Modern China Lecture Series Featuring Fang Xiaoping — Pandemics and Politics in Mao's China: The Rise of the Emergency Disciplinary State, October 19, 2021

– Okay, I think we'll get started. So, hello and good evening from Cambridge. And of course, good morning to those of you who are joining us from Singapore or other parts of Asia, including of course our speaker Fang Xiaoping. So welcome to the... Welcome back to the Fairbank Center's Modern China lecture series. My name is Arunabh Ghosh. I teach modern Chinese history here in the History Department at Harvard. I'm also the convener of this lecture series. Today is the third talk of the semester. We have two others planned in the coming weeks. So before I introduce our speaker for today, I want to take a minute to tell you a little bit about the upcoming talks. Two weeks from now, on November 2nd, Eugenia Lean will speak about her work on... Her ongoing work on— and histories of global capitalism. And then on November 30th, a few weeks after that, Joan Judge will speak on print, vernacular languages, and reading practices across the long Republic. So please look out for formal announcements of these talks, which will also include information on how to register. These will all be online, on Zoom. Today, I'm delighted to welcome Professor Fang Xiaoping. Professor Fang is a historian of modern China. He has two, I guess, broad interests, or broad research areas, that he works in. The first is the history of medicine, health, and disease in 20th century China. And the second is the social political history of Mao's China. That is China after 1949. Xiaoping is currently an Assistant Professor of History in the School of Humanities at Nanyang Technology University in Singapore. As of this year, he's also the Deputy Head of the Chinese program at NTU. Prior to joining NTU in 2013, he was a post-doctoral fellow at the University of Technology Sydney for four years. And prior to that, he received his doctorate from the National University of Singapore, where he specialized in both modern Chinese history and in the history of science, technology, and medicine in East Asia. Xiaoping has conducted long or spent... Has had long research stints at the Needham Research Institute in Cambridge, UK, at the Asia Research Institute at the National University of Singapore, and most recently in 2019, 2020, he was a fellow of the National Humanity Center here in the US. He's the author of two books. The first, which came out in 2012, is titled Barefoot Doctors and Western Medicine in China. It was published by The University of Rochester Press. And much more recently, actually earlier this year, he published China and The Cholera Epidemic: Restructuring Society Under Mao, which was published by The University of Pittsburgh Press. And I presume we'll hear much more about the book also, in a few minutes. In addition to his monographs, Xiaoping is widely published in both English and Chinese language journals. Venues, such as China Quarterly, Modern Nation Studies, Modern China. For which he also co-edited a special issue, and, of course, many others. To me, what is extremely impressive also is that he's a translator who has translated both ways, from Chinese to English and English to Chinese of a few

major academic works. This I find quite amazing and very impressive. The title of his talk today is Pandemics and Politics in Mao's China: The Rise of the Emergency Disciplinary State. So Xiaoping, a very warm welcome to you. But before I hand things off to you, a quick word about format for our audience. So Xiaoping will speak for about 35 to 40 minutes. We will then follow that with Q and A for about 30 minutes. So finishing by, if you're on the east coast, USA, 9:15, 9:20 or thereabouts, and 9:20 AM in Singapore time. If you have questions, please write them up using the Q and A function. And you're welcome to populate the... To start writing your questions during the talk itself. I will try and get to as many questions as possible. I'll try and collate them as best as I can. Ideally, if you can, before typing your question, identify yourself, we would appreciate that, but this is being recorded, so if you prefer to stay anonymous, that is, of course, perfectly fine, too. Okay, so with that note about format out of the way, Xiaoping, welcome again and over to you.

- Many thanks for Professor Ghosh's kind introduction and I'm very grateful to Professor Ghosh, Mark Brady, and James Evans for arranging this lecture for me. I'm very pleased and honored to give a talk at the Fairbank Center for Chinese Studies. Thank you all for watching and listening to my talk in the evening, morning, or in the afternoon. I recently published a book. I recently published a book that analyzed the dynamics between great leap and the social restructuring following the global cholera pandemic In china between the Great Leap Forward and the Cultural Revolution. As we all know, these were the two most dialectical events of the 19th century. In 1961, a cholera pandemic broke out on Suluan island in Indonesia becoming the seventh global cholera pandemic in recorded history in China. Delta cholera first broke out in Guangdong province in, June 1961 Indonesian Chinese had returned to China during the archipelago's pandemic. This caused political, economic, and racial tensions between Indonesians and the Chinese immediately.

- Xiaoping Can I, can I interrupt you for a second? Your, the audio is not very clear for some members. I wonder if you can speak closer to the microphone. It's not coming across very clearly.

- Can you hear me?

- Yeah, it's a little better. I think let's try. Let's try this now. Yeah.

- Okay. So this area, the returning Indonesian Chinese...

- Yeah, much better. were immediately suspected to be cholera carriers. The cholera was controlled in Yangdong County Guangdong Province by September, 1961. However, the disease we merged in Guangdong province in February, 1962 and quickly become a pandemic, one that mainly affected the South-Eastern coast of China, Spreading

rapidly through Zhejiang Province, Fujian Province. First Zhejiang Province, then Fujian, Shanghai, and Jiangsu. from July, 1962 to 1965, 1961 to 1965 pandemic broke out and spread throughout the Southeast coast of China. In a very specific socio-politcal context, in China, it arrived in China at a delicate time when the devastation of the great famine of 1959 to 1961 was still affecting. In local politics in local politics. The government committed it to social restructuring in order to overcome the political crisis. And then reconsolidate the legitimacy of its rule crucial steps to, to release the government's reform and restrengthen the stream as themes for controlling the population mobility and creating the organizational units, undertaking the social civilians, conducting political indoctrination and the further implemented economic strategies and the policies that it had initiated in early 1950s. At the same time, it consolidated a strict division of the Chinese society in rural and urban areas. So this social restructuring in early 1960s brought about a transition from a chaotic population movement. That was characteristic of the great leap forward years to the orderly mobility in the more sedentary post-farming society, the stable dominance of world, life, production and consumption... brought about the social restruction of the 1960s continued largely impacting throughout Maoist China. As this social critical change was also intensified and complicated by job roles of China with the international community at the peak of the cold war in this international context, China experienced reshuffling as its geopolitical and ideological interests clashed with allies, neighboring countries and areas in particularly in Southeast and East Asia, these included the Indonesian Chinese nationality issue and Chiang Kai-Sheik's military preparations for quotation mark "reclaiming the mainland" this external environment, both challenging. Reinforced the social restructuring process. So my book investigates the dynamics between the disease and the social restructuring, the significant transitional years of Mao's China, it examines questions in three parts, or three aspects including the disease and mobility, social divisions and borders, and data and social structure. My book choose to center my study on Wenzhou Prefecture, because the cholera instance was the highest on the Southeastern coast of China. According to the statistical data available. We understand it is quite difficult, to get accurate statistical data and Zhejiang was also among the provinces, the highest instance of the disease out of those affected by the cholera, the Southeastern coast China at the time in 1960s. Furthermore, Wenzhou's large coastal regions and extensive river and Delta access have endowed it with specific geopolitical significance since 1950s since early 1950s, the nationalist government based in Taiwan regarded it as a bridge across with which it would quotation mark "reclaim the mainland" why the communist government identify Wenzhou as the frontier of anti-imperialism and anti Chiang Kai-Sheik groups. So that military confrontations between the nationalists and the communists, reached its peak in June, 1962, 1962 precisely when the cholera pandemic was ravaging Wenzhou Province So Wenzhou was a costal province society within a wider cold war in Asia

Further complicates this was that Wenzhou was also a major point of origin for overseas, Chinese from Zhejiang province immigrants from, from Hong Kong, Macau and Indonesia, Malaysia, Singapore visited Wenzhou intermittently throughout the 1950s and the 1960s. So now let's look at the emergency responses scheme right after the outbreak of the cholera pandemic, the Chinese government launch a large sale, but, clandestine emergency response team, which included interventionist measures, such as quarantine isolation and mass inoculation and, and academic surveillance. The last information control with China was like isolated the nation in the globalized health community during the cold war, it should be noted that El Tor Cholera often appeared in mild clinical forms. The results was many symptom... symptomless carriers moving around while unaware that they would bring disease, but indeed the majority of the individuals infected with the cholera either had no symptoms or just showed mild diarrhea. For classical. it is different from the classical cholera for classical cholera the ratio of the severe cases that require the hospitalization to either milder or a symptomatic infections is 1 to 5, to 1 to 10, but for El Tor cholera as this figure, which is, which is 1 to 20, 25 to 1 to 100. So it's much, much higher. Furthermore, both quarantine and inoculation were not advocated by international community medical and health communities such as the WHO in 1960s, and the 1970s. So by the 1970s, the WHO had explicitly pointed out inoculation was usually of no help for cholera control. There are similar cases with plague and tuberculosis. We are talking about the history of cholera, and the, Plague and Tuberculosis and are different from the Virus COVID-19. So now let's look at the quarantine and isolation. So after a week, a week after the first El Tor case was confirmed in Ruian county in July, 1962, the Zhejiang provincial health department issued its first circular on cholera quarantine. The first, the provincial, the provincial government divided Zhejiang province into 3 zones and assigned the different control and prevention duties in this way, the Zhejiang provincial government partition the whole province into a, series of concentric circles that centered on the Cholera-active Wenzhou Prefecture just three counties are within these geography zones. The provincial government set up major observation stations along the railway lines in, within Zhejiang province. In the meantime, a series high mountains that was located between Wenzhou and this quarantine belt formed the geographical barrier. In addition, because cholera mainly spread by the fishermen. A lot of fishermen come from, come from Guangdong And Fujian so Zhejiang province, Zhejiang provincial government set up the temporary joint quarantine stations, the three major maritime routes in Zhejiang but in combination with the railway and the geographical belts on land, they formed the first quarantine rings around Wenzhou Prefecture within this quarantine ring, the provincial government formed the second and the third rings of the quarantine control control mechanism along the major highways and the maritime maritime roads that connect the Wenzhou to other areas of the province. But within these three quarantine rings, the county and the city government further divided

the quarantine zones from the county level down to that of the district and the communes on the basis of the existing and administrative structure that in fact, and enabling areas were further classified into blockade areas, semi blockaded area and controlled areas. So this is the practice of the quarantine and isolation. In my book, I investigate the lines of the multiple borders, including natural borders, administrative border, municipal borders, the quarantine borders and their significance in the reciprocal interaction between the interventionist/prevention measures and the social restructuring during the pandemic in 1960, 1965. My study shows the how the sociopolitical risk structuring prior to the pandemic, led to the rise of invisible administrative borders, based on the visible and the natural borders through the compositional homogeneity, political surveillance, and economic egalitarianism the quarantine scheme further redrew the administrative borders through the partition and encirclement while the quarantine station interwove with nature administrative, military, and academic related borders and created a surveillance network. My study also shows the problems around the quarantines of suspect cases and isolation of infected the patients during the cholera prevention work, the principle of the work that on the spot isolation, economic concerns, the and failed prevention shaped the distribution features of the isolated patients, which reflected and strengthened urban hierarchy by containing further containing population and mobility. However, the isolation process itself itself became a potential source of antipathy in poor political facilities and unfair resource distribution. Similarly, quarantine scheme, further contain the mobility of sedentary populations regulate the of mobile populations, the monitor the activities of populations deemed very dangerous. However, the quarantine was being effective, not so effective, not so effective at identifying atypical patients and suspect, suspected carriers became the future of the Cholera transmission, the quarantine and the isolation that greatly strains the comfort of the newly restructured society and I argued that intervention is the scheme to control the pandemic. It not only enhanced the opportunities provided by the broad social restructuring initiative, but also directly contributed to this efforts. And the significantly, assimilated the advice of the emergency family as fate En masse inoculation was another intervention measures, traditional and intervention measures adopted during the pandemic in the early 1960s, Chinese medical experts believe that only when 80% of the total population were inoculated, could a community achieve adequate immunity against cholera, Accordingly, on August the third, 1962 directives from the Zhejiang provincial party committee and the people's commission rule that the entire population in each, in each county of Wenzhou prefecture had to be inoculated against cholera before August 15th, only less than 12 days. So emergency inoculation initiative means a total inoculation campaign in which local government had to inoculate a total of 2.34 million people within 12 days. So this emergency posed a serious, challenge for both for local governments in view of the very limited timeframe extent of the duty,

and the serious shortage of medical personnel at the heart of the program. They, the requirement to secure, accurate population information and a co-ordinate a professional medical system and the local administrative system, because a lot of the medical professionals come from other areas. My study explores how the restructure, the rural society, lower social system facilitated that entry of total emergency inoculation scheme into villages by making local agents and house information readily available. It also considers how the inoculation campaign as adjusted improved, and then eventually changed the, the newly downsized and the restructured people's commune system. So my, my study documents, how the downsizing of production brigades the design designation of duties to local cadres that compilation of the household and registers and implementation of the new payment scheme, who we call the greatly facilitated that state control over rural areas. And as theoretically provided the efficient local package and accurate demographic information for inoculation programs, however, the emergency inoculation scheme in the summer of the 1962, suffered due to the, poor co-ordination of local cadres and the chaotic information on inoculation subjects, the strengthen of strengthening of the roles of the former, and the creation of reliable inoculation registers based on the Brigade household, the register and team accounting books facilitated and constituted the total inoculation campaign In 1963 and afterwards. this is the progress of the Cholera inoculation in Yangdong County in 1962. It took around 100 days to complete the inoculation campaign but by 1965, it only took the seven to 10 days to complete inoculation within Yangdong county, much, much quicker. It should be noted. The mass inoculation campaign were the cholera campaign inoculation campaign were implemented during the next two decades, according to the schedules and the reason established in 1963, this preventative inoculation against the cholera was phased out in China in 1997. In my book, I argued that inoculation registers and the certificate generated that by these campaigns were very significant for the concurrent restructuring of the people's commune system, as we have the household and demographic data were more accurate and reliable through repeat verifications. So this process demonstrated dynamic interactions between the household accounting and inoculation register during the period of significant social restructuring. And this was implemented as the demographic data gathering that was initially designed to verify the data in order to deliver the health outcomes by the distribution of the inoculation certificate. This still quite new process further contributes to the formation of the new set for biopolitical data that would encompass the whole society, functionalized as a population control and surveillance scheme. All these inoculation campaigns enhanced the emergency disciplinary state in a changing social-political context. Epidemic surveillance, and a statistic during the pandemic been a thorny issue in the epidemic prevention system of 20th century China, the difficulties of epidemic reporting caused by the problems of coordination and the capacity of the administrative and the medical

system still haunted the new government after 1949. Although the Chinese government quickly established the complete administrative system right after its revolutionary victory, the medical system, including the epidemic prevention scheme, had not emerged nationwide until the mid 1950s, the seven years before the outbreak of global cholera pandemic. This not only pose the greater challenges to urgency response to the pandemic, but also providing the significant opportunity for improving the epidemic prevention scheme through the restructuring and integration of the two systems medical and administrative system in, in early 1960s. So my study explored of rise disease surveillance of and actions and the politics of disease prevention and how this contributes the social restructuring. So the concurrent process first is institutionalization of the medical system, medical regionalization of the administrative system and third, epidemiological categorization of the populations. So I argue the establishment of, of the outpatient departments for testing diseases, the submission of the stool sample for testing the control of the medical practitioner were three crucial steps in the medical institutionalization process in 1963 and after. They centralized the epidemic reporting based on the vertical downward scheme and horizonalization of both professional epidemic reporting networks, effectively vizualized the grassroots administration within the social restructuring that was taking place at the time. My study also argues that the follow up to test for cholera patients, the classification of patients as suspected carriers, vulnerable groups, and healthy populations, and the creation of a patients I-types functioned as epidemiological categorization for different populations. This process was integrated with the household registers along with inoculation registers and contributed to the rise of a new kind of statistic politics, which helps shape the concurrent social instruction in all as the new and integral by control the epidemic that go the academic statistical theme quickly developed as a crucial part of an emergency discriminate state. In the issue, the final one, the issue of the information control involves both the politics of the pandemic information and the historical origins of the tradition of the secrecy around epidemic statistics in contemporary China in Maoist China. Cholera pandemic information was highly politicized, in domestic and international political context of 1960s. And it contributed to comparing one level social restructuring process entrenched the supernatural interpretations of the disease's origins and the religious religious practice and the social memory of the cholera pandemic, posed serious concerns for the communist government in terms of maintaining social orders, political legitimacy, the cholera functioned as a political metaphor. And control of it justified government rule as part of the response efforts, Cholera was defined as a national secret, not like other epidemic and pandemic information and was coded as "number two piece" in Chinese information on it was not only carefully controlled, but also, endowed with considerable political significance. Inside the government system that the top down dissemination surveillance of pandemic information become a form of

critical disciplines of the silencing of the public control information, the function as impact in the international area, the Chinese government created an information asymetry between itself and the international health community. The further endowed information about the cholera pandemic was political functions and advancing the ideological work. Information control become the key features, of an emergency response schemes for epidemics and pandemics. In addition to the traditional interventionist methods Such as quarantine, isolation, and inoculation in Maoist China. more significantly, the political history of indoctrination and the ideology imposed by the Cholera pandemic information control scheme had a comprehensive impact on the different administrative systems and social groups such as party and government systems, the propaganda system, local cadres, medical professionals and ordinary people. During this control process, criticism, self criticism, punishment control and guided narratives were widely applied as as a cohesive disciplinary scheme. Information control become a a political event, accompanying the cholera pandemic. One of which is significantly contributed to the concurrent social restructuring and more broadly the, rise of the emergency disciplinary state in Mao's China. So in conclusion: Disease and control were not only affected by social restructuring that began in 1950s and increased in strength in 1961, but also in integral components of this quarantine isolation mass inoculation, epidemic surveillance, information control, functionalized social control and political discipline. And therefore significantly contributed to the rise of the emergency disciplinary state. In all, the emergency state was composed of the top down leadership, the vertical bureaucratic system and the horizontal grass roots social organization, including the people's commune system and the work units based on the household registration system through the centralization of political power, the dominance of the administrative system and the stabilization of the local society. This was achieved by an integral and active government entity, the government, the party, and the social government regrouped and nationalized medical resources, and the personnel in response to pandemic. Medical and administrative system jointly, participate in academic surveillance campaigns, restructured the rural and urban society. With respect to the implementation of the traditional interventionist measures in all this process depended on the richness of medical resources integration of the tools of medical and administrative systems and the cooperation of local society. There was not straightforward process. However, once it was proved that public health response team changed the emergency, demonstrated it's proficiency at the business and the rise of the emergency surveillance state of the public health emergency response from 1961 to 1965 was of great significance in a broader historical context. It exacted a far reaching impact on the sociopolitical system and the emergency response since Mao's China. So thank you all.

— Great. Thank, thank you so much. That was, that was really fascinating and a really nice comprehensive sort of overview of, of

your book and your, your main arguments. So the floor is open for questions. If people want to type them up in the Q and A function, please do so. And I will try and get to them. In, in as I guess, as logical a way as possible. But as we, as we perhaps collect questions, maybe I can ask you something to begin the conversation Xiaoping, I was struck listening, listening to you. And, and as I've begun reading the book, sort of about the parallels that parallels are perhaps also differences that exist with Miriam Gross's book, you know, who wrote about farewell to the God of plague, which is about Schistosomiasis. My sense is it's on a slightly later period, but one of the things that she, she talks a lot about, so one thing she talks about of course is, is the role of the youth, the sent down youth and so on, which I think is of course not directly applicable to, to the early sixties. But the other thing that I think is an enduring sort of question that she offers insights on is this sort of divide between sort of Hong Yoquan, right. The red expert kind of distinction. So I was wondering, do you see sort of, what is, what is your, your sense of how this, this sort of divide plays out in Zhejiang and, and how does it sort of relate to perhaps what, what Miriam argues?

— Oh yes. Very good questions Hong Yoquan is a very, very important issue on topic. You know, they wrote a book about political medicines from 1949 to 1977. He analyzed the analyzed the relationship between the, between those top party leadership and the ministry of our health health. So on this question for, I mean, Hong Yochuan in 1961 from 1961 to 1965, the relationship between the medical professionals and the party were much, was much better than other periods. I mean, the medical professionals participate in emergency responses actively, and the government could listen to their opinions. So that, that's my, that's my answer.

— Okay. Yeah. So that, that's actually quite interesting and different. Yeah.

— But later the situation changed after 1965 changed, but during this period, they, they participates the, the event very actively.

— Great. Great. Yeah. We have a question. That's coming from Yueni Tang to who's right now, a visiting fellow at the Fairbank center. She asks, she says, thank you, professor Fang for the presentation and the book that I found very rich and interesting. I wonder if you could share with us if the influenza pandemic in 1957 influenced the Chinese government's reactions to the cholera pandemic.

— So, sorry. The pandemic.

— The 19, the 1957 influenza pandemic.

— 90 Over oh 1957 influenza. Yeah.

– If had any to be on the Chinese government.

– Yeah, to be honest, then I, I have heard of the influenza in 1957, but I have not done much research on this topic, but in 1957, to my knowledge, during the great leap forward, during the great leap forward at leap forward epidemic meningitis was very serious. You know, that epidemic meningitis, epidemic meningitis, cause it broke out in, during the great forward and during the early stage of the, the cultural revolution with it broke out again. So I paid a lot of attention to epidemic meningitis, but I did not, to be honest, I did not pay much attention to influenza in 1957. I think it's like important topic.

– Great. Yeah. Thank you. I mean, in some ways before I go to the next question, maybe I can ask something else that I think builds off of what, what the Yuelin Tang just I think asked, which is if you were to sort of do a slightly longer dure to sort of situate the story you are telling of the 1960s in a longer dure that goes from, I guess, you know, the early work we have on the Manchurian plague, for instance, and the early measures that, that, you know, that were devised, then that became globally influential in some ways, and then, you know, sort of situate your work. And then of course, more recently with SARS and now with COVID 19, if you were to sort of say one, say one interesting continuity or moment of this juncture that the, the cholera case presents, what might come to mind. I'm sort of trying to think of the long dure, you know, if, if this is an overall process of a straight strengthening straight, you know, sort of the emergency disability state that you say or do, do you see this as a much more uneven process.

– Regarding the continuity? I think the relationship between the, between the medical systems and administrative administrative systems administration system is very significant during the, the changing social political context. I mean, the, the Manchurian plague, the cholera pandemic SARS, and even the, the current COVID 19, that broke out and spread in different social, social restructuring, but all of them involve the key, the key issue. That is the relationship between the, between the administrative and the medical system. The second issue, I should be vaccines vaccines, but is not so important. As I mentioned in my presentation and my, on my book international health community did not advocate the use of the use of the vaccines because the cholera is the classical disease. It is not so difficult to control epidemics and just the, the government just needs, needs to improve the basic sanitary infrastructure, provide the clean water. I think the most important thing relationship between the medical and so administrative system.

– So in fact, that's great. And in some ways I think the two questions that have come up have come up that are related to each other, maybe ask you to elaborate on, on precisely this nexus in terms of what

maybe the state, the current state has learned from the sixties. So I'll just read out the two questions and then, then you can sort of see if you can elaborate on, on, on any of these aspects. So this is from an anonymous attendee who says, thanks for the talk professor Fang. I wonder how would you compare the public health response scheme in the socialist era and the one PRC has today? So, you know, along the lines of what you're saying, especially their difference in addition to the recent adoption of digital tracking techniques and what are some of the lessons of the post socialist of post socialist China want to learn from socialist China in the latter's response to the pandemic? So what are the lessons that could be learned from the sixties or today? And similarly, there's a question from, from Li-ping Yang, who says, thank you, professor Fang for your great presentation about your research. What do you think of the implications of the experience accumulated by the Chinese government in handling the cholera epidemic in the sixties to its management of the ongoing COVID pandemic? So again, asking you specifically what we see today that might have roots in, in the, you know, in, in the kinds of processes you uncovered in the sixties.

– Okay. I, I was trained in, in Chinese history. I was not in, I was not trained in epidemiology and public health, so I'm not the expert to make comment about the current current measures, and achievements in China today. But as I mentioned in my presentation, the book very important is the, is the sorry it's very important, is that the emergency response response scheme established in 1960s was entrenched in the emergency disciplinary states. And these are that the characteristics of these emergency disciplinary state that demonstrate that it's of great significance and the resilience. I mean, resonance. So as we have, as we have seen after the outbreak, the SARS in 2002, 2003, the government still resorted to adopting the traditional interventions, that interventionist measures and nowadays these traditional interventionist measures were still be still being strictly implemented nationwide in China. So that's my, that's my comment.

– Okay, great. Yeah, I think I'm not surprised that there are so many questions asking you to, you know, so what is the, what is sort of the connection to today, given that, you know, we are in a, in the midst of a, a global pandemic, but perhaps we could go back to another question that I found first, given my own work very interesting, which is, you know, your talk, the, the, the research that you've done with regard to statistical practices, and then the way they, they, they sort of emerged, I'm wondering sort of what, so the, the, the focus seems to be at a provincial level and then at a county level, in terms of the research you've done. And I was wondering how, you know, to what extent you see this fitting into the medical statistical data that is being produced, is that then fitting into sort of some kind of national, like a national system, or are these much more sort of local initiatives, even though, you know, you talk about a top down system,

but are these a lot more local in terms of the initiatives, in terms of the standards and so on? So partly what I'm asking is within the statistical the emergence of this kind of statistical data, what is the relationship across the different levels of government from the center to the province, to then the county and, and even perhaps the village in some ways.

- Okay. Yeah. Thank you for your question. I have learned a lot from your book thank you, now.

- Thank you very much.

- in your work. I think it is a well concerted top down nationwide initiative. It is definitely not, not the local initiative. The well connect well are consulted the top down and nationwide. I mean, the county governments, provincial governments follow the instructions of the central governments and they, they collected compiled the data and reported to the upper government levels step by step. So it is the top down top down and the bottom of process.

- So what.

- Is also.

- Right? Sorry.

- It is also nationwide program and it is, it is improved the step by step in 1950s, 60s and the 70s, but the significance of this statistic, the politics in during the cholera pandemic was aligned in its institutional duty. I mean, I mean this emergency response scheme established a preliminary preliminary systems.

- I see. So a quick follow up then, just so how, how do you sort of assess or what, what, not, not you, but how did, how did they sort of deal with these questions of, you know, these concerns over accuracy is especially as the data is traveling up up to, you know, the provincial level and then all the way to Beijing, how, what was sort of the understanding of is this data accurate? You know, I'm, I'm, I'm, I'm thinking of this in the larger context of, you know, the problems we know with the Great Leap Forward and the, you know, the way in which data itself became such a political political subject, and then this problem of accuracy, somehow plagues, contemporary, the contemporary perceptions of the Chinese state. Also whether it's GDP data, whether it's now, you know, in the early days of COVID 19 COVID 19 data and so on. So what was the, at that time, what was sort of the approach or understanding of the quality of the data that's being that's being produced?

- Oh, well, I think a very good questions, as we all understand the accuracy of in statistical data in Maoist China has been a, has it

been a problem issue? We, we did not, we should not expect we can get the very accurate statistical data concerning such as disease or other, other socio-political events. For me, I think it is a qualitative research, not a quantitative research. So I just, I, I, can I just try my best, try my best to, to get the static statistic data I can get, I can, I can access and this data, I I'm sure can show the general, general current and the general change of the whole situation, but for example, we, it, it's very hard. It's almost possible to get all the accurate information concerning the concerning the cholera pandemic, and other pandemics and the, but we can present the general pictures of the characteristics and the trends of the, the development outbreak or the spread, the transmission of the, of these epidemics and the pandemics general.

– Right. Right. I was asking what I was asking was a slightly, slightly different in the sense that in the, do you see this concern amongst the actors that you're looking at? So whether at the, at the village and county level, or at the provincial level, you know, do they express any concerns about the data that's being generated? You know, did you, did you sort of see that in the archival record or in, in, in, you know, printed reports and things like that, or, or is that never really, does that never become a topic?

– Sorry. You mean, I could.

– Exactly. So are they themselves talking about it at any level or not?

– I just read one archival document concerning about the local government concern about the accuracy of the epidemic cholera epidemic but, and I, I mentioned, I mentioned in my, in my book that local government did not, some, some local governments did not want to report accurate information because it involved, it involved the, the local economies and, and the images and the political performance of the local cadres. So that's the concern, but it happened just a few, a few townships, a few people's communes is not widely happening situation.

– Great, great. Thanks. We have another question from an anonymous attendee who says, thank you for your fascinating talk, Ruth Rogaski's, Hygienic Modernity traced the marriage of public health and modernity through national crises, amid European and Japanese imperialism. And Mary Brazelton also noted the role of mass vaccination in the state developing new forms of control and social engagement. So they're asking, I wonder how the particularities of your emergency framework contribute to the existing historiography. So what are the continuities and changes across the cholera crisis divide. Thank you.

– I see my contribution. Okay.

– In terms of sort of in this genealogy. So if you take Ruth Rogaski's work, you know, which addresses a particular moment in Tianjin with imperialism and, and, and sort of public health and the, the desire to be modern as one example, then Mary Brazelton is looking at sort of Southwest China, wartime very, again, very different context, but sort of social engagement and, and, and sort of state control expanding through vaccination. So I guess if there is a genealogy, I guess they're asking, where would you fit your emergency framework?

– I think that both Ruth Rogaski and Mary presenting work concerning changing and give me a lot of a great deal of inspirations. So it alerts, they, they works, alerted me to pay attention to the relationship between the medical systems and the administrative system. That's the great greatest inspirations I got from their work and the theoretical concept, like the hygienic and modernity and the mass inoculation.

– And so, and would you say something similar then for, for Mary, Mary Brazleton's work? You know, the work on war time, war, time vaccination in, in, in Southwest. Oh.

– Yeah. War time war comparing with war time and vaccination, in Yunnan and other parts of the Southwestern China. The difference, the difference is there was not, there was a not administrative system during the, during the war time China, or in other words, during the war time, China, the local administrative systems could not be effectively part participate in the inoculation, the campaigns, but after, after 19 1960s, the inoculation campaigns was promoted and implemented the nationwide, the following the establishment of the top down administrative system. I think that's the, that might be the main difference between the wartime, China and Mao's China.

– Right? So it, it sort of, in some ways presents different different ways for us to think about state capacity also that they're both, both kinds of state capacity, but very different because of the, the mechanisms through which that state capacity is exercise are realized, I guess is one way to think about it. Yeah. Okay. We are, well, we are approaching the end of our time here. I would invite the people who are in the audience still, if they have maybe a final question to ask, we can, we can take a final question or two and, and see if, if anyone else wants to ask a question, if not, then I will ask go, well, here's here's Yuelin Tang has another question. Otherwise, I was gonna ask a final question, but maybe we'll take her as a, as a, as a final question. Thank you. She asks in your book, you talked about control, but also about the resistance and out of control in some situations such as mass vaccination, so resistance to mass vaccination, would you tell us a bit more about the resistance against this emergency disciplinary state, to what extent this disciplinary state was efficient on the ground?

– Oh, yes. To some extent, to some extent, resistance re resistance to the mass inoculation campaign did happen during the pandemic, but it is not a wide wider phenomenon it happened, but it, it was so wide. It was not so wider phenomen.

– Okay. So thanks. So maybe I'll, I'll, I'll ask the last question and then we can, we can wrap up, but so this, this it's a sort of builds on, on, on EANs question right now about the E emergency disciplinary state as a concept. I was wondering, I'm trying to think of how, how portable something like this is to other contexts in other parts of the world, in some ways. And I wonder if you've thought about this as a, so is this a useful way to think about, you know, maybe other, you know, so is this giving us something as, as a concept that we can use in, in, in broader, broader contexts and not just make it something very specific to China? I wonder what your reflections are. Do you see it as being something that can travel and address other other contexts?

– To be honest, I haven't thought about the, my, the contribution and the inspirations of my theoretical concept. And I would really, I would be very happy to see if colleagues in the field studying other social context would be interested in my, in my, in my concept.

– I mean, cuz it's, it's, it's, it's interesting to think about it just in terms of, at these moments of crisis, whether states can make arguments or essentially exceptional circumstances that allow for, you know, to, you know, to use essentially allow for states of exception, different kinds of states of exception that then that then get somewhat normalized even after the crisis is over. And to some extent, if this fits within those kinds of patterns that you see where, you know, it's an expansion of state control and state capacity building off of moments of crisis and whether then this would be, it can fit into those larger debates also, or not, which would be, I think very interesting to think about anyway, I, sorry. I dunno if you're gonna say something, so.

– Oh yeah. Yes. I think definitely particularly I think this concept that will help us understand the impact of the current pandemic on our daily lives. As I mentioned in the conclusion on my book, I also briefly very briefly discuss about the health code every day. We use the health code to enter the office and shopping mall and all our, all our information, all information is being recorded and the monitored that, that is very significant.

– Right. So that would be, that would be an interesting example sort of study and situate within this, through this, through this paradigm. Yeah. Okay. Well we are at time, so thank you so much. This was, this was for both a fantastic talk and a great discussion and thank you to our audience members for joining us and for your questions. And you

have a, a comment here also from, from Yuelin Tang who said, who, thanks you. So please join me in, in, in, in thanking Fang Xiaoping, and please do join us in a few weeks time for our next talk on November 2nd. I think with the regional lead from Columbia university. So thank you again.

— Yes. Thank you. My pleasure.

— Thank you.