Why the Chinese Government and Society are Able to Control COVID-19 Better Than the U.s.: A Historical Comparison

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Abstract: China's unitary state political system with more than two thousand years of tradition for fighting pandemics like COVID-19 was designed and equipped with the mechanism to mobilize the country in face of a crisis. Its performance is exceptional, partly because the state was conceived in poverty and "backward" technology. It had to rely on innovations and mass mobilizations to deal with the problems of the country in order to survive. In a way, what other countries considered "unacceptable" policies and practices helped China at a time of crisis. What China did could not be duplicated in the U.S. and other places. On the other hand, individual freedom and constitutional division of power, the inherent checks and balances built in the U.S. constitution, which American people value so much in the normal times, limited U.S. government's ability to fight the pandemic in an all-out manner.f 18-point and after of 60-point.

1. Introduction

When COVID-19 pandemic broke out in Wuhan, China, right before the most important Chinese National Holiday, the Spring Festival, Chinese National Government as a unitary state without any division of power with direct control vertically, immediately shut down Wuhan, a city with more than eleven million people. All means of transportation in and out of the city were closed. People were not allowed to leave their residence literally. The Central Government deployed People's Liberation Army to Wuhan to fight the pandemic. Two field hospitals with the capacity of ten thousand beds each were set up within two weeks by the PLA. Forty thousand PLA medical personnel and forty thousand civilian doctors from different parts of China were sent to different regions of Wuhan to treat the patients with suspected or confirmed cases of COVID-19. Farmers from Shandong, Hebei, Henan, Shanxi, Jiangsu, and Anhui provinces were mobilized to deliver vegetables and other necessities to Wuhan in order to guarantee adequate supplies of necessities for the entire population of Wuhan. Because of Chinese Government's quick response and drastic measures, China was able to flatten the curve rapidly, with only 85,000 confirmed cases and 4,600 deaths.

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The media in the U.S. and other western nations questioned Chinese Government's response to the pandemic at the time. Some U.S. media went so far as to criticize the Chinese Government's response to the pandemic as infringing upon people's freedom, a violation of human rights. When the pandemic began to spread in the U.S., the response was very different. Because the U.S. is a federal system, with constitutional division of power among federal, state and local government, it did not have as a free hand as China to take quick and drastic action. Furthermore, the Trump administration did not take the pandemic seriously in its early stages. President Trump consistently assured American people that there was no need to worry about the pandemic. It was no more than a common flu, and it would disappear suddenly somehow. The Center for Disease Control (CDC), the federal agency charged with the responsibility of fighting the pandemic and other public health concerns, has been very slow to respond to the pandemic. The U.S. has more advanced biological labs than anywhere else in the world and has long been known for its advanced research facilities, world-renowned scholars and researchers. However, a lack of coordination and leadership between the different levels of government allowed the pandemic to spiral out of control, with a total of seven million confirmed cases and over 200,000 deaths by the end of September. Yet the end is still not in sight.

Why is it China, a self-proclaimed third-world country, with very limited research facilities and less renowned research scientists, was able to control the pandemic in a relatively short amount of time? Why is it that the U.S. with all the advantages it enjoyed in research facilities and research personnel, failed to do so? What are the institutional and social forces and constrains that can explain the different responses from the Chinese and the American governments in their efforts to control the pandemic? This paper is an attempt to explore the different social and economic forces at play in the two countries that might explain the different outcomes in fight the spread of COVID-19.

2. Difference in Medical Care Coverage

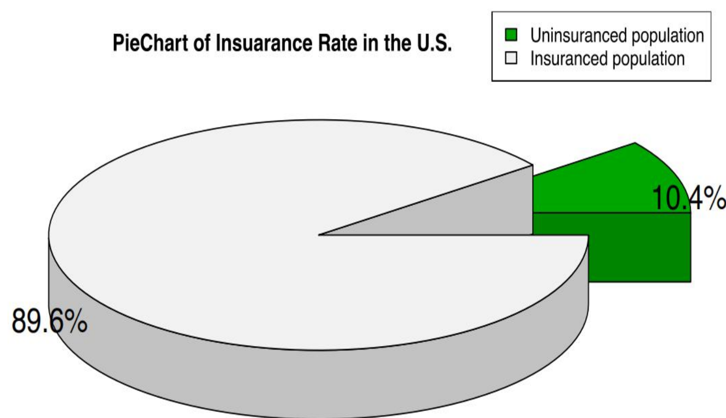

Figure 1: PieChart of insuarance rate in the U.S.

In the United States, there is no universal health coverage. In 2014 about 32.9 million Americans were without health insurance (Guerrazzi, 2019). People who can afford it enjoy the first-rate health care in the world, provided by the best-trained doctors and mostly privately-operated health care facilities. People who cannot afford to buy health insurance are left out of the medical care system and frequently denied treatment. Because the U.S. boasts the most advanced medical system with the best trained doctors in the world, its medical care is the costliest in the world as well. Even

though the U.S. federal and state government provide subsidized medical care to the poor and elderly, the cost of a COVID-19 test remains prohibitively high in many places. As a result, people with lower incomes cannot afford to be tested. Because many of the people carrying COVID-19 were not tested, they could not get the treatment necessary to prevent the spread of the virus.

Whereas China had a universal health coverage. During the pandemic, the entire cost of testing and treating COVID-19 cases was born by the state. Doctors and other medical staff traveled door to door to test every resident in their home. Those who were confirmed or suspected of infection would be immediately sent to a field hospital for treatment. No one was left out of the system. At the same time, the Chinese response team adopted both western and Chinese medicine in treating the patients. For a long time, Traditional Chinese medicine with a four-thousand-year tradition had been neglected since the end of the Chinese Cultural Revolution in 1976, its use has declined. Because the Chinese medicine played a very important role in the fight against the SARS outbreak of 2003, the Chinese National Response Team (CNRT) recommended both approaches from very beginning in fighting the pandemic. The traditional Chinese doctors argued that the Chinese medicine may not kill the virus, it would strengthen patients' immune systems to fight the virus. It is a very dialectical approach. More importantly though, the Chinese medicine was much cheaper than western medicine.

China's medical care is dominated by the state-owned hospital system. These seemingly large and inefficient hospital systems provided relatively affordable services to a large number of low-income people throughout China. The standard of the service is very low by global standard, and is by no means comparable to that of the United States. But during the pandemic, the state owned hospitalists were energized to answer the call of the state and the people. The forty thousand civilian doctors who were drafted to fight the pandemic in Wuhuan were all from the state-owned hospitals. Many Chinese patients complained about the inefficiency and low standards of the state-owned hospital before the pandemic began to realize the effectiveness of the state-owned hospitals in their time of need. The state-owned hospitals and their doctors must abide by the state orders. When the state called upon them to go to work in Wuhan, they had to go. They can not ask for more compensation or special treatment in time of need; they can only go where they are called for. Whereas in the United States, the government does not have the authority to command doctors from the private hospitals systems and therefore cannot mobilize a large number of doctors at once.

3. China's Mass Campaign in Medical Care

When talking about China's performance in fighting the pandemic, one aspect that stands out is the mass campaign nature of the response. China has a long tradition of mass mobilization established by the Chinese Communist Party in the earlier days of the People's Republic of China (PRC). Chairman Mao, the founder of the People's Republic of China, always stressed the importance of relying on the masses to solve the problems in society. In fact, China used mass mobilization in fighting many parasitic and infectious diseases in the earlier days of the PRC. As a result of mass mobilization in fighting infectious and parasitic disease, China made great strides in medical service to the common people. By the end of 1970s, the rapid and steady development of China's medical care system had effectively controlled the plague, smallpox, schistosoma, and tuberculosis, as well as other infectious diseases, which had seriously harmed the people of China for a long time. By 1976, Chinese people's life expectancy increased from 32 years in 1949 to 69 years, more than doubling in less than three decades, For comparison, India had the same life expectancy in 1949, which did not increase to 69 years until 1995, 19 years after China had reached that point.

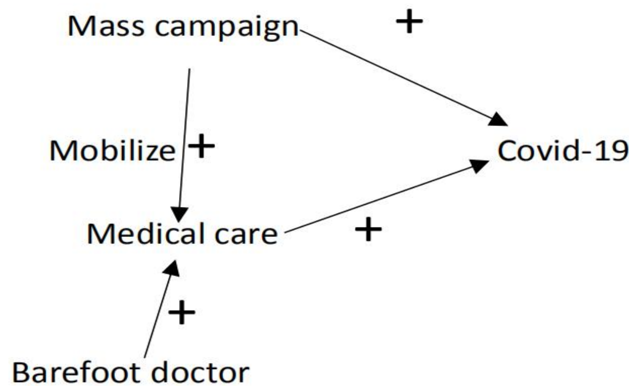

Figure 2: Causal loop diagram of China.

Under the leadership of the Central Epidemic Prevention Commission (CEPC), the mass health campaign reached a new climax, and spread rapidly in various regions. Primarily, it launched the "Four Pests Elimination Campaign." This hygienic campaign aimed to eradicate the pests responsible for many of diseases wreaking havoc in China at the time. The success of the movement was unprecedented, with a large scale of participants leading to a massive, and lasting, impact. In just six months, more than 15 million tons of garbage had been removed, 280,000 kilometers of sewage systems had been dredged, 4.9 million latrines had been built or rebuilt, 1.3 million wells had been rebuilt, and more than 44 million rats had been killed (Li, 2015). The sanitation level across China improved drastically, in both rural and urban areas.. This movement was later called “Patriotic Health”.

China resorted to mass mobilization again in addressing the COVID-19 outbreak. Every neighborhood, every village, every factory, and every school were mobilized to action. Villages and neighborhoods leaders enforced the quarantine of their villages and communities effectively. Nobody would be allowed to enter and leave the village and neighborhood, which was crucial as it allowed China to control the pandemic nationwide in only three months. People were able to obey the self-quarantine, because they had the memory of the 2002 SARS outbreak and knew what would be expected of them. The Chinese government even reinforced this quarantine by blocking entrances to villages so they would not have contact with the outside world and become infected. China’s ability to mobilize the masses, based on past experiences, is what allowed for their success.

4. Mass Campaigns Would be Ineffective in the United States

Unlike China, the U.S. as a federal system with constitutional division of power and inherent checks and balances, has limited governmental authorities. The federal government cannot order the state and local governments to take action on nearly the same scale as the China government did. Even if the federal government wanted to deploy troops to help the states and cities, the states and cities have a constitutional right to reject that aid. The federal government has no authority to draft doctors and build hospitals without the congressional consent to fund the projects first.

Each American state also contains its own power when crafting and implementing new policies. For example, different states have different mask requirements. California has enforced a strict mask rule since June 18th, requiring everyone to wear a mask in “most settings outside the home,” whereas Florida only recommends, and does not require, face coverings in public. Sixteen states in

America still do not mandate wearing a mask. This lack of unity and willingness to slow the spread is a major factor for why COVID-19 is still ravaging the United States.

Even if a state requires the use of a face mask in public, enforcement proves more difficult. American society does not have the grass roots organization like China does at the village and neighborhood level. American people do not have the discipline as what is seen in Chinese society. Despite the pandemic, incidents of public drinking and gathering without masks and social distances continue to take places throughout the country, often resulting in further spread of the virus.

5. Medical Insurance and Lack of Healthcare Coverage in the United States

In the United States, access to healthcare coverage seems dependent on uncontrollable factors such as social status, wealth and race. For example, in 2013, 31% of uninsured adults attributed the lack of coverage to its cost being unaffordable (Guerrazzi, 2019). The Center for American Progress estimated in 2009 that the lack of health insurance in the U.S. cost the whole society between $124 billion and $248 billion per year. While the low end of the estimate represents just the cost of the shorter lifespans of those without insurance, the high end represents both the cost of shortened lifespans and the loss of labor and productivity due to the reduced health of the uninsured.

Health insurance coverage is uneven- often minorities and the poor are underserved. In 2014, 73% of people with health insurance had or more full-time employed people in their family, and 12% had one or more part time workers. Only 49% of covered adults in America reported getting health insurance from their employers. (Guerrazzi, 2019)

The main welfare in the United States is wealth redistribution, which is based on economic self-interest, individualism and egalitarianism. Additionally, it has been determined that racial attitudes are the most important source of opposition to welfare among white people (Gilens, 1995). Since the earliest days of the United States, racial issue has been a fundamental matter in American society. As seen this summer after the death of George Floyd, racism never died out, just changed forms. An enormous and diverse literature on race relations has been produced in the past few decades to respond to this reality. Prejudice which allows for the stereotype of black people and other minorities being considered “lazy” has allowed white Americans to oppose and prevent programs designed to benefit low income families. Despite the increase in white Americans’ support for racial equality in recent years, racism remains a major factor in political decisions like welfare. This "paradox" has led some to posit a fundamental change in the nature of anti-black prejudice (Kinder and Sears 1981; Sears 1988) and others to question whether such apparent changes represent anything other than shifting norms of socially acceptable expression (Jackman 1981; Jackman and Muha 1984).

As a result of this oppression against less fortunate people based on racial prejudice, the Democratic party in the United States has tried to implement full healthcare coverage. It is still met with opposition however, as many white Americans hold the belief that it will only serve to affect them negatively, rather than benefit others.

6. Comparing Medical Care in China and the United States

In China, the medical/healthcare institutions were integrated into the planned economic system, establishing a three-level medical service network that covered both urban and rural areas. Labor insurance and rural cooperative medical care respectively covered the employees of urban enterprises and institutions. With this system, it allowed for cheaper access to basic medical and health services throughout China. See the diagram for the Chinese uninsured rate in 2014.

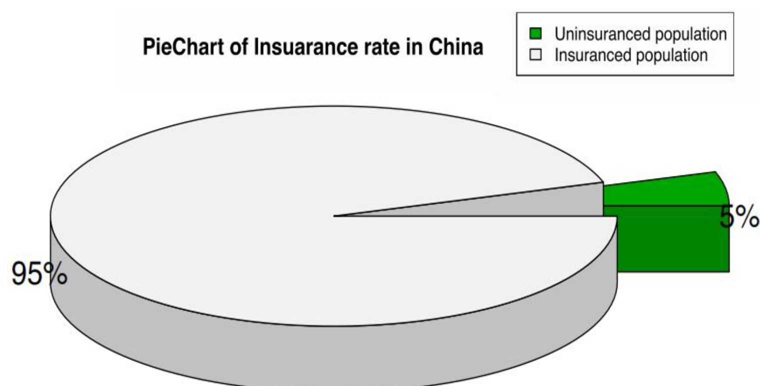

Figure 3: PieChart of insuarance rate in China.

America's medical care system relies on high-cost training and the emphasis of expensive advanced technology. Medical students require large amounts of money to become certified in their field, in turn, making medical costs much higher. In China, however, the barefoot doctor policy made it inexpensive to become a medical professional, thus lowering medical treatment cost. The United States relies solely on professionals to provide medical services, making them inaccessible to people who cannot afford the costs and people who live in rural areas without access to doctors. China's system is effective in providing care to all people as it relies on workers, peasants and soldiers; this base was determined during the Cultural Revolution of the 1960s and 70s. The ideology that medical care should serve the general public is the root of the Central Government's public health policy. Therefore, the Chinese government covered the full cost for testing and treating COVID-19.

7. The Legacy of Barefoot Doctors

In the early days of the PRC, the country was poor and people did not have access to modern medical care, particularly in the vast rural areas. In order to increase people's access to medical care, the Chinese Government trained several millions barefoot doctors in the countryside during the Cultural Revolution years. The barefoot doctors only had a high school education, and with only a few months of basic medical training, their skills were very limited. But they were more accessible to the Chinese rural population, as they lived in their village, and were available twenty-four hours a day and seven days a week. They knew their patients and their patients knew them. More importantly they were free. The personal relationship between doctor and patient made patients more comfortable and more trusting. Most importantly, though, their services were free.

The barefoot doctors got their basic medical training and knowledge free of charge. Therefore, their ability to treat and cure difficult miscellaneous diseases were far behind that of the western countries' medical personnel. However, they still had an incredible impact; they were able to provide medical education to the rural population and vaccines for many infectious diseases. In the 1960s, the measles' incidence rate was about 19.4% lower than the previous decade, but by the 1970s it was about 42.2% lower (Peng, 2016). Additionally, they allowed for widespread medical care throughout China.

The barefoot doctor policy played a very active and effective role in the prevention and control of infectious diseases and epidemics. Though the program was discontinued, its benefits still apparent in that every village in China has at least one community clinic. This was incredibly essential during the COVID-19 pandemic; it allowed China to equip every village with resources and the ability to accommodate patients, whether it was in the urban or rural areas.

8. The Advantage of Mass Campaign and Full Coverage Healthcare

In the face of external blockade, sufficient industrial and commercial accumulation was indispensable. The capital that could be used for medical care was limited. Despite that, Mao acknowledged and stressed the importance of public health and medical care, which laid the foundation for China's successful healthcare system. While their resources were limited in the beginning, Chinese leaders believed that protecting and maintaining people's health would improve the country's productivity.

In 1949, there were only 2,600 hospitals nationwide in China, and by 1976, there were 7850. In the late 1950s, county and district (community) medical and health institutions were generally established in rural areas, and in the 1960s, grass-roots medical and health institutions were established in most production brigades (Peng, 2016). It was unprecedented for Chairman Mao to regard public health as the core of the party and raise it to the level of "invigorating our nation". Under the leadership of Mao, with the joint efforts of Party committees and governments at all levels, China's medical and health work saw a quick development, especially in rural areas. This movement transformed the country and eliminated many common human disease (Li, 2014).

9. The Gap in Medical Technology Between China and the United States

China and the United States differ in access to advanced medical technology. China has uneven distribution of advanced medical technology; hospitals in urban areas are significantly more well equipped than those in rural areas. However, the technology in the urban hospitals still do not meet the same standard as those in the United States. In China, standards of care in hospitals can vary considerably, as well as doctors' competency (Huang, 2016).

The uniformity of treatment is also different between China and the United States. In China, there is no uniform standard treatment for identical diseases among hospitals. In America, however, there is a uniform standard in certain fields. The American College of Obstetricians and Gynecologists (ACOG) releases guidelines for all the obstetrician-gynecologists to follow. Similar comprehensive guidelines are also available in other specialties, such as neurology and oncology.

China does have a serious disadvantage of medical technology compared to the United States. This is because the government from Mao's period focused on the affordable and accessible medical care, rather than high quality treatment and equipment. For example, in 2014, more than 1.35 billion Chinese had medical insurance, creating a participation rate of over 95% (National Health Commission of China, 2014). While the United States prioritizes conquering medical problems and advancing their technology, China focuses on making healthcare an accessible right for people.

See the diagram: the gap of Sino-US Emergency fee as an example of two countries' different medical expenditure.

10. The Development of Doctor and Patient Relationships in China

In 1978, China began a period of reform and "opening up" under the leadership of Deng Xiaoping. It was at this point that private, for-profit hospitals were once again allowed to operate. This medical reform is an epitome of Chinese society's transition from socialism into partial capital marketization, which marked a turning point in the deterioration of doctor-patient relationships in China. Doctors and patients no longer hold the personal connections they once had, which needs to be addressed and rectified. When doctors and patients have personal, trusting relationships, the quality of care increases, as patients are more comfortable and honest with their doctors. The

private, for-profit hospital system has broken the trust between doctors and patients, and a vicious cycle has become increasingly fierce.

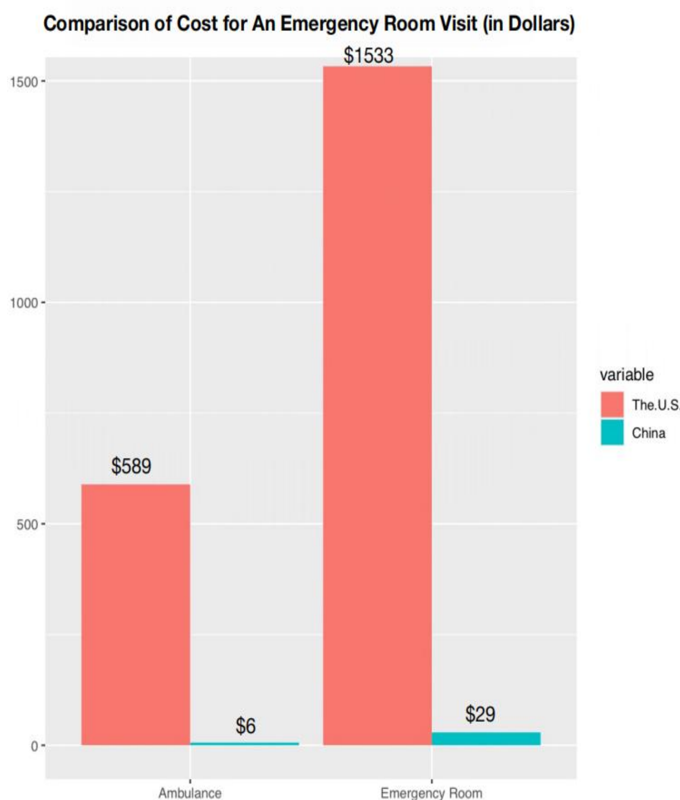

Figure 4: Comparison of cost for an emergency room visit (in dollars).

In Mao's time, doctors and patients belonged to the same class. Now, it requires numerous years of medical school and tuition for a student to become a professional doctor. Additionally, doctors receive a higher salary in return. Doctors and patients have changed from comrades to more antagonistic relationships due to wealth gaps. This shift was created because in the time of barefoot doctor, only basic training was required to become a medical care practitioner, whereas now it requires more education and experience. Wealthier students who can afford the tuition become doctors, while poorer students who cannot afford the education are boxed out. However, barefoot doctors were not equipped to treat more serious health problems. Now, the well trained, well-educated doctors can charge much more for their services.

After the reform period began in 1978, China chose to follow the American model for training doctors, which requires more than 10 years to get the necessary degree. Despite the medical field now requiring much more time and money to become a professional, many Chinese people still see them as part of the working class, so Chinese doctors are not awarded the same levels of respect as American counterparts with the same credentials.

11. Conclusions

Even though President Trump and his team has been blaming China for U.S.' poor performance in controlling the pandemic and the Democratic Party has been condemning the Trump Administration's failure to take quick and necessary action against the pandemic when it first appeared, the real problem with America's pandemic response is larger than one party or one person. It's the inherent constraints of American political system which were not designed to fight a

pandemic like this. In a way, American's performance is poor only comparing it with that of China. In comparison with other Western countries and other democratic political systems, its performance is more reasonable.

At the same time, the China's unitary state political system with more than two thousand years of tradition for fighting pandemics like COVID-19 was designed and equipped with the mechanism to mobilize the country in face of a crisis. Its performance is exceptional, partly because the state was conceived in poverty and "backward" technology. It had to rely on innovations and mass mobilizations to deal with the problems of the country in order to survive. In a way, what other countries considered "unacceptable" policies and practices helped China at a time of crisis. What China did could not be duplicated in the U.S. and other places. On the other hand, individual freedom and constitutional division of power, the inherent checks and balances built in the U.S. constitution, which American people value so much in the normal times, limited U.S. government's ability to fight the pandemic in an all-out manner.

Chinese educated elite like Fang Fang, author of Whuan Diary, was very critical of the Chinese government's performance, partly because they expected that the democratic government like the U.S. and other Western nations would control the pandemic more effectively. In the end, they, along with many other people in the world, were disappointed by the United States' response. This study demonstrates to us that every political system has its strength and weakness in times of crisis. This is not to say which political system is superior between China and the United States; however, it is evident that if the government balances the cost of medical treatment and medical school for healthcare practitioners, people would not need to worry about their ability to afford necessary care. Then, everyone can feel protected by and satisfied with their healthcare, the economy can recover more quickly during or after the epidemics, and the general population is healthier and happier.

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