
Lisa Handwerker

Lisa Handwerker, PhD, MPH, received her Masters in Public Health from UC Berkeley (1985) and her doctorate in Medical Anthropology from UC San Francisco and UC Berkeley (1993). Her doctoral fieldwork was “The Hen That Can’t Lay An Egg: the Social Significance of Infertility in Beijing, China.” Lisa has been traveling, working and living in China on and off since 1979 and speaks Mandarin Chinese. She is a trained cross-cultural mediator. Since 1999 she has taught at California State University East Bay (formerly Hayward), as a lecturer, in several departments. Currently, Lisa serves as a community member on the Alta Bates Hospital Ethics Committee. Contact: lhandwerker@me.com

Today in China, with a population well over a billion, health, health care delivery and resource allocation are pressing issues. Yanzhong Huang, Associate Professor at the John C. Whitehead School of Diplomacy and International Relations, Seton Hall University, and a Senior Fellow for Global Health at the Council on Foreign Relations, makes a significant contribution toward understanding post-Mao health care in China.

The book’s main thesis is driven by an important question: Why did post-Mao China fail to reproduce the kind of success in the health sector that it had achieved in the economic sector? (p. 4) or paraphrased “why do Chinese public health indicators fail to match China’s economic performance?” The book examines the political context, policy decisions and dynamics that have led to a missed opportunity to make significant improvement in people’s health status. According to Huang, since 1980 China has achieved an average of ten percent economic growth annually, lifting more than six hundred million people out of poverty (p. 1). Yet, between 1981 and 2009 official data suggests that average life expectancy in China only rose by five years compared with an increase of almost 33 years between 1949-1980 (p. 1).

In order to explain China’s political processes, policies, and health dynamics the book is divided into six chapters. The book’s earlier chapters lay out the theoretical basis for the arguments that follow in later chapters. In the introductory chapter, Dr. Yanzhong Huang argues it is precisely because of many Post-Mao policies, including economic reforms, that

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1 According to National Data of the National Bureau of Statistics of China population clock (http://data.stats.gov.cn) there are more than 1,365,357,692 people as of September 11, 2014 1:37 pm. According to the U.S. Census Bureau Clock, this represents about 19 percent of the world’s population.
health care in China is suffering. Huang hypothesizes, “reform-induced institutional dynamics, when interacting with Maoist health policy structure in an authoritarian setting, have not only contributed to the rising health challenges in contemporary China, but also shaped the patterns and outcomes of China’s health system transition.” (p. 22).

The book’s findings draw on a decade of scholarship in contemporary China that the author began as a graduate student at University of Chicago. Dr. Huang relies on case studies, interviews with scholars, government officials, leaders of non-governmental organizations and public health professionals and statistical data (He draws heavily on Ministry of Health charts and figures in China and accepts them as accurate). He distinguishes between policies and institutions and as such makes a theoretical contribution, as well as providing insight into the underlying causes of a poor delivery system in post-Mao China. This system is embedded in many larger contexts including family, society, politics, economics, relationships etc.

Chapter Two, ‘Health Governance under Mao 1949-1976,’ discusses Mao’s emphasis on goals of equality and universalism and the ways these influenced the evolving health care system. Mao’s ‘prevention first’ policy and mobilization-based public health proved very effective in tackling some major public health challenges. Readers learn about Mao’s push for health care for all including the barefoot doctor systems’ attempts to level inequity and provide greater access to health care in rural areas. During these years, preventive campaigns paralleled the evolution of the party-state in post-revolutionary China (p. 52). Dr. Huang draws on demographer Sydney Goldstein’s “bandwagon” concept or the rush of political actors to back emerging winners in the policy process (p. 8). He states, under Mao, the use of bandwagon was an important phenomenon, impacting the motives, expectations and behavioral patterns of bureaucratic public actors.

Chapter Three, ‘Providing Care for All: Health Care Reforms in Post-Mao China’ further explores the dramatic health care reforms that began in the early 1980s under Deng Xiaoping, along with economic reforms. However, by the twenty-first century it was clear that the reform had failed to achieve significant improvements in terms of cost, access and equity (p. 53). According to author Huang, the reasons for this included: 1) the shift from “bandwagon politics” to “buck-passing” where suddenly no one was accountable. This lack of accountability allowed for both state and non-state actors to interact with health governance decisions in a fragmented and unaccountable system; 2) different approaches between pro-government and pro-market entities forced a compromise that often lacked coherence; 3) abuse of the system including bribes and 4) differing understandings about the meaning of “health care” (prevention vs. treatment) (p. 53).
During my doctoral fieldwork on female infertility in China from 1989-1990 I interviewed patients and health practitioners in health care settings including a Western medicine hospital, a Chinese medicine hospital and a clinic. In numerous conversations with health colleagues and patients about the advantages and disadvantages of both Chinese and U.S. health care delivery system, I urged them to keep China’s commitment to universal health care creating a unique system combining the benefits of both Western and Chinese medicine, without following in the footsteps of any one country.

Sadly, the paradigm shift in the 1980s with agricultural liberalization, fiscal and bureaucratic decentralization and market-oriented reform ultimately undercut the States’ ability to maintain free services, especially in the rural areas. It also undermined the State’s ability to prevent and control disease (p. 84), especially infectious diseases such as polio, hepatitis, HIV/AIDS and SARS.

Chapter Four, ‘Harnessing the Fourth Horseman: Capacity Building in Disease Control and Prevention’ examines the public health challenges from 1980s through 2009 as the commitment and resources to build a disease surveillance and reporting system lessens. The publicly documented failure of the HIV and SARS campaigns points to China’s new dynamics between science and politics with politics informing health decisions, the state-society relationship, and the government-making top down decisions leading to a bureaucratic infrastructure in the health delivery field. These crises underscore the importance of pursuing a national agenda that balanced both social and economic development (p. 92).

Chapter Five, ‘Building the Ship at Sea: Food and Drug Safety Regulation,’ explores how the coexistence of a heavy-handed state intervention in the economic sphere and the state withdrawal from the social sphere posed tremendous challenges to food and drug safety regulations in China. Lack of accountability, ethics and transparency led to the Sanlu Milk scandal and other safety scandals, ultimately leading to the poor reputation worldwide of the “Made in China” label. Huang argues that, despite a renewed effort in 2009, food and drug safety regulation is still rife with corruption pointing to the need for not just regulation but good business ethics too.

In 2009, public opinion surveys in China ranked health care and food and drug safety as among the nation’s top three concerns. In response, China’s top administrative body, the State Council, which drafts legislation and generally decides the direction of all national policies, in 2009 announced a health care reform package with five key components: get the entire population insured by 2020; lower the cost of basic drugs; boost public health services such as prevention and immunization in poorest areas; invest in rural hospitals; and restructure largest public hospitals to

In Chapter 6, the author concludes with a discussion about the implications of health and health care delivery as a governance system. His goal is to provide insight into the Chinese healthcare sector crisis in a post-Mao economy; despite major economic reforms, healthcare and public health indicators are poor. Huang argues the buck-passing model interacting with an authoritarian regime, state-society relations and a pre-existing policy structure, ultimately shapes the health policy processes and the health outcomes in contemporary China.

Author Huang offers his own suggestions to improve the broken system including: 1) Separating public hospital ownership from management and ceasing the use of drug sales as the main revenue source for hospitals, similar to Taiwan; 2) Replacing fee-for-service with diagnostic review groups (DRG) and capitation to give those hospitals incentive to hold down costs and improve accountability; 3) Enforcing the policies, especially at the local level in an attempt to reduce corruption. According to Huang, the ‘good news’ is the incoming president Xi Jinping has pledged to bring higher levels of health care to China’s people—Beijing plans to triple its health care spending to $1 trillion by 2020.

The book covers a wide range of issues over many years. In so doing, Dr. Huang demonstrates his impressive knowledge of health policy drawing on official government documents and World Health Organization data. Although Huang addresses some social context, at times I wanted less focus on historical information including data analysis and more focus on the social relations embedded in medicine and health policy, such as doctor-patient relationships in specific local contexts. As I was writing this review, I came across Christopher Beam’s above-mentioned article in *The New Yorker* about the Chinese health care reforms. It examines the health care reforms and its mixed results; while officials proudly declared that ninety-five percent of the Chinese population had some form of basic medical insurance in 2009 as compared to thirty percent in 2003, concerns about accessibility, affordability and quality are on the rise, as are violent encounters between patients and doctors (p. 33). Coincidentally, Beam interviewed Dr. Huang for his article focusing on increased violence by patients toward doctors. Huang told him “that the spate of violent incidents reflects the failure of the reforms to solve the problem of affordability and access.” Patients still expect the best from the big urban hospitals and when they do not get it they get very upset.

My training as a Medical Anthropologist and qualitative researcher

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2 Of every $100 spent on U.S. health care, $10-$12 goes for drugs, in China it is $40-$45.
leads me to want to know more about these patients’ expectations and to read more reflexivity in understanding the “dynamic processes” in general; in Dr. Huang’s book I missed the voices of the patients, staff, doctors and administrators, including the personal stories about the ways in which the reforms have impacted them.

In sum, this book has several important applications. First, policy analysts seeking to understand a rapidly changing Chinese economy will learn how, as Virchow, a prominent early thinker in the development of social medicine, said: “Medicine is social science. The structure of health services reproduces the political economy of the country and politics is nothing else but medicine on a larger scale.” (p. 135) Second, as a teacher at the university level, I recommend the book for upper division health care, public health administration, and cross-cultural health policy classes. Third, as the world economy and international security becomes increasingly vulnerable to major disease outbreaks such as SARS in China and more recently, Ebola in Africa, the book demonstrates how we all stand to benefit when the global world health system is in better shape. My hope is this book, with its insights, will have a practical result of achieving positive health care in China’s rapidly changing economy and that China will lead the way in creating a better health care model.