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This book by Ofra Anson, a public health specialist at Ben-Gurion University of the Negev in Israel, and Shifang Sun from the Hebei Academy of Social Sciences is one of the few Western monographs analyzing the rural health care situation in the 1990s. It is an outcome of a project cooperation funded partly by the Netherlands-Israel Development Research Programme. This book has a clear objective to explore, namely the current social distribution of health status, health behavior, and the processes by which these came about. Anson and Sun frame this question in a broad way by exploring the consequences of the introduction of the household responsibility that dismantled the collective structure in the countryside. They examine how patterns of health behavior and provision changed. They try to give empirical evidence for a single province of China, Hebei Province, after 1979 with an impressing large database of a quantitative sample of interview questionnaires comprising 14,895 persons in 288 villages randomly selected in nine counties of Hebei Province between 1996 and 1999. Additionally, more than 1,600 interviews of village doctors and farmers were conducted. Very uncommon for their discipline of public health is that Anson and Sun have worked through many secondary, mainly English written papers and articles in public health, demography and economics.

The book is structured into five chapters. The first chapter, “Setting the Scene: Health, Health Services, Ideology and the Economy”, presents a historical sketch for those unfamiliar with modern Chinese history and politics. After a period of collective primary health care provision during the Cultural Revolution, the de-facto de-collectivization after 1979 led to transformation of rural health care patterns described shortly for setting the ground for the next chapters. The authors discuss the improvement of health in the last sixty years with indicators like mortality and life expectancy ratios in chapter two. The challenge of prevention work, especially against infectious diseases (Schistosomiasis, Aids, etc.) and
non-communicative diseases, especially pollution, injury is exemplified for Hebei in the 1990s in chapter three.

Using mainly their own generated data from the samples and interviews in Hebei, the next two chapters discuss the main patterns of health care provision in the villages (chapter four) and the patterns of lay behavior of the patients (chapter five). The provision is of high diversity: Private and collective institutions, as well as government-branch hospitals providing different forms and quality of medical practice. Chapter five starts by examining the health-related patterns of utilization of health services. In contrast to other studies, structural factors like accessibility in terms of distance to the available service “hardly affected access to care or utilization” (p. 135). The question whether in rural Hebei inequality and inequity have worsened is discussed in chapter six. Improvements in maternal health care should be taken into account for the massive improvements of women’s health (chapter seven). Another, in literature often neglected group, the elderly, can rely on the family safety net to sustain their status and health (chapter eight). The authors argue in the conclusion in a perspective of global challenges and health policies.

It should be stressed that Anson and Sun argue that the villages’ per-capita income is overestimated for the equity in distribution of health facilities and access (p. 155). “Privatization (...) does not seem to have increased inequality in the accessibility and affordability of health care” (p. 235). Secondly, their data show that the trend to “greater equality and equity in the distribution of social resources allocated to health and welfare” (p. 231) is without significant changes before or after the transition to a market economy after 1979. This argumentation is in contrast to other scientific works where cost for health care is one of the most powerful ‘poverty traps’ in rural China.\footnote{See Liu Yuanli et al. (2002).} Even the political leadership has demanded political action to break the vicious cycle of poverty and illness in 1997\footnote{See “Yin pin zhi bing, yin bing fan pin” 因贫致病，因病返贫 (Poverty leads to Illness. Due to Illness, Poverty is on the Return) in Guofa (1997-18), p. 15.} with a paradigm change after 2002.

The authors should make several cases and go more into the details of this discrepancy. A more comparative study with other provinces might illustrate the representativeness of this province or the special characteristics of the sample.

In this book under review here the selective usage of Chinese health statistics or Chinese scientific reports of Hebei Province is apparent. Relying solely on statistical material only “available to international organizations” (p. 5) is not very convincing. Of course, Chinese statistical material is sometimes of questionable quality and hardly comparable or even incongruent to other Chinese statistical material, but these international organizations too rely on data generated or published in Chinese statistical yearbooks or scientific journals. An integration of Chinese data and the ongoing scientific discussion would have enriched the au-
thors’ extensive analysis of their own generated data sample and given a more solid basis to their conclusion drawn. For example, since 1993, the Chinese state has conducted a national health survey every five years including samples for every province. These respective survey results for Hebei, collected in a nationwide effort during the summer of 1998\(^3\) and in the same period like the sample from Anson and Sun, could give more clues for a comparison with other provinces.

The exclusion of Chinese secondary sources in this volume with the argument that these articles “usually reported data with limited, local relevance reflecting a more specific, narrower interest” (p. 5) is not convincing. The questions of accessibility to health care service or determinants of individual health status are also discussed in Chinese academic journals for different regional entities like counties or provinces.

Despite these objections, the analysis of this Hebei sample of patients’ questionnaires is a very worthwhile reading. In fact, the authors’ approach based on the patients’ questionnaires—even if it is not so explicitly stated—focuses not so much on the general than the individual “coping resources” (p. 19) of farmers to sustain health and prevent illness. This very unique and interdisciplinary approach widens their analysis from the traditional scope of health condition, health delivery prevailing in medicine or public health disciplines to the question of educational level as individual knowledge and the role of families and communities as coping resources in a broader perspective.

The aim to analyze “the role of ideology, politics, and economics processes in shaping the rural population’s access to health care” (p. 2) is not without its problems. Collective coping resources and state actors are falling behind, especially when they discuss the case of Hebei after 1979. Discussing the historical process of health care, the authors argue in the first chapters that several ministries and committees improved rural health care with different policies and resources. In contrast, when analyzing their own statistical sample and interview material, it seems that Anson and Sun leave behind the concept of a multi-level and disaggregated state intervention. The state and its different levels, institutions and policy tools are beyond the scope of their analysis and are seen as ubiquitous and omnipotent entity in the following chapters. State actions compensate for the failures of a market-oriented health care provision in Hebei. Regarding to the fact that in other Chinese provinces ‘the state’ failed, an analysis that takes the agents and modes of governance and financing into consideration would most likely yield to a better understanding why and how in Hebei state action has minimized the negative consequences that prevail in other provinces. In detail, three points would have needed further consideration: Firstly, the focus on the village doctors is too narrow. One wishes that Anson and Sun had done more to include administration and financing patterns of township and county hospitals into the scope of

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their interviews and analysis. Not only private doctors, but especially the government-branch hospitals are also part of the ‘three tiers of rural health care’ (village, township, county). Secondly, the role of the county health bureau as lowest representative of the health ministry and local key agency in initiating and implementing health projects at the county level is underestimated. Thirdly, the organizational split beyond the county level between hospitals of ‘Western Medicine’ and of ‘Traditional Chinese Medicine’ and probably different patterns of health service needs deeper analysis.

Further, the role of ideology is overestimated. In highly decentralized policy fields like rural health care before the year 2002, the central government and state institutions formulated state goals in non-binding “suggestions” (yijian 意见) etc. The authors are correct to state that the ideology relating to health care did not change (p. 215). Access to primary health care and equity are still political goals, but with admitting private health providers, adopting cost containment measures etc. the decision-making space for local governments has widened in the post-collective countryside. Additionally, these goals defined at central political level were of decreasing formative power, because only the local governments formulates and implements measures according to their financial and organizational resources lacking any central funding in a highly market-oriented society.

Ignoring this difference of the formulation and enforceability of central ideology in local policy-making in rural China for the nineties and overestimating the efficiency of mass movements (p. 218) it becomes comprehensible why Anson and Sun have not made more inroad into politics, policy and recent modes of health governance. There is little or no discussion of several attempts at (re-) introducing cooperative medical schemes. As ‘collective coping measures’ they are not mentioned in the policy discussion or evaluation of the situation in Hebei. Other state policies, propagated very extensively, but with minor effects are considered briefly, such as the problems of implementation and impact of the “Health for all by year 2000” program that has been evaluated as not very successful in the preliminary phase.4

Finally, the discussion of the historical background would have profited from a more Hebei-focused approach. Explorations in the local archives or oral history resources5 have deconstructed and scratched the myth of the barefoot doctor. In fact, we know very little about the real situation of that time. Western publications still refer to ‘field studies’ of Communist sympathizers or politically biased official statistical material of low reliability that found their way even into the publications of international organizations. Facing the recent reappraisal of the barefoot doctor by the Chinese health bureaucracy and public health specialists in

5 See for local archives Fang Xiaoping (2003) and for oral history the interview of An Haiyan (2002).
the WHO, much more research is needed for a realistic assessment of the quality and acceptance of these health workers in rural China during the collective era.

One wishes that this book was better edited: The pinyin-transcription of Hebei 河北 as HeBei throughout the book is both strange and false, while other provinces like Yunnan are transcribed correctly. Further evitable examples are the transcription of Mao Zedong 毛泽东 as Mao Ze Dong (pp. 13, 118) or Deng Xiaoping 邓小平 as Deng Xiao Ping (p. 177).

This book is strong in discussing the individual coping resources in rural Hebei and could be read as complementary to my own recent efforts. But it falls behind by lack of framing it into the socioeconomic context and political structure. However despite these reservations, Anson and Sun has called upon an impressively extensive repertoire of quantitative analyses. The authors pack a high amount of new information into a single massive volume. They deserve high praise for this comprehensiveness and careful attention to a problem-oriented and risk-group presentation of their results for one province. It is a useful addition to the rare scholarly research in the English language on this period.

**Bibliography**


