 1915 to a series of lectures and exhibits for which local students were recruited as health instructors. Aware of the rising nationalist sentiment in China at the time, the American medical missionary and YMCA secretary who directed these public health campaigns, Dr. William Wesley Peter, titled his own lecture for the Changsha campaign “The Relation between National Health and National Strength.”¹⁰ Although it is uncertain whether Mao himself attended the lecture, many of his fellow students did. And the intersection between the central theme of Peter’s address and Mao’s subsequent article in *New Youth* is striking.

As its American leadership indicated, public health campaigns in early Republican China were part of an international trend. The Tuberculosis Movement that had originated in late nineteenth-century America and continued into the twentieth century is widely regarded as the first modern public health campaign, credited with having “inspired and directly shaped subsequent public health campaigns in the United States and around the world.”¹¹ In 1905–12, hundreds of state and local voluntary tuberculosis associations in cities across America sponsored weeklong traveling exhibits with lectures and lantern slide shows on personal hygiene that also promoted public sanitation (through advocating anti-spitting ordinances, among other measures). The National Tuberculosis Association issued press releases and distributed easy-to-understand pamphlets and bulletins on how to prevent the spread of germs, proudly touting its approach

9. Liping Bu, *Public Health and the Modernization of China, 1865–2015* (New York: Routledge, 2017), 60–67; Peter Zarrow, “Social Reform: The Role of Christianity,” in *Visions of Salvation: Chinese Christian Posters in an Age of Revolution*, ed. Daryl R. Ireland (Waco, TX: Baylor University Press, 2023), 39–41; Connie Shemo, “Women: Public Health, Hygiene and Nurses,” in Ireland, *Visions of Salvation*, 75–87; Margaret Mih Tillman, “Childhood: The Foundation for True Health,” in Ireland, *Visions of Salvation*, 89–109.

10. Bu, *Public Health*, 64.

11. D. Mark Anderson, Kerwin Kofi Charles, Claudio Las Heras Olivares, and Daniel I. Rees, “Was the First Public Health Campaign Successful?” *American Economics Journal: Applied Economics* 11, no. 1 (2019): 147.

as one of “intensive educational propaganda.” The YMCA played an important role in this self-described “propaganda” blitz, which, in addition to the dissemination of visual and written materials, included the writing and staging of movies, plays, puppet performances, and other cultural events intended to attract and inspire a wide popular audience. Women were considered a critical constituency for the campaign, with special lectures and discussion groups focused on issues of childbirth, family nutrition, and other topics of particular concern.¹² In 1915, the antituberculosis movement introduced the Modern Health Crusade, a program that mobilized millions of American schoolchildren in a collective challenge to improve personal hygiene among the youth. As one scholar describes it, the Crusade was “a blending of training in health habits, the romance of chivalry, and the spur of competition, which swept the nation.”¹³

Copycat campaigns soon followed in other parts of the world. However, in contrast to the original American Tuberculosis Movement, which had been founded by Progressive Era voluntary associations and funded through the public sale of Christmas seals, later imitators were increasingly initiated and financed by governments rather than by civil society.¹⁴ For example, the Soviet Union, upon establishing a People’s Commissariat of Public Health in 1918 (at the time of the Spanish Flu pandemic), launched a campaign of public health lectures, lantern slide shows, traveling exhibits, and weeklong sanitation drives that in form and content closely resembled the American Tuberculosis Movement. The Soviets also engaged in a massive propaganda effort, via posters, pamphlets and other media, that posited a direct connection between the vigor of the Russian people and the strength of the newly founded Bolshevik state.¹⁵ But unlike the American Tuberculosis Movement, Soviet public health campaigns were from the outset state-led and state-financed.

After the Kuomintang (KMT) established a unified Chinese national government in 1928, a string of public health campaigns, complete with parades, posters, banners and slogans, were conducted under the auspices of the Ministry of Health with central participation by the KMT Propaganda Department. In addition to providing basic health education, the campaigns included antipest and sanitation initiatives as well as vaccination drives against smallpox. Like their counterparts in

12. S. Adolphus Knopf, *A History of the National Tuberculosis Association: The Anti-tuberculosis Movement in the United States* (New York: National Tuberculosis Association, 1922); Richard Harrison Shryock, *National Tuberculosis Association, 1904–1954: A Study of the Voluntary Health Movement in the United States* (New York: National Tuberculosis Association, 1957); Michael E. Teller, *The Tuberculosis Movement: A Public Health Campaign in the Progressive Era* (Westport, CT: Greenwood, 1988).

13. Teller, *Tuberculosis Movement*, 118.

14. This was the case in the United States, too, as evidenced by President Franklin Delano Roosevelt’s establishment of the National Foundation for Infantile Paralysis in 1938. See David M. Oshinsky, *Polio: An American Story* (New York: Oxford University Press, 2005).

15. Tricia A. Starks, “Propagandizing the Healthy: Bolshevik Life in the Early USSR,” *American Journal of Public Health* 7, no. 11 (2017).

other countries, these efforts highlighted the political significance of public health. Strengthening the body (*qiangshen* 强身) was regarded as a critical stepping-stone to strengthening the Chinese nation (*qiangguo* 强国). Although KMT health programs were primarily focused on urban areas of the country, they were framed in national terms. A 1929 government report on the health campaigns of that year concluded, “Health is a matter that concerns the international status of a country and the nation’s spirit, hence national health is a very important matter.”¹⁶

In view of the prominence of public health campaigns around the world at the time, promoted according to a Social Darwinist logic as the sine qua non of national survival, it was not surprising that Mao Zedong would direct the first Communist government in China, the Jiangxi Soviet, to conduct similar campaigns. From the start, the CCP’s rendition was advertised as a “mass campaign” in which grassroots society was to play a major role. Unlike the American Tuberculosis Movement where citizen participation had occurred through the bottom-up voluntary associations of civil society, however, Mao’s mass campaigns were organized in top-down Soviet style. In 1932, soldiers in the Red Army directed peasants in the Communist-controlled areas of Jiangxi to dig wells and clean up their houses and villages. When the Communists relocated to the wartime capital of Yan’an at the conclusion of the Long March, they further developed the practice of mass health campaigns. Border regions under Communist control established Anti-Epidemic Committees to oversee the campaigns, which opposed “feudal superstition” and “shamanism” among ordinary villagers and conducted a vaccination drive within the ranks of the military.¹⁷ Similar to the American Modern Health Crusade, base area governments mobilized schoolchildren to engage in physical exercise, clean their rooms, and eliminate harmful insects. Like the Soviet Union’s “socialist emulation” competitions, the Chinese Communists sponsored sanitation contests in which villages vied for the honor to be designated as the cleanest in their district.¹⁸

CHINA’S PATRIOTIC HEALTH CAMPAIGN

Following the victory of the Communist Revolution and the founding of the People’s Republic of China in 1949, efforts to upgrade public health focused initially on mass vaccination drives to eliminate the principal causes of epidemics: smallpox, cholera, and plague.¹⁹ As with other ongoing CCP-sponsored campaigns, most notably Land Reform, operations and objectives became decidedly more

16. Bu, *Public Health*, 178–85.

17. Zhang Xiaoli, *Aiguo weisheng de fazhan yu tiaozhan* [The development and challenge of patriotic health] (Hefei: Anhui University Press, 2006), 94–95.

18. Bu, *Public Health*, 192–207.

19. Xiao Aishu, “1949–59 nian aiguo weisheng yundong” [The patriotic health campaign, 1949–59], *Dangdai zhongguo shi yanjiu* [Contemporary Chinese history research] 10, no. 1 (2003): 97–102.

militant after the outbreak of the Korean War. In September 1951, Mao Zedong issued instructions for all levels of the Party and government to prioritize public health work, declaring that “from now on it is necessary to regard sanitation, antiepidemic efforts, and routine medical work as a critical political responsibility [*zhongda de zhengzhi renwu* 重大的政治任务], sparing no effort to develop this line of work.”²⁰ The following year, China’s health campaign was officially branded a “patriotic” movement whose ultimate purpose was to defend the sovereignty of the nation and defeat its foreign adversaries.

In March 1952, a Central Anti-Epidemic Committee (soon to be renamed the Central Patriotic Health Campaign Committee) was formally established under the State Council, with Premier Zhou Enlai as chair, to enlist and oversee mass involvement in a coordinated national wartime public health effort. Within two weeks, tens of thousands of medical workers had been dispatched in epidemic prevention brigades that inoculated nearly 5 million residents in Northeast China with plague vaccine.²¹ In three cities—Beijing, Tianjin, and Chongqing—over 14 million residents were mobilized for street sweeping campaigns. Across the country, night schools provided basic instruction on hygiene and sanitation to millions of campaign volunteers.²²

In April 1952, allegations of American bacteriological warfare in Korea and Manchuria further intensified the ongoing public health campaign. At a national patriotic health work conference that December, Mao Zedong composed a stirring slogan for the campaign that linked public health mobilization to combating the biological warfare purportedly being waged by the Americans: “Get mobilized, stress public health, reduce disease, lift health levels, and smash the enemy’s bacteriological warfare” (*Dongyuan qilai, jiangjiu weisheng, jianshao jibing, tigao jiankang shuiping, fensui diren de xijun zhanzheng* 动员起来, 讲究卫生, 减少疾病, 提高健康水平, 粉碎敌人的细菌战争). Zhou Enlai explained at the conference that the PHC was a vehicle for extending the mass line into the medical field by combining health work with a mass movement that would utilize both modern Western and traditional Chinese medicine and would rely upon ordinary workers, peasants, and soldiers as core participants.²³ From its inception, the PHC was presented as a quintessentially “Chinese” mechanism for initiating and coordinating an aggressive public response to a threatening national emergency.

As had been true across the globe for decades, Chinese authorities in 1952 advocated improving the physical condition of the people as a pillar of modern

20. Zhang, *Aiguo weisheng de fazhan yu tiaozhan*, 45.

21. Stephen L. Endicott and Edward Hagerman, *The United States and Biological Warfare: Secrets from the Early Cold War and Korea* (Bloomington: Indiana University Press, 1998).

22. Zhang, *Aiguo weisheng de fazhan yu tiaozhan*, 46–49.

23. Yueyang Patriotic Health Campaign Committee Office, ed., *Aiguo weisheng yundong gongzuo shouce* [Patriotic health campaign work manual] (Changsha: Hunan People’s Press, 1986), 2–3.

nation-building. But now, in stark contrast to its introduction by American missionaries half a century earlier, the public health campaign was being promoted as a weapon of war directed against the United States. A popular saying encouraged mass activism in the PHC as a form of vicarious participation in the Korean War: “To kill one housefly is to exterminate one American devil.”²⁴ The public reaction to the campaign was reportedly enthusiastic: “Using the people’s fear against germ warfare as a means of mobilization, ‘shock attacks’ lasting one to three days were initiated. The population would clean and disinfect streets and houses, destroy insects, clean wells and report possible instances of germ warfare.”²⁵

The question of whether the US military engaged in germ warfare during the Korean War remains contested and unsettled.²⁶ Whatever the veracity of the charges, it is clear that the accusation fueled a mass campaign that would lay a foundation for subsequent public health initiatives. Through most of the Mao era, even as the targeted enemy shifted from American imperialism to the “four pests” (rats, flies, mosquitoes, and sparrows) in the mid-1950s, militant nationwide public health campaigns continued to be waged in the name of patriotism. In 1958, as China geared up for a “war on nature” in the Great Leap Forward,²⁷ Mao made a series of well-publicized inspection trips around the country in which he emphasized the importance of public health. An enormous “patriotic health” exhibition first staged in the Workers’ Cultural Palace in Beijing was soon replicated in 27 other cities and provinces.²⁸

Despite significant regional variation, the size and scope of grassroots PHC education and sanitation activities was substantial. At the beginning of the Great Leap Forward, for example, the PHC Committee of Guangxi’s Liuzhou City mobilized 2,000 people as a “patriotic health propaganda team,” along with an additional 1,500 cadres from 37 different work units as “mobile sanitation teams” tasked with directing the citywide cleanup of sewers, pigsties, latrines, and garbage

24. Wang Kai, “Aiguo weisheng yundong de yuanqi yu yanbian” [The origin and transformation of the patriotic health campaign], *Qiqihaer University Journal* (August 2020): 39.

25. S. M. Hillier and J. A. Jewell, *Health Care and Traditional Medicine in China, 1800–1982* (London: Routledge, 1983), 154.

26. Stephen L. Endicott, “Germ Warfare and ‘Plausible Denial’: The Korean War, 1952–1953,” *Modern China* 5, no. 1 (January 1979): 79–104; Jon Halliday and Bruce Cumings, *Korea: The Unknown War* (New York: Viking Books, 1988); Shu Guang Zhang, *Mao’s Military Romanticism: China and the Korean War, 1950–1953* (Lawrence: University of Kansas Press, 1995); Endicott and Hagerman, *United States and Biological Warfare*; Ruth Rogaski, “Nature, Annihilation, and Modernity: China’s Korean War Germ-Warfare Experience Reconsidered,” *Journal of Asian Studies*, no. 61 (May 2002); Shiwei Chen, “History of Three Mobilizations: A Reexamination of the Chinese Biological Warfare Allegations against the United States in the Korean War,” *Journal of American–East Asian Relations* 16, no. 3 (2009): 213–47.

27. Judith Shapiro, “Mao’s War against Nature: Legacy and Lessons,” *Journal of East Asian Studies* 1, no. 2 (2001): 93–119.

28. Zhang, *Aiguo weisheng de fazhan yu tiaozhan*, 60–67.

sites.²⁹ While the model had been constructed under wartime and warlike conditions, mass public health campaigns outlasted both the Korean War and the Great Leap Forward.

A major administrative reorganization in the wake of the Great Leap debacle led to the dissolution of the Central PHC Committee in 1962.³⁰ Soon after the start of the Cultural Revolution in 1966, however, the movement of millions of Red Guards engaged in “exchanging revolutionary experiences” sparked a major outbreak of bacterial meningitis. Declaring eradication of the disease to be a “political mission,” the Central Committee of the CCP called for a nationwide PHC. Central and local authorities alike responded by ordering sanitation and isolation measures under the auspices of multiagency mass campaigns.³¹ For example, Pubei County in Guangxi’s Qinzhou City set up a meningitis PHC command post with representation from the Propaganda Department, People’s Congress, Health Department, Epidemic Prevention Station, People’s Hospital, and pharmaceutical companies. Each brigade in the county dispatched a health care work team to mobilize people in the affected areas to participate in PHC activities. The teams prescribed local herbal remedies for those with milder symptoms while mandating isolation for the severely ill. In a manner that prefigured contemporary COVID measures, a mask requirement was imposed, and residents were issued “epidemic prevention cards” in hopes of tracking those who had come in contact with the disease. Several villages in the county were completely locked down, with insiders unable to leave or outsiders to enter.³²

Although the administrative disarray of the Cultural Revolution soon led to the suspension of the national PHCs, smaller-scale campaigns for routine disease prevention were conducted by the People’s Liberation Army (PLA), which organized its own medical work teams to spearhead these activities.³³ Under the banner of “Prevention First” (*yufang weizhu* 预防为主), PLA medical teams claimed to be carrying out Chairman Mao’s revolutionary line of patriotic health work as they fanned out across the countryside to drill wells for drinking water, attach chimneys

29. Guangxi Liuzhou Public Health and Epidemic Prevention Committee Gazetteer Editorial Committee, ed., *Guangxi Liuzhou weisheng fangyizhan zhi* [Guangxi Liuzhou public health and epidemic prevention station gazetteer] (1990).

30. National Patriotic Health Campaign Committee Office, ed., *Aiguo weisheng wenjian xuanbian* [Selected patriotic health documents], vol. 1 (February 1979–December 1986), Zhonggong zhongyao lishi wenxian ziliao huibian [Important selected collections of Chinese government publications], Neibu zhengce wenjianxing shiliao zhuanji [Collection of internal policy documentary materials] (US Service Center for Chinese Publications, 2021), 96.

31. Ka wai Fan, “Epidemic Cerebrospinal Meningitis during the Cultural Revolution,” *Extrême-Orient Extrême-Occident*, no. 37 (2014): 197–232, <https://journals.openedition.org/extrêmeorient/341?lang=en>.

32. Pubei County (Guangxi) Health Bureau, ed., *Pubei xian weisheng zhi* [Pubei County health gazetteer] (1998), 15.

33. Miriam Gross, “Between Party, People and Profession: The Many Faces of the ‘Doctor’ during the Cultural Revolution,” *Medical History* 62, no. 3 (2018): 333–59; Hillier and Jewell, *Health Care*, 173.

to household stoves, provide training for barefoot doctors, and dispense herbal medications to villagers.³⁴

After the Cultural Revolution, civilian control was reasserted. In the spring of 1978, the Central Committee of the Communist Party approved the reestablishment of a Central Patriotic Health Campaign Committee, headed by then CCP vice-chairman Li Xiannian. All provinces, municipalities, and autonomous regions were instructed to follow suit.³⁵ The Ministry of Health replaced the PLA as the primary administrative oversight unit, with Minister of Health Jiang Yizhen (who had headed the Red Army General Hospital back in the early 1930s) named as deputy-director of the Central PHC Committee.³⁶ As a permanent agency (*changshe jigou* 常设机构) with its own dedicated staff, the Central PHC Committee office enjoyed an exceptional degree of operational latitude unlike that of other departments within the Ministry of Health.³⁷

Soon after its reestablishment, the Central PHC Committee issued a report emphasizing that, despite setbacks during the Cultural Revolution, 20-plus years of achievements affirmed that “the Patriotic Health Campaign personally advocated and mobilized by Chairman Mao and Premier Zhou is appropriate for our country’s national character [*guoqing* 国情]. It has played a positive role in improving old China’s unsanitary and backward conditions, reducing disease, inspiring a national spirit [*zhenfen minzu jingshen* 振奋民族精神], raising health standards, and enhancing socialist construction and the flourishing of the Chinese nation [*zhonghua minzu de fanyan* 中华民族的繁衍].”³⁸

GENERIC AND DISTINCTIVE FEATURES OF PATRIOTIC HEALTH CAMPAIGNS

Patriotic health campaigns are often described as a uniquely Chinese approach to public health work,³⁹ but the similarities to earlier health campaigns conducted both inside and outside of China are quite striking. In the mid-1950s, a PHC to

34. Hubei Provincial Revolutionary Committee and Patriotic Health Campaign Leading Small Group Office, eds., *Aiguo weisheng gongzuo jianbao* [Patriotic health work bulletin], no. 3 (August 24, 1976): 2–3; internal circulation document, in *Aiguo weisheng yundong ziliao, yijiuliusi nian zhi yijiuqijiu nian* [Patriotic health campaign materials, 1964–1979].

35. Hillier and Jewell, *Health Care*, 184–85.

36. *Aiguo weisheng yundong ziliao, yijiuliusi nian zhi yijiuqijiu nian*.

37. National Patriotic Health Campaign Committee Office, *Aiguo weisheng wenjian xuanbian*, 1:110.

38. Central Patriotic Health Campaign Committee Document 80-11 (May 9, 1980), in *Aiguo weisheng wenjian huibian* [Compilation of patriotic health campaign documents], ed. Guangxi Zhuang Autonomous Region PHC Committee Office, 1 (April 1985): 21; internal circulation document.

39. It is commonplace for Chinese studies of the PHC to describe it as “a public health work style deeply imbued with Chinese characteristics” (*jiju zhongguo tese de gonggong weisheng gongzuo fangshi* 极具中国特色的公共卫生工作方式). See, e.g., Zhang Xiaoli, “Dangdai aiguo weisheng yundong de fazhan zhanlue yanjiu” [A study of the development strategy of the contemporary patriotic health] (MA thesis, Nanjing Normal University, 2003), 1.

eliminate the “four pests” in Mao’s hometown of Xiangtan, Hunan, organized exhibits, slide shows, and special programs for women and children that bore a marked resemblance in both form and content to the prototype developed during the American Tuberculosis Movement at the turn of the century. This was the basic mobilization model that had been introduced in Hunan under the banner of national strengthening by American missionaries working with the YMCA in 1915. The difference in 1950s Xiangtan was that local branches of the Women’s Federation and the Communist Youth League (“mass associations” operating under Communist Party direction) now took the lead in mobilizing women and school children to participate in the campaign.⁴⁰

The martial character of the PHC reflects its origins in the Korean War but also points more broadly to a close connection between fighting epidemics and waging war that can be found in many times and places on multiple levels, physiological and psychological as well as rhetorical. This association was not simply metaphorical. Until quite recently, far more soldiers died of wartime disease than from injuries caused by combat.⁴¹ The terrible 1918 influenza pandemic, later to be (mis)named the “Spanish flu,” originated in overcrowded US army camps where soldiers were training for trench warfare. Its subsequent spread along the routes of troop deployments was consistent with common patterns of contagion.⁴²

This well-established association between warfare and epidemics undoubtedly contributed to the militaristic character of many public health campaigns. The addition of the highly regimented Modern Health Crusade to America’s ongoing antituberculosis movement was a case in point, occurring soon after the start of World War I. The interconnection among war, disease, and muscular public health campaigns helps to explain the urgency and global appeal of health campaigns directed against tuberculosis and Spanish flu in the First World War,⁴³ as well as the PRC’s call for a PHC to resist germ warfare during the Korean War. Mass mobilizations carried out under wartime conditions—whether in the United States, the Soviet Union, or China—put in place patterns of organization and action that persisted during peacetime. This was especially true in the PRC, where the CCP had weathered decades of warfare against domestic and foreign enemies alike before declaring victory with the establishment of the PRC in 1949. One result of

40. Xiao Tingting, “20 shiji 50 niandai Hunan sheng aiguo weisheng yundong yanjiu” [A study of Hunan Province’s patriotic health campaigns in the 1950s] (MA thesis, Xiangtan University), 24.

41. Charles W. Van Way III, “War, Medicine and Death,” *Missouri Medicine* 119, no. 6 (November–December 2022): 529–32.

42. Alfred W. Crosby. *America’s Forgotten Pandemic: The Influenza of 1918* (Cambridge: Cambridge University Press, 2003).

43. John F. Murray, “Tuberculosis and World War I,” *American Journal of Respiratory and Critical Care Medicine* 192, no. 4 (2015), <https://doi.org/10.1164/rccm.201501-0135OE>; Kenneth C. Davis, *More Deadly Than War: The Hidden History of the Spanish Flu and the First World War* (New York: Holt, 2018).

the CCP's extended combat experience was the perpetuation of a campaign-style pattern of governance that included the prioritization of emergency public health measures.⁴⁴

This is not to say that contemporary China's mass health campaigns are nothing more than a knockoff of American, Soviet, or KMT wartime precursors. A duly celebrated characteristic of the Chinese Communist variant has been its emphasis on low-cost approaches to medical care. This includes the widespread mobilization of mass participation in preventative measures as well as the reliance on indigenous Chinese therapies such as acupuncture and herbal remedies and the deployment of barefoot doctors and mobile medical teams. The CCP's emphasis on cost-saving methods had originated during the revolutionary period as a pragmatic response to the spread of disease in the face of a severe shortage of modern medical facilities and trained doctors in the Jiangxi Soviet and wartime base areas.⁴⁵ But the continued preference for less expensive homespun means was embraced by the PHC as part of a concerted endeavor to develop a distinctively Chinese approach to public health with global pretensions.

Like other mass campaigns in Mao's China, PHC work teams composed of cadres as well as ordinary citizens were dispatched to the grass roots to augment administrative strength and serve as a counterweight to bureaucratic inertia.⁴⁶ But unlike other mass campaigns, which were declared to have concluded once certain objectives had been met, the PHC was never terminated: "Public health campaigns became a regular feature in Chinese life under the Communist government. Particular dates would be chosen for 'shock attacks.' . . . Particular targets would be chosen. . . . Thousands would be mobilized—workers, students and schoolchildren with loudspeakers, banging drums, marching with banners, charts and diagrams. Street theater would also be used to spread the message. Sanitation committee members would even tour the area doing random household inspections."⁴⁷ Even after Deng Xiaoping declared an end to campaign governance in the new post-Mao era of Reform and Opening, the PHC continued. Since 1989, every April (a time when many animal and plant vectors enter breeding and blooming season) has been designated Patriotic Health Month. In addition to improving health standards, a consistent objective of the annual initiative has been the promotion of patriotism and "socialist morality" among the general populace.⁴⁸

44. Sebastian Heilmann and Elizabeth J. Perry, *Mao's Invisible Hand: The Political Foundations of Adaptive Governance in China* (Cambridge, MA: Harvard University Press, 2011).

45. Bu, *Public Health*, 198.

46. Nianqun Yang, "Disease Prevention, Social Mobilization and Spatial Politics: The Anti-germ Warfare Incident of 1952 and the 'Patriotic Health Campaign,'" *Chinese Historical Review* 11, no. 2 (Fall 2004): 176.

47. Hillier and Jewell, *Health Care*, 71.

48. Yueyang Patriotic Health Campaign Committee Office, *Aiguo weisheng yundong gongzuo shouce*, 1–2.

The regularized and repeated nature of the PHC (punctuated by the top leader's declaration of war against particular diseases) distinguishes it from countless other mass campaigns that the CCP launched over the years.⁴⁹ Campaign fatigue has posed a concern for many of China's mass movements, and it is no doubt pronounced in the longest-lived campaign. To be sure, the specific focus of the campaign has shifted to some extent in step with changing problems and priorities. In 1980, the Central Patriotic Health Campaign Committee declared a "new age" for the PHC that added a commitment to environmental protection as part of its core mandate.⁵⁰ In 2015 a State Council document on patriotic health work for the "new age" highlighted the need to safeguard the environment and upgrade "ecological civilization construction."⁵¹ Yet, despite such updating, the basic purpose of the PHC as a vehicle for strengthening the nation and bolstering regime legitimacy by improving the health of the people remains unchanged.

PATRIOTIC HEALTH CAMPAIGN ORGANIZATION AND OPERATIONS

The Central Patriotic Health Campaign Committee commands a sizable infrastructure that not only oversees regular hygiene and sanitation initiatives but can also be activated in times of crisis. Mobilization capacity is enabled by standing PHC committees chaired by leading cadres at provincial, district, county, and municipal levels of the government as well as across the military and railway systems. In addition to members from the public health sector, depending upon the nature of their jurisdiction, PHC committees (*aiguo weisheng yundong weiyuanhui* 爱国卫生运动委员会, or *aiweihui* 爱卫会 in short form) may include representatives drawn from other relevant sectors such as agriculture, education, transport, and public security.⁵²

PHC committees preside over offices (*aiweihui bangongshi* 爱卫会办公室) staffed by professional cadres from various public health agencies whose positions are counted as part of the Ministry of Health nomenclatura. Cadre wages and welfare benefits, along with other office costs, fall under the administrative expense (*xingzheng fei* 行政费) category of the ministry's budget. The substantial "propaganda" expenses incurred by the PHC—which involve printing posters,

49. Charles P. Cell, *Revolution at Work: Mobilization Campaigns in China* (New York: Academic Press, 1977).

50. Yueyang Patriotic Health Campaign Committee Office, *Aiguo weisheng yundong gongzuo shouce*, 5.

51. Sun Siyi, "Jianguo chuqi Renmin Ribao aiguo weisheng yundong baodao yanjiu" [A study of *People's Daily* reporting on patriotic health campaigns in the early PRC period] (MA thesis, Guangdong Foreign Language and Foreign Trade University, 2019), 1.

52. Beibei Yuan, Weiyang Jian, Melisa Martina-Alvarez, Martin McKee, and Dina Balabanova, "Health System Reforms in China a Half Century Apart: Continuity but Adaptation," *Social Science and Medicine*, vol. 265 (November 2020): 113421.

documents, and educational materials, training work teams and other personnel, organizing conferences, undertaking inspections, offering prizes for local competitions, and the like—are charged to the program expense (*shiyè fèi* 事业费) category. The cost of producing vaccines, pesticides, and so on is budgeted under the ministry’s allocation for research (*yanjiú fèi* 研究费) and disease prevention (*fāngyì fèi* 防疫费). In both city and countryside, PHC committees direct sanitation drives. Urban sanitation—for example, street sweeping, garbage collection, sewage treatment, and cleaning of public lavatories—is paid for by municipal governments, while the cost of sanitizing villages and rural dwellings is the responsibility of township and village governments as well as individual households. Sanitation expenses for schools, factories, hospitals, and other work units are borne by the entities themselves.⁵³

PHC committees at all levels maintain epidemic prevention stations (*fāngyì zhàn* 防疫站). After the launch of the first PHC in 1952, Guangxi Province established 381 such stations at the district and town levels in just three months and by 1956 also counted 74 at the city level (which grew to 115 by 1990).⁵⁴ Different areas of the province operated disease-specific prevention stations for malaria, schistosomiasis, and plague. During the Mao era, these stations would intermittently dispatch unannounced “shock brigades” (*tuji duì* 突击队) to offer instructions, deliver supplies, and monitor compliance at the grass roots.⁵⁵ Today, albeit more routinized and predictable in terms of operations, the epidemic prevention stations remain critical nodes for disseminating information, administering vaccines, and combating infectious disease.

Basic structural continuity notwithstanding, PHC organization and operations have fluctuated over the decades. From the 1950s through the mid-1980s, PHC committees functioned “from top to bottom as an independent system of organization” (*zìshàng èrxia de dúlì xìtǒng de zuzhī* 自上而下的独立系统的组织) with an impressive degree of decision-making authority and mobilization capacity. However, the growing influence of market forces in the allocation of Chinese health care in the post-Mao period resulted in a notable weakening of the autonomy of PHC committees and their offices. In late 1988, the Central PHC Committee was renamed the National PHC Committee, indicating that it would henceforth be

53. Hubei Provincial PHC Committee and Huanggang District PHC Committee, eds., *Aiguo weisheng yundong ziliao huibian* [Collected materials on the patriotic health campaign] (October 1984), 3–6.

54. *Guangxi tongzhi: Yiliao weisheng zhi* [Guangxi general gazetteer: Medical and public health gazetteer] (Nanning: Guangxi People’s Press, 1999).

55. Yueyang Patriotic Health Campaign Committee Office, *Aiguo weisheng yundong gongzuo shouce*, 19; Jingzhou District, Hubei Province Patriotic Health Campaign Committee Office, ed., *Aiguo weisheng yundong jianbao* [Patriotic health campaign bulletin], no. 5 (August 11, 1981); Guangxi Zhuang Autonomous Region Patriotic Health Campaign Committee Office, ed., *Aiguo weisheng yundong wenjian xuanbian* [Selected patriotic health campaign documents] (April 1985): 30–32; Jiangxi Province Patriotic Health Campaign Committee Office, ed., *Aiguo weisheng yundong wenjian huibian* [Collected documents on the patriotic health campaign] (December 2005): 116.

subject to government rather than Party direction.⁵⁶ In 1989 (State Council document 22) the PHC committee was demoted to the rank of a “non-permanent agency” (*fei changshe jigou* 非常设机构) whose functions were limited to “deliberation and coordination” (*yishi xietiao* 议事协调), a reduced status that was confirmed in 1993 (State Council document 27). The once powerful and sprawling PHC infrastructure, mandated by Chairman Mao and led by Premier Zhou Enlai himself, had been reduced to an appendage of the government bureaucracy, with a sharp decrease in both budget and personnel.⁵⁷ The head of the National PHC office complained of three unhappy consequences: (1) a mismatch between the low administrative rank of the office and its high-level coordination mandate; (2) an imbalance between its onerous responsibilities and scarcity of personnel; and (3) a lack of proper scientific mindset and managerial approach.⁵⁸

Constrained in terms of operational autonomy and resources, PHC committees and their offices became subject to the same contradiction between vertical and horizontal jurisdictions (*tiaotiao kuaikuai* 条条块块) characteristic of the “fragmented authoritarianism” for which the regular Party-state bureaucracy is well known.⁵⁹ In contrast to the Mao and early post-Mao eras, by the 1990s the PHC system no longer initiated the sudden campaign-style “shock” mobilization and inspection activities that had previously allowed it to cut through the organizational impediments faced by the Ministry of Health. Moreover, the marketization and commodification attendant upon the era of Reform and Opening resulted in a notable shift in public health priorities away from low-cost prevention toward expensive medical treatments.⁶⁰ While the reorientation benefited for-profit hospitals and clinics, it weakened a PHC system oriented toward public education and inexpensive preventative measures.⁶¹ The effects of these developments were experienced beyond the confines of the public health administration. A neglect of basic public sanitation sparked social discontent; in just the first half of

56. National Patriotic Health Campaign Committee Office, ed., *Aiguo weisheng yundong wenjian xuanbian* [Selected patriotic health documents], vol. 2 (January 1987–June 1990), *Zhonggong zhongyao lishi wenxian ziliao huibian* [Important selected collections of Chinese government publications], collection of internal policy documentary materials (US Service Center for Chinese Publications, 2021), 105.

57. At this time, for example, the staff of the PHC committee office in the city of Shijiazhuang was slashed from 18 to eight people, two of whom were not even counted in the nomenclature. See Zhang, “Dangdai aiguo weisheng yundong de fazhan zhanlue yanjiu,” 21–22, and *Aiguo weisheng de fazhan yu tiaozhan*, 162–64.

58. National Patriotic Health Campaign Committee Office, *Aiguo weisheng yundong wenjian xuanbian*, 2:219–20.

59. *Ibid.*, 225. On the “fragmented authoritarianism” that characterizes the established PRC bureaucracy as a whole, see Kenneth G. Lieberthal and Michel Oksenberg, *Policy Making in China: Leaders, Structures, and Processes* (Princeton, NJ: Princeton University Press, 1988).

60. William C. Hsiao, “Correcting Past Health Policy Mistakes,” *Daedalus* 143, no. 2 (Spring 2014): 53–68.

61. Zhang, “Dangdai aiguo weisheng yundong de fazhan zhanlue yanjiu,” 23–35.

1999, for example, the mayor of Shenyang received 2,211 phone calls and over 5,000 written petitions from citizens complaining of inattention to routine public health work in the city.⁶² In the early 2000s, the outbreak of SARS, along with a spate of serious food safety incidents, further convinced citizens and Party leaders alike of the need for an overhaul of China's public health system.

During Xi Jinping's first term as Party general secretary (2012–17), PHC operations were revisited with the goal of returning to a greater emphasis on public mobilization and a more significant coordination role for the military. Propaganda work was upgraded by turning to new social media such as WeChat, Weibo, and TikTok to supplement the long-standing reliance on newspapers, television, and public billboards. Now housed within the National Health Commission and chaired by its deputy head, the National Patriotic Health Campaign Commission was reported to have “clearly gained a more prominent role” in China's public health governance.⁶³

ASSESSMENTS OF THE PATRIOTIC HEALTH CAMPAIGN

The effort to present the PHC as a made-in-China model worthy of worldwide acclamation met with considerable success during the Mao period.⁶⁴ Noted American physician and president of the American Public Health Association Victor Sidel spoke for many in 1973 when he proclaimed that “the Chinese people have accomplished medical miracles, with limited resources.”⁶⁵ Sidel ventured that the American public health system had much to learn from the low-cost yet highly effective Chinese example.⁶⁶ More recently, the World Health Organization's presentation to the Chinese government of the 2017 “Outstanding Model Award for Health Governance” in honor of the sixty-fifth anniversary of the PHC generated renewed interest in PHC operations. In accepting the award, the director of the PHC Committee attributed the “successful practices” of the PHC to its “embodiment of Chinese wisdom and Chinese know how.”⁶⁷

Global health researchers echoed this positive assessment, crediting the PHC with “a set of unique and productive working systems for public health” that offer “a role model of multi-agency cooperation for health” whose “effective mechanisms

62. Zhang, *Aiguo weisheng de fazhan yu tiaozhan*, 165.

63. Holly Snape, “China's Mid-January 2020 ‘Patriotic Health Campaign,’” research briefing, May 2020, University of Glasgow Scottish Centre for China Research, 4–6.

64. Victor W. Sidel, “Medicine and Public Health,” in *China's Developmental Experience*, ed. Michel Oksenberg (New York: Academy of Political Science, Columbia University, 1973); Hillier and Jewell, *Health Care*.

65. *Ibid.*, 118.

66. *Ibid.*, 110–20.

67. Zhao Weiting, “Shiwei zuzhi banjiang biao Zhang zhongguo aiguo weisheng yundong” [WHO bestows prize on the China patriotic health campaign], *Journal of Traditional Chinese Medicine Management* 25, no. 14 (2017): 112.

of social mobilization and mass participation are regarded as successful.”⁶⁸ Despite acknowledging that to date no methodologically rigorous studies had actually been conducted to evaluate the contributions of the PHC to China’s overall public health outcomes, researchers observed that “it has been broadly accepted that the Patriotic Health Movement has contributed greatly to quickly controlling rampant infectious diseases and effectively lowering morbidity.”⁶⁹ The outbreak of COVID-19 did not initially change this favorable opinion. A 2020 policy paper from the University of Glasgow highlighted the PHC as “a distinctive feature of the CCP’s approach to governing” that “may have enabled the Chinese government to mobilize with relative speed and efficiency against an emerging epidemic.”⁷⁰

Despite its consistently proactive media relations, the PHC has not always drawn universal praise. Even in Mao’s day, the PHC generated sharp criticism from some quarters. As early as 1957, China’s first minister of health and chair of the Red Cross of China, Li Dequan, complained about “the ineffectual Patriotic Health Movements which have not successfully promoted a sustained health routine in a given community.”⁷¹ A graduate of Methodist Women’s College who had once served as a minister’s assistant at a Congregational church in North China (before her marriage to the Christian warlord Feng Yuxiang), Li evidently favored a more institutionalized approach to public health governance that relied on clinics and hospitals rather than mass mobilization. With the launch of Mao’s utopian Great Leap Forward, however, Minister Li (whether voluntarily or under pressure) proffered a more charitable assessment of the PHC: “More than a million citizens in the capital, which is now one of the cleanest cities in the world, have joined in the Campaign in the past three days to exterminate insects.”⁷² Its shortcomings notwithstanding, the supposed success of the PHC was already being showcased as an indication of China’s rise on the world stage.

Once the fervor of the Great Leap abated, the new minister of health, Qian Xinzhong, expressed his own doubts about the use of mass campaigns to promote public health. Referring obliquely to Chairman Mao’s famous slogan that the East Wind (of socialism) would prevail over the West Wind (of capitalism), Qian noted wryly that “when the dust of the East is fanned up, that gives people more chance of inhaling viruses and spreads tuberculosis.”⁷³ In place of mass cleanups by ordinary citizens, the Ministry of Health advocated for hiring paid street sweepers to conduct sanitation efforts in a more restrained and deliberate fashion.

68. Li Wang, Zhihao Wang, Qinglian Ma, Guixia Fang, and Jinxia Yang, “The Development and Reform of Public Health in China from 1949 to 2019,” *Globalization and Health* 15, no. 45 (2019): 5.

69. Xuan Zhou, Beibei Yuan, Yahang Yu, and Weiyan Jian, “Governance Functional Analysis of the Patriotic Health Movement in China,” *Global Health Research and Policy* 4, no. 24 (2019): 7.

70. Snape, “China’s Mid-January 2020 ‘Patriotic Health Campaign,’” 3, 8.

71. Hillier and Jewell, *Health Care*, 157.

72. *Ibid.*, 158.

73. *Ibid.*, 165.

The complaints voiced by these ministers of health reflected not only their preference for a more professionalized approach to public health but also a desire to protect their own bureaucratic turf from the disruption of campaign-style governance. To be sure, the declaration of a PHC could bring additional resources and manpower to a severely underfunded and understaffed public health administration.⁷⁴ Yet, as Nianqun Yang points out, the PHC's reliance on the "masses" also posed a threat to the Ministry of Health's control of the public health arena: "The health movement could no longer be directed or organized merely by health administrations, as the workers, peasants and soldiers could not be led by the health administration."⁷⁵ The involvement of mass associations and military units constituted a challenge for bureaucratic governance.

In spite of detractors within the Ministry of Health, the PHC has proven repeatedly attractive as a source of both rhetorical and operational inspiration for the top Party leadership in times of crisis from the Korean War to the present. Characterized as a uniquely Chinese approach to combating epidemics through mass campaigns, PHCs allow the paramount leader to assume the protective mantle of wartime commander in the face of a declared public health emergency. During the SARS epidemic in 2003, the then general secretary Hu Jintao dusted off Mao's playbook from half a century earlier to proclaim that China was fighting a "patriotic people's war" against the virus whose victory depended above all on mass mobilization.⁷⁶ Twenty years later, Xi Jinping followed suit with respect to COVID-19.⁷⁷

In responding to the COVID crisis, Xi did not restrict his praise for China's "fine tradition" of vanquishing epidemics to the PHC alone; he also alluded to the power of folk religion. Likening the virus to a "demon" that should not be allowed to hide (*yiqing shi mogui, women buneng rang mogui cangni* 疫情是魔鬼, 我们不能让魔鬼藏匿), Xi named the two massive military hospitals that were hastily constructed in Wuhan to isolate COVID patients the "Fire God Mountain Hospital" (*huoshenshan yiyuan* 火神山醫院) and "Thunder God Mountain Hospital" (*leishenshan yiyuan* 雷神山醫院) in honor of two "ubiquitous gods able to unite the Chinese people . . . under a single national identity."⁷⁸ Referencing Chinese popular religion when mobilizing (and demobilizing) mass

74. Rogaski, "Nature, Annihilation, and Modernity."

75. Yang, "Disease Prevention."

76. Tony Saich, "Is SARS China's Chernobyl or Much Ado about Nothing?," in *SARS in China: Prelude to Pandemic?*, ed. Arthur Kleinman and James L. Watson (Stanford, CA: Stanford University Press, 2006), 86; Hong Zhang, "Making Light of the Dark Side: SARS Jokes and Humor in China," in Kleinman and Watson, *SARS in China*, 157.

77. Elizabeth J. Perry, "China's [R]evolutionary Governance and the COVID-19 Crisis," in *Evolutionary Governance in China: State-Society Relations under Authoritarianism*, ed. Szu-chien Hsu, Kellee Tsai, and Chun-chieh Chang (Cambridge, MA: Harvard University Press, 2021), 387–96.

78. Florence Bretelle-Establet, "Science, Demons and Gods in the Battle against the COVID-19 Epidemic," *Centaurus* 62, no. 2 (2020): 344–53.

campaigns is not unique to Xi Jinping; Mao Zedong called for sweeping out all “ox demons and snake gods” (*niugui sheshen* 牛鬼蛇神) at the start of the Cultural Revolution in 1966, after having bid “farewell to the God of Plague” (*song wenshen* 送瘟神) at the conclusion of his anti-schistosomiasis campaign in 1958.⁷⁹ Useful as such allusions may be in inciting popular enthusiasm, they are essentially symbolic. By contrast, when leaders invoke China’s tradition of PHCs, they seek not only to trigger a shared sense of national cultural identity but also to signal that a powerful mobilization machine is again being tasked with an emergency public response to a warlike situation.

During the COVID pandemic, when the PRC was extolling its draconian response to the crisis as deserving of worldwide affirmation, more than a few Chinese scholars pointed to China’s “unique tradition” of PHC to explain their country’s “exceptional success” in overcoming the virus.⁸⁰ Among its many contributions, the PHC was credited with having instilled among the general populace a scientific mentality that facilitated the swift adoption of medically sound preventative measures.⁸¹ Decades of annual public health campaigns may indeed have fostered a general respect for modern (as well as traditional) medical practices. Yet a more salient effect of seventy years of “patriotic” health campaigns was surely political, serving to hammer home the message of a vital connection between public health and national survival. Beyond encouraging compliance with state-mandated medical protocols, Xi’s call for a PHC was a battle cry, appealing to a sense of national pride under “wartime” emergency conditions.

CONCLUSION

As its “patriotic” designation and organization by Party-directed mass associations indicates, the PHC is intended to reinforce Chinese citizens’ identification with the nation-state. The “masses” are enjoined to participate actively in programs that will redound not only to their own individual and collective benefit but also to the greater glory of the Chinese nation and its leadership. Like the mass vaccination drive of the 1950s, the PHC as a whole is best understood as “a state-building process as much as a health intervention.”⁸² The central place

79. Miriam Gross, *Farewell to the God of Plague: Chairman Mao’s Campaign to Deworm China* (Berkeley: University of California Press, 2016).

80. Wang, “Aiguo weisheng yundong de yuanqi,” 39–42; Li Yongheng, “Xinguan yiqing xia gaoxiao aiguo weisheng yundong de jidian sikao” [Some reflections on the patriotic health campaign in the universities during the COVID-19 pandemic], *Journal of Shandong Agricultural and Engineering Institute* 38, no. 11 (2021): 99–103.

81. Fu Zhaoqiu, “Xin zhongguo chuqi aiguo weisheng yundong yanjiu” [A study of the patriotic health campaign in the early PRC period], *Journal of the Western Region*, no. 139 (May 2021): 143–45.

82. Mary Augusta Brazelton, *Mass Vaccination: Citizens’ Bodies and State Power in Modern China* (Ithaca, NY: Cornell University Press, 2019), 214.

of propaganda work speaks to the importance of ideational and emotional appeals in the mobilization process. As Jiang Yizhen, deputy-director of the Central Patriotic Health Campaign Committee, put it in April 1978 when the committee was reconstituted after the disruption of the Cultural Revolution, “big propaganda” (*da xuanchuan* 大宣传) came first, and “big policy implementation” (*da luoshi* 大落实) would follow.⁸³

That the PHC’s “big propaganda” effort could help mobilize a loyal citizenry committed to implementing the party’s policies was demonstrated not only by the mass enthusiasm exhibited during the Korean War, the Great Leap Forward, the Cultural Revolution, and the SARS epidemic but most recently by the millions of citizens in Wuhan, Shanghai, and other cities who stoically endured the extreme duress of painful and protracted COVID lockdowns. Yet patience, like patriotism, has its limits. The protests that erupted across urban China in November 2022, sparked by a deadly fire during a lockdown in Urumqi, made clear that those limits had been reached when protesters holding up blank pieces of paper chanted slogans calling for the overthrow of the Communist Party and its paramount leader.⁸⁴ The regime’s response was an abrupt course reversal that precipitously abandoned all COVID restrictions without explanation or preparation, causing an uncontrolled surge of the virus and massive loss of life. The apparent senselessness and callousness of public health policies over the course of the COVID pandemic may well have depleted the utility of the PHC as a recurrent source of legitimacy for the Party and its leader.⁸⁵

Recent research on both the American Tuberculosis Movement and Mao-era public health campaigns raises serious questions about the long-term epidemiological efficacy of a campaign-style approach to disease prevention in the United States and China alike.⁸⁶ To be sure, problematic governance outcomes do not always translate into political liabilities. But legitimacy becomes a critical ingredient in regime resilience precisely at times when government performance and attendant popular satisfaction are in decline. It is only when things are not going well (and yet those who are dissatisfied with their government’s policies and performance nevertheless still accept its right to rule, due to some deeper and more enduring source of political authority) that we can say a regime truly enjoys the benefit of “legitimacy.”

83. Jiang Yizhen, “Zai dianhua huiyi shang de jianghua” [Telephone conference speech], April 9, 1978, 2, in *Aiguo weisheng yundong ziliao, yijiulisi nian zhi yijiuqiu nian* [Patriotic health campaign materials, 1964–].

84. Helen Davidson and Verna Yu, “Protests over Zero Covid Policy Grip China,” *The Guardian*, November 28, 2022.

85. Lynette H. Ong, “China’s Epidemic of Mistrust: How Xi’s COVID-19 U-Turn Will Make the Country Harder to Govern,” *Foreign Affairs*, January 11, 2023.

86. Anderson, “First Public Health Campaign”; Gross, *Farewell to the God of Plague*.

In Max Weber's conceptualization, legitimate rule might be based upon traditional, charismatic, or rational-legal foundations.⁸⁷ In contemporary China, legitimacy has come to rest increasingly on the CCP's self-presentation as the rightful inheritor and interpreter of a singular Chinese political culture—or, as Deng Xiaoping phrased this legitimation strategy with respect to the economy, “socialism with Chinese characteristics.” The PHC's assertion of “cultural legitimacy,” like the Patriotic Education Campaign introduced by Jiang Zemin after the turmoil of 1989 and reinforced by Xi Jinping after the trauma of COVID, resides in the Party's claim to represent both ancient and contemporary sources of “patriotic” experience and authority.⁸⁸ The opening sentence of a 1989 State Council resolution on patriotic health work states: “Patriotic health work is a kind of health work style that is imbued with Chinese characteristics [*juyou zhongguo tese* 具有中国特色], suitable for the national character [*guoqing* 国情] of our country in the primary stage of socialism.”⁸⁹ Thirty-five years later, Xi Jinping continues to praise the tradition of PHCs as reflecting a unique Chinese national character, melding ancient healing techniques with revolutionary mass line practice. And he still portrays the PRC as a developing country in the “primary stage of socialism.” Yet, despite these self-ascribed particularities, the CCP has not shied away from proudly promoting its PHC as meriting international acclaim and imitation.

The initial acceptance of China's confident if specious assertion of preeminence in the global battle against COVID-19 would seem to indicate the appeal of cultural legitimacy, at least in the short term. Over the longer term there is, however, an inherent uncertainty and risk in linking regime legitimacy to “uniquely Chinese” public health campaigns. To be sure, if the PRC's battle against the “demons of disease” is considered a glorious victory, it can strengthen citizens' pride and identification with the nation. But if in the end it is viewed as a shameful defeat, it can just as easily discredit and weaken the state and its commander-in-chief. It is perhaps worth remembering that wartime losses preceded all the great social revolutions of the modern age, China's included.⁹⁰

87. Max Weber, *Economy and Society*, vol. 1, ed. Guenther Roth and Claus Wittich (Berkeley: University of California Press, 2013).

88. Suisheng Zhao, “The Rise of State-Led Pragmatic Nationalism: An Instrumental Response to the Decline of Communism in China,” in *A Nation-State by Construction: Dynamics of Chinese Nationalism* (Stanford, CA: Stanford University Press, 2004), 209–47; Elizabeth J. Perry, “Cultural Governance in Contemporary China: Re-orienting Party Propaganda,” in *To Govern China: Evolving Practices of Power*, ed. Vivienne Shue and Patricia M. Thornton (Cambridge: Cambridge University Press, 2018), 29–55; Chris Lau and Simone McCarthy, “China Feels the Country Isn't Patriotic Enough: A New Law Aims to Change That,” CNN.com, January 6, 2024.

89. “State Council Resolution on Strengthening Patriotic Health Work” (1989–22), in *Aiguo weisheng chuangwei gongzuo shouce* [Patriotic health work handbook], ed. Guangxi Zhuang Autonomous Region PHC Committee Office (August 2004), 98; internal circulation document.

90. Theda Skocpol, *States and Social Revolutions: A Comparative Analysis of France, Russia and China* (Cambridge: Cambridge University Press, 1979).

Once demographic statistics confirm the true toll of China's COVID-related deaths, which some experts estimate at almost two million in just the two months after the sudden lifting of the Zero COVID policy in December 2022,⁹¹ it is conceivable that the "victorious people's war" declared by Xi Jinping will come to be regarded as a tragic and needlessly costly defeat instead. Even the eventual recognition of COVID fatalities on a colossal scale may not pose an insuperable challenge to the legitimacy of the regime, which rests on more than the pillar of public health.⁹² But the mounting problems attendant upon a struggling post-COVID economy and society raise serious questions about the suitability and sustainability of a revolutionary mode of "Chinese-style" campaign governance in meeting the contemporary challenges of crisis management.

Longtime China commentator Ian Johnson concludes from a recent visit to the PRC: "For anyone who has observed the country over the past few decades, it is difficult to miss the signs of a new national stasis, or what the Chinese people call *neijuan*."⁹³ A translation of the social science concept of "involution" (*neijuan* 内卷) references the elaboration and intensification of long-standing institutional and operational practices that over time yield diminishing returns. Tellingly, the concept has been applied to economic stagnation in the developing world as well as to political paralysis in Republican China.⁹⁴ These problematic precedents suggest that projecting national strength in China's "New Age" may demand more than the recycling and retrofitting of an increasingly exhausted tradition of campaigns "with Chinese characteristics."

91. Hong Xiao, Zhicheng Wang, Fang Liu, and Joseph M. Unger, "Excess All-Cause Mortality in China after Ending the Zero COVID Policy," *Journal of American Medicine* 6, no. 8 (August 2023): e2330877.

92. Elizabeth J. Perry, "Is the Chinese Communist Regime Legitimate?," in *The China Questions: Critical Insights into a Rising Power*, ed. Michael Szonyi and Jennifer Rudolph (Cambridge, MA: Harvard University Press, 2018), 11–17.

93. Ian Johnson, "Xi's Age of Stagnation: The Great Walling Off of China," *Foreign Affairs*, August 22, 2023.

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