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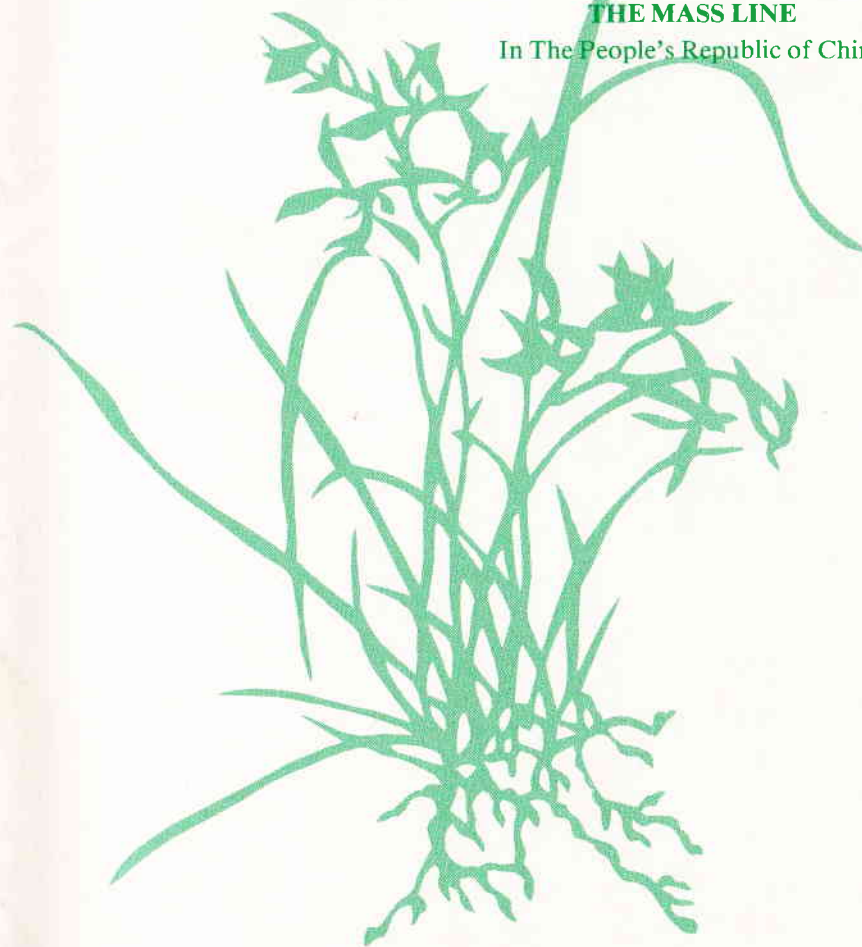
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Answers To Some Questions
About
CANCER
MENTAL ILLNESS
THE HANDICAPPED
SCHISTOSOMIASIS
FAMILY PLANNING
VENEREAL DISEASE
And The Application Of
THE MASS LINE
In The People's Republic of China



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ABOUT THE AUTHORS

Dr Han Suyin is widely known as the author of many books. She is also a physician. Her article "China Tackles Cancer" appeared in "Eastern Horizon"(Hongkong) in 1974 and is reprinted with the permission of the editor and of the author.

Dr Li Ping is Vice-Director of the Cancer Research Institute of the Chinese Academy of Medical Sciences. Her article, "Cancer Research in China" appeared in "China Reconstructs" of October 1977.

Julian Schuman, an American whose articles appear in magazines and newspapers in China, Hongkong and the United States, has lived in China for twenty years.

The American Cancer Society has given permission to print excerpts from the Report of its delegation, which visited China in the spring of 1977. *

Carl Ratner is Professor of Psychology at Humboldt State University in Arcata, California. He buttressed his interest and research in psychology in China by a visit to China in November-December 1976.

S Dan Schwartz BA MA MPH is instructor in sociology and anthropology at Pima College East Education Center in Tucson, Arizona. He granted permission to use parts of his article, "The Mass Line as Consumer Participation and Community Involvement" -- which appeared in the July-September 1977 issue of the International Journal of Health Education.

*A limited number of copies of the Report are available (free) from the ACS 777 3rd Ave New York NY 10017

Answers To Some Questions About
CANCER

MENTAL ILLNESS

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FAMILY PLANNING

VENEREAL DISEASE

and

THE APPLICATION OF THE MASS LINE

FAR EAST REPORTER INTRODUCTION

The issues of health are of increasingly insistent popular concern in the United States. The American people are concerned -- "worried" would better describe it -- about the availability of medical facilities, about the costs of health treatment, about the kind and quality of the treatments provided, about the attitudes of the medical professionals, about whether huge sums are going into cure (promoted by drug lobbies) rather than into research about prevention and about what "say" the ordinary citizen has in discussions and decisions about health needs and programs.

So, it is only to be expected that when the subject of the People's Republic of China is presented at public meetings, questions are asked about how China deals with such problems as cancer, the mentally ill, the handicapped, schistosomiasis, family planning, venereal disease, and the people's involvement in health policies and programs.

FAR EAST REPORTER here presents some material that will help answer questions about health in China.

Some Background on China's Health Work

China is in the process of building up a nation of healthy people. An immediate decision of the new government in 1949 was that health facilities were to be provided for all the people -- a daring decision, given China's then exhausted economy and China's more than four hundred million exhausted people.

This decision was based on Mao Tsetung's four health principles:

- 1) Service to the workers, peasants and soldiers
- 2) Prevention and detection of disease as of primary importance
- 3) Unity of Western and traditional medicine
- 4) Integration of the mass movement

This early decision was implemented, first by the increase and just distribution of food -- a recognition that medicine alone cannot bring health to starving people. Then, second, medical services began to "walk on two legs" -- a recognition that China's traditional medicine, with its four-to-five-hundred thousand practitioners, was an asset, not something to be discarded; rather, its services were greatly extended by the establishment of previously lacking schools and hospitals of traditional medicine. Thus, traditional and Western medicine were to be seen and used as one medicine, for the people.

It may come as a surprise to some Americans to learn how much effort -- successful effort -- China has been putting into attacking diseases. By 1952 185 million Chinese had been vaccinated against small-pox. Bubonic plague, cholera and venereal disease had been eradicated and schistosomiasis and tuberculosis brought under control by the 60's.

China Tackles Cancer

Americans, greatly concerned over the prevalence of cancer, may be interested to learn what China has been doing about this disease.

Dr Han Suyin's enlightening article introduces us to China's process -- the coordinated scientific, practical and popular approach to the solving of this disease.

Dr Li Ping, Vice-Director of the Cancer Research Institute of the Chinese Academy of Medical Sciences, brings us up to date on cancer research and treatment. She explained to the visiting American Cancer Society delegation that the anti-cancer effort began in earnest in 1958.

The Report of the American Cancer Society delegation, which visited China in 1977, presents a positive evaluation of China's anti-cancer program efforts.

Care of the Mentally Disturbed

Care of the mentally disturbed in China contrasts sharply with the "revolving door system that consigns... mental patients to a mass of confusing, isolated, and under financed care that often ignores patients after they are discharged, leaving many of them to roam city streets until they end up again in a psychiatric ward." (NYTimes Nov 11 1977) "They are a source of both pity and anger among residents and politicians..But the state isn't worrying about what happens to these people, about where they go when they get out, about who will look after them, so they end up on the street." (NYTimes Jan 1 1978)

Carl Ratner's article gives an over-all presentation of China's approach to the problems of the mentally ill. He notes that many of the causes of mental illness that we have in the United States have been eradicated in China, making it possible for the Chinese to have a far simpler - but more efficient - mental health program. The mentally disturbed are not treated as "cases" -- but as individuals in the process of healing themselves with the help and concern of the whole community -- government, medical personnel, neighborhood, fellow-workers and family.

No mentally disturbed individual in China faces the kind of social situation described by President Carter's wife, Rosalynn Carter: "Consider the environment in our neighborhoods today. People are still afraid to live next door to patients and former patients because they worry that these might be dangerous and irresponsible members of society, that crime will increase, that their children will be harmed, that their property values will be reduced. Zoning laws are being used as weapons in the fight to keep former mental patients away. Job security and advancement still elude honest persons who admit to having had mental problems. Psychiatric care is considered 'chic' among the wealthy, but a disgrace among others." (NYTimes 11.18.77)

The People's China has done away with attaching a stigma to mentally disturbed individuals. Rather, the mental health program is a popularly recognized part of building a nation of healthy people.

Excerpts from the Science For The People visitors' 1974 book "China: Science Walks On Two Legs" details what happens in a hospital for the mentally ill, showing the relationships between the patients and the medical personnel, and the relationships between the hospital and the community.

The Sidels, in their book "Serve The People", sum up their presentation by giving the basic principles of China's treatment of mental illness.

Treatment of the Handicapped

Treatment of the handicapped in China is not subjected to the impediments that affect American welfare programs. China's handicapped individuals are part of a local community of fellow-workers who are involved in helping restore the handicapped to normal living; they are not "Medicaid qualifiers" whose "benefits" are decided by a national health administration; nor are they the unhappy victims of harassed social workers.

"A New York Times investigation of the New York program that is supposed to provide trained workers to help the disabled...indicates that it has failed to pay the thousands of attendants for many months and has wasted millions through fraud and poor management." (NYTimes 12.27.77)

The programs for the treatment of the handicapped in China are free from a combination of such impediments as face the disabled in New York: such as "defining eligibility," "fear" of the disabled to "speak up," "city officials who are not working well together," "disputes between city, state and Federal Government," "lack of sound working relationships between divisions of the Human Resources Administration....While the three levels of government debate and deliberate, the disabled seem all but forgotten." (NYTimes 12.27.77)

One of the observable features of today's China is the absence from the streets and villages of forlorn handicapped individuals. They, like every one else, now have work to do, have a purpose in living, have dignity.

Excerpts from Julian Schuman's article in the Hong-kong newspaper, "Ta Kung Pao" and from the magazine, "China Reconstructs," give evidence of what is happening to these formerly outcast individuals. The observer now walks Chinese streets without pity.

Significant is the lack of any reference to financial problems in China's health programs. China has the money to pay for health services. China's socialist economic system of course produces profits -- from the sale of agricultural and industrial products; but these profits are social profits, not private profits. Health care for all is practically free; parents do not worry about educational costs; retired workers are assured of pensions (70 to 100% of their wages). This freedom from financial worries is a significant contribution to mental health in China.

The Mass Line

The mass line in China can be briefly described as creative leaders and creative millions working together, with mutual respect and mutual learning, to create a people's society. It involves the recognition of the immense potential creativity of the masses -- as Mao Tsetung expressed it: "Where there are many people, there is much wisdom."

The working together combines theory and practice. Dan Schwartz not only presents the theoretical aspect of the mass line, but gives illustrations showing the application of the theory. His descriptions of the process of applying the theory of the mass line to the problems of "Schistosomiasis," "Family Planning," and "Venereal Disease" helps answer questions about these three parts of the health program in China. Readers will recognize the mass line in the treatment of cancer, mental illness and the handicapped.

How China Tackles Cancer

Han Suyin

On my recent trip to China in the autumn of 1974 I had a full morning at the Cancer Hospital and Research Institute of Peking, where I met again my friend from university days, now Director of the Hospital, Dr Wu Huan-hsin and also the Party secretary and cancer specialist, Dr Li Ping, a charming, energetic woman with three children, who had become a doctor in Yen-an in the early 1940's.

Cancer in China, they told me, was not considered a 'priority problem' before 1958. A survey in five main cities prior to 1949 placed it in 9th or 10th position as cause of death; and this appears to have remained true until 1953-54. The prevalence of other diseases, epidemics, and tuberculosis, relegated cancer to a category of low importance.

But immediately after Liberation there were mass drives to eradicate epidemics; for instance, the vaccination (against smallpox) of 185 million by 1952, the eradication of bubonic plague, cholera and venereal diseases. Mass line movements, involving the population, also brought schistosomiasis, and tuberculosis under control by the 1960's.

The net effect was the rise of cancer from 9th or 10th place to second or third place as cause of death. Today round half a million deaths a year are due to cancer. The lengthening of the life span is also a factor in this rise.

'Our statistics are more accurate than previously,' said Dr Wu. 'In old China there were no births or deaths certificates. In 1953-54 birth and death certificates became compulsory. This also helps us to determine the pattern of the disease.' In Shanghai cancer is the first cause of death, and heart disease the second; in Peking, heart disease ranks first, and cancer second.

But, the approach to the whole problem of cancer, at first, had been heavily 'conservative'. Until 1958 it was only in the cities that treatment was available. Very little was done in the rural areas; although investigation teams sent out made surveys, they merely went for a few weeks, collected some material, and rushed back to the cities.

The Great Leap Forward, in 1958, broke this elitist attitude. In that year Chairman Mao's call to 'serve the countryside', with the advent of the communes in 1959, marked the beginning of rural medical care on a solid basis.

It was, however, the Great Proletarian Cultural Revolution which really changed the whole approach and orientation of medical care, and also the orientation of investigation, research, and treatment of cancer. 'We began to understand that (a) our research and investigations must be primarily oriented towards the rural areas and (b) that they could not be successful except by practising the mass line as in

any other disease.'

'And then we realized that until now our attitude had been: Let the patient come to us. Now we knew that we must go to the patient. We must go and find him *before* he has to come to us. In other words, early detection, the earliest possible, and if possible, *prevention*. This is the orientation upon which we are building now.'

The first radium institute for cancer was founded in Shanghai in the 1930's; it was on a very small scale. In Peking a 100-bed hospital for cancer treatment was built in the early 1950's, equipped with a cobalt bomb, but it catered 'only to higher personnel, diplomats, and so on.' In 1958, 230 beds were added to the cancer hospital, and that year five cancer hospitals were set up (2,000 beds) in five main cities.

Today, after the Cultural Revolution, and based on nationwide surveys and investigations of cancer, the plans are to build in Peking an up-to-date cancer research institute. 'It will probably be the largest and the most modern in Asia, with the most comprehensive planning, the best equipment and facilities for research, study, clinical care and treatment, and for training.' The time was ripe for such an endeavour. But fully equipped cancer hospitals cost five to six times more than ordinary hospitals, and 'some of the equipment we cannot yet make ourselves.' However, Premier Chou En-lai had given all encouragement to this project.

At the moment, however, there was still a scarcity of beds, and two-thirds of the patients were treated as ambulatory outpatients. 'This is possible because through the network of street committees and nurses we can give care to the patients in their own homes.' There was a 99 per cent rate of follow-up of cancer cases, even when they returned to distant provinces such as Sinkiang. This follow-up efficiency was possible through the services of local networks of committees; instead of waiting for the patient to come

to report, the patient was visited by someone who took responsibility for bringing him for check-up.

So far, five research institutes for cancer are in existence, the Peking institute could coordinate all research and studies done by the branch institutes in other cities. Fourteen new cancer hospitals are being built; they will be completed within a year or two. The plan is that each province will have at least one cancer hospital with research facilities. 'Some provinces are very active in this respect; they have even begun to build cancer hospitals in each county. Within the next five to ten years we shall have overall coverage for early detection and treatment of cancer at county level.'

Both specialists stressed the link between the mass line and early detection of cancer. People were asked to report immediately when they suspected anything wrong, rather than wait. 'In eight cases out of ten there is nothing wrong, but we much prefer it that way.' Bare-foot doctors in the communes were alerted to early detection and its importance. And since the cost of medical care is so low, peasants were responding very well. The cooperative medical service (one *yuan* to one *yuan* fifty per year) was a great help in getting people to come for investigation, since they paid nothing more.

The studies and surveys conducted during the last few years, and especially in rural areas, were the basis upon which the research institutes and also the hospitals were being built. These studies and investigations had delineated areas in China where one form of cancer was more prevalent than others. 'We have therefore operated a division of work among the research institutes, handing over to each as special study the most prevalent form of cancer in the area where they are located.'

For Kiangsu and East China where liver neoplasms seem to be dominant, Shanghai Institute will be the centre for research. In South China, where naso-

pharyngeal carcinoma seems to prevail, the institute is in Canton. Breast cancer is tackled in Tientsin; and here in Peking, said Dr Wu, we are studying at the moment, in particular, cancer of the oesophagus.

Why cancer of the oesophagus? Dr Wu and Dr Li have been engaged in this particular study for the last five years. The reason is because of its prevalence in certain provinces in North China.

The story of this particular type of cancer begins in Linhsien, the county in Honan province made so famous recently by the construction of the Red Flag Canal. As everyone knows, the Red Flag Canal brings water from the Chang River, across the Taihang Mountains, to irrigate 80,000 hectares of once drought-ridden plains in Honan province. Linhsien became famous because of the Canal, which is 1,250 kms long with its man-dug branches. It was completed during the Cultural Revolution, in 1969.

And Linhsien county, which is situated very close to the Taihang Mountains massif, has the highest incidence of oesophageal carcinoma in China . . . 'almost 50 times the national average.'

'It was due to the construction of the Red Flag Canal that our medical teams hit upon Linhsien and, from Linhsien, extended their study into other counties in pursuit of this type of cancer.'

During the construction of the canal, the field work medical teams there lived, laboured, ate, and integrated with the inhabitants. This was a totally different approach to the previous 'come and see and go away again' attitude. 'Our medical teams began to change their attitude. Now medical workers no longer wanted to go back to the cities; they want to stay and work and research on the spot.'

'The teams also changed in composition. Due to the studies we undertook on carcinoma of the oesophagus, our teams became what we call "complete". They now consist not only of clinical personnel, of doctors, but also of laboratory

men, biochemists, chemists, geologists. . . All stayed in peasant families, and really began to *understand* the local people. And this is the standard now. To study the cancer prevalent in the area, medical teams *live* with the local inhabitants for one year, two, or three . . .'

'Only thus shall we be able to understand cancer. Not only to treat it, but to understand it, and perhaps find a means of preventing it.'

Why is cancer of the oesophagus so prevalent in Linhsien? If we can find out why, can we not alter this cancer-causing factor and thus prevent it from occurring?

'Linhsien is a county which early formed part of a liberated red base, in 1940-41.'

From 1941 to 1970, our medical personnel in the base had already carried out investigations in 76 districts of this area, and we had found an enormous amount of people with cancer of the oesophagus in this particular region.'

These 76 districts are now brigades, part of communes. Since 1949 the standard of living has risen considerably, this being an extremely poor district before 1949. In the last four or five years, due to the water from the Red Flag Canal, there has been a great leap in living standards; and also a vast improvement in diet.

'Yet the mortality from cancer of the oesophagus remains the same as before.'

Dr Wu and Dr Li then showed me a chart, which showed mortality per 100,000 in certain districts of this area. The chart showed no variation over the years.

'For the last 30 years, the graph we have traced has shown no abatement; cancer of the oesophagus occurs in men and women alike; in spite of the raised standard of living in the last 25 years it has remained the same as before.'

'Why is this? Our research teams had to delve into every aspect of the lives of the people to try to find out the cancer-

producing factors. To begin with, food. Before Liberation people ate only *k'ang* (chaff of sorghum). They were so poor they did not even use a toothbrush to clean their teeth. Now they are eating far less *k'ang*. They eat fine flour, wheat; but they have cultivated the habit of roughage, and they still mix roughage with their food. Food habits are very difficult to change. But the amount is much smaller, and we cannot say that they eat the same food as before.

'Then we found that the chickens and sheep in that area also have a high incidence of cancer of the oesophagus.'

'The people in these counties do not eat chicken. They keep them for eggs, which they do eat occasionally. There are, therefore, hens three, four or five years old in the area; and we found cancer of the oesophagus prevalent among these.'

'Before 1969, we conducted a survey in the Anyang district. We found, in 14,000 people over 30, three hundred cases of cancer of the oesophagus. This is extremely high.'

'Since then, we have done many more investigations. I think we have to date seen 88.4 per cent of the people in an area including the whole of the Taihang Mountains area. And we have charted the incidence of cancer of the oesophagus in the whole area, county by county.'

The Taihang Mountains massif is shaped like a tennis racket or a saucepan, with a bulky body and a prolongation or handle. The tail of this handle reaches near Peking. The whole range crosses three provinces—Honan, Shansi and Hopei.

'We began our research in the area where the bulk of the massif lies. From there we carried investigations outwards. And we found that the nearer we got to the central core, or massif, of the Taihang Mountains, the higher was the incidence of carcinoma of the oesophagus.'

'Between 1969 to 1972, we thus investigated for cancer 7,300,000 people,

covering 14 counties and one county town (Anyang). We mapped out the incidence of cancer in each county. While it is only 8 per 100,000 in Peking, it rises to 139.8 per 100,000 as we get to the core of the Taihang Mountains. As we get away from the Taihang massif, it begins to drop, from 58 per 100,000 to 31, 27, 17 . . .

There seems to be concentric belts of incidence, radiating from a core in the Taihang massif.

'Since 1971, in the last three years, we have done further investigations, covering the three provinces and one city (Peking) affected by the Taihang range. This means 181 counties and 49 million people. We are investigating everyone.'

This study of oesophageal cancer is done through the mass line. It could not have been possible otherwise to cover so much ground and so many people.

Dr Wu and Dr Li then showed me the areas mapped out and the incidence graphs; the relief maps to show the location of the counties vis à vis the mountain massif.

'This brings us to the geological factor for cancer inducement. We now realized that we had to study everything: the water, the earth, the vegetables, everything . . . We had to investigate everything that could possibly be investigated. For instance, we investigated the fungus which is found in the pickles consumed in winter in these areas. There are no fresh vegetables available during the winter and the peasants have the habit of pickling cabbage.'

These pickles contain nitrites, which turn into nitro-amines, conducive to cancer formation.

'We then realized that our teams must also have with them geologists, chemists, virologists. We had to study the rocks forming the Taihang massif, the metals in the soil, the plant content of nitrites . . . everything.'

'We also found something which confirms that the cancer is somehow related

to the geological formation. The Taihang massif is split; this occurred probably 50 or 100 million years ago, when the Yellow River began to form; part of it is on the other side of a wide swathe of lower-lying land. In this lower-lying land, which was dredged from elsewhere, there is a low incidence of cancer of the oesophagus, but in the remnant of Taihang massif south of it, the incidence rises again. . . .

Dr Wu then showed me a map of the world, with incidence of oesophageal cancer mapped out. A high prevalence is also found in some parts of the USSR, on the north side of the Caspian Sea.

'I believe that the cause of this is multifactorial,' said Dr Wu. At least, he felt one should look for more than one factor causing this cancer. Heredity is also being investigated. In view of the fact that many villages are clan villages (starting as one family, or at most two), a high percentage of people in one village bear the same name. Eight such 'family groups' (or rather clans) were investigated in the Anyang district. This also was done through the mass line. Meetings of 'old ancestors', or the oldest people in the villages, were called. Over 300 cases were traced genealogically in this manner. People voluntarily came to 'tell their family history', and trace their family trees. But no hereditary factor, until now, has come to light. Investigations, however, are continuing.

The investigations also covered people coming from other provinces to this area. With the opening of coal mines in Hepi, there has been an influx of workers in the new township, coming from other provinces. So far, they do not seem to get this cancer, but it may be too early to tell. Check-ups on them will be performed.

As for people from Linhsien and other Taihang massif counties who have left this area and settled elsewhere, they still have a high incidence of cancer of the oesophagus among them. Recently, due

to the construction of the Red Flag Canal, villages from the Taihang massif were moved to Hupeh province. The inhabitants of these villages show a high incidence of cancer, while the local Hupeh people do not.

'It may be that the factors conducive to carcinoma of oesophagus were already implanted in these people before they left the area to settle elsewhere. We are continuing studies; perhaps their children will show an altered pattern of incidence.'

'So now you see,' said Dr Wu, 'what an immense amount of work remains for us to do . . . "opening new roads. . . travelling ways yet untravelled . . ."* making new discoveries. From now on we rely heavily on this pattern of research, mass line movements in the countryside. We are applying the same pattern to research in liver cancer and other cancers. We are now reappraising all work previously done, all our study . . . we did not know what a treasure house of knowledge and fascinating research we could find in the rural areas . . . now we know. Chairman Mao was absolutely right.'

This was not all. 'We have now discovered a pre-cancerous hyperplasia of the mucosa of the oesophagus,' said Dr Li Ping. 'This condition we are studying with great care. We have followed up many of these cases—several hundreds of thousands at the moment, but more are coming up all the time. We have found that some do develop cancer, but in others there is a reversion to normal. In certain counties close to the Taihang Mountains 50 per cent of the people over 50 years old have this hyperplasia of the oesophageal mucosa, whereas people of the same age in Shanghai, Chengchow, or Peking do not have it. There must be certain factors which predispose to this condition, and if we can master this pre-cancerous condition, then preventive work can be done among those not yet affected. At the moment we are treating this hyper-

* A quotation from Chairman Mao.

plasia preventively, with vitamins (C and A) and with Chinese medicinal herbs.

'We are also doing animal experiments; we find that animals coming from Linhsien also have hyperplasia of the mucosa in a good many cases, and revert to normal under the same treatment. (It takes 4-5 years to "revert".)

'We have developed a method of doing periodical cyto-smears (smears of the mucosa cells) for check-ups on the state of the oesophagus. We invented a very small plastic instrument, like a small sponge, which is easy to swallow and to regurgitate. It does not cause pain, only slight discomfort, and the whole process takes 40 seconds. Barefoot doctors can do this test easily and in 18 days we collected fourteen thousand smears. People cooperated with us, of course. The mass line. The peasant associations were the most active in promoting the test, in organizing people to come to be tested. Reluctant people were persuaded by other members of their production teams or brigades. All this helped tremendously. We could never have done it in any other way.

'Last year we did an experiment on people. We do not believe in making deliberately experiments using people as controls, but it did happen that eight people in one village refused any kind of preventive treatment, while twenty-five accepted. Since then, in two years, two out of the eight who absolutely refused treatment of any kind have developed cancer; of the twenty-five under "preventive" vitamins, etc., none has developed cancer in two years. But they may still get it and we are continuing.'

The peasants of Linhsien county have a ditty about all this now. Previously, they said, Linhsien was the 'three cannot pass': no water passes here, no road crosses here, and no food goes through the gullet. Now 'two passes' have been achieved; water and roads; and soon the third will be conquered. So they come.

Up to date, in China, 150 million in-

dividual investigations for cancer have been done (this does not include obvious cancer cases). All through the mass line. 'We cannot wait for good buildings, or adequate equipment, to conduct these studies. We are now thinking in terms of prevention as well; and a lot more studies are necessary.'

Dr Wu showed me photographs of experimental chicken farms run by the institute. A total of 30,000 chickens are being investigated for cancer of the oesophagus. They are of course Taihang Mountains chickens. 'In this, too, we practise the mass line,' said Dr Wu laughingly. 'Any chicken which looks unwell, or vomits, is given to the postman to bring to us. Any sheep off its food is also sent in. Five years ago, a sheep in a small herd was brought to the county hospital. The doctors did duly open it up, and found carcinoma of the oesophagus . . .

'And now we are investigating field mice. There is an old peasant in the county who knows the language of field mice, and he is helping us to catch them. School children are being mobilized to bring in field mice to us.'

Teams in the field include also geologists, chemists. 'Medical work cannot be separated from other disciplines. The battle against cancer means bringing in *all* the various sciences to do research together.'

'We are also studying old Chinese medical books, for clues to the diagnosis of cancer, and anti-cancerous herbal remedies of the past. One never knows. The theories behind the Chinese views on cancer in the past may also help. . . cancer was known, and treated.'

'Drugs in the Chinese pharmacopeia which prevent or restrict tumour growth have been described; we must also investigate them.'

Finally, we spoke of the impact of this work upon the doctors, researchers, geologists who went down in 'complete teams' to investigate. 'They are changed.

When they see the people coming, when they see how they grasp the mass line . . . they are shaken. They want to stay forever, never to return to the city. . . Now they understand that we cannot 'wait for the patient to come to us. We must go out and look for the patient. The importance of screening *everybody*, whether there are clinical signs or symptoms

of disease or not, is a great lesson to them.'

As we shook hands Dr Li told me that my own province of Szechwan also had one site of high incidence of oesophageal cancer, also related to a mountain area. A 'complete team' was also in the area. 'Hope you will come with one of our teams, and do some writing on the spot,' said Dr Wu as I left.



Cancer Research in China

LI PING

MORE THAN 30 "bases" for cancer study, prevention and treatment have been set up throughout China in villages, factory and mining areas with a high rate of incidence of the disease. These have already amassed a vast amount of data and opened a number of areas for further research. This work is facilitated by China's broad medical and health network extending down to the grass roots — county and commune hospitals and the barefoot doctors in the rural areas, and factory and mine clinics and the "red worker-medics" in industrial areas.

The first such base was set up in 1969 in Linhsien county, Honan province, where cancer of the esophagus was prevalent. It is staffed by doctors and researchers from the Chinese Academy of Medical Sciences and the Research Institute of Traditional Chinese Medicine in Peking and teachers and students from the Honan Medical College.

First they followed up leads supplied by the local people to find specific spots where incidence

was highest — an old goatherd's observation, for instance, that in his village some goats "couldn't swallow" and information from a barefoot doctor that in one village there was more cancer among families who drank water from a certain well than among others. Then the team began investigating these spots for natural causes.

In 1971 the team carried out a survey of deaths caused by cancer of the esophagus going back over the previous 30 years (1941-1970) in 76 commune brigades with a present population of 110,000. It showed that the death rate had remained more or less constant over the 30-year period, indicating that the disease was due to some permanent factor in the environment. This fact is borne out by records of the Linhsien county hospital over the past dozen years.

Later mass surveys for cancer of the esophagus were carried out among the six million people of Anyang prefecture in which Linhsien is located and among 50 million people in Honan, Hopei and Shansi provinces and Peking. They found that the high-incidence center for cancer of the esophagus in north China is the southern Taihang Mountains (where the three above provinces meet and where

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Linhsien is located). The rate of incidence gradually drops off further away from the concentration point.

In cooperation with related research units the Linhsien team studied the relationship between the incidence of the disease and such factors as nitrosamines in food, the lack of the trace element molybdenum in the water and soil, the consumption of moldy corn and the extensive use of pickled vegetables in the diet. After field studies and laboratory experiments they drew up a preventive program which was promulgated by the Linhsien county Party committee. It called for: 1. preventing food from molding, 2. measures to eliminate nitrosamines and their precursors, 3. use of ammonium molybdate fertilizer, 4. treatment for people with severe epithelial hyperplasia (a precancerous lesion) of the mucous membrane of the esophagus, and 5. changing undesirable dietary habits. A wide publicity campaign made the five measures known to every household in the county. Commune production teams improved their methods of sunning and storing grain to prevent mold. When a well was found to contain too much nitrite or nitrate salts, filtration stations are built to treat the water with chloride of lime or to improve it in other ways. The peasants were urged to grow more vegetables so they would not be so dependent on pickled vegetables. The ammonium molybdate fertilizer is particularly welcomed by

the peasants for the increase it has brought in yields.

Mass screenings are carried out regularly by the Linhsien county base for early detection and treatment. This is done by examining the exfoliated epithelial cells of the esophagus, that is, the cells that detach themselves from the lining of the esophagus and adhere to a tiny balloon covered with fine mesh, which is swallowed, inflated and gradually withdrawn.

With this method in some places, the base staff has been able to detect over 90 percent of all cases of cancer of the esophagus, and 81 percent of the early cases as a result of general surveys among people over 30 made in larger areas of the county. Linhsien county hospital records show that between 1961 and 1964, before such surveys began, the rate of early detection was only 6.8 percent. The earliness at which some cases have been detected by such mass screening has rarely been achieved in Chinese city hospitals or noted in medical literature from abroad.

Early detection and treatment has greatly increased the rate of cure. In 1975, follow-up visits to 170 patients who had had early surgery for cancer of the esophagus found that the five-year survival rate was 90.3 percent, and among them, 93 persons had suffered no recurrence in eight years.

Four hundred barefoot doctors have been trained for this work so that in every commune brigade

there is a barefoot doctor who knows how to use the apparatus, make smears and examine the cells. In this cytologic examination network they have been instrumental in discovering many early cases.

Epidemiological Surveys

Retrospective surveys of cancer deaths, now done with methods which are an improvement on those used in Linhsien, are in the process of being made for cancer of many kinds. The National Cancer Control Office under the Ministry of Health mobilized specialists in various fields and 1,000,000 barefoot doctors to start a nationwide retrospective survey of deaths caused by malignant tumors. By last May it had investigated among several hundred million people in 16 provinces, municipalities and autonomous regions. The survey is expected to be completed by the end of the year.

This survey, involving an immense amount of work and many technical problems, could not be done without the aid of the masses. Wherever the field workers go, first they call the people together, tell them the importance, requirements and procedure of the survey and ask for their cooperation. With the help of peasants and cadres familiar with local conditions they visit every home in a village to record the deaths, year and cause. In the frontier regions of Kwangsi,

Sinkiang and Inner Mongolia where people of China's minority nationalities live, the survey-makers often travel long distances into sparsely-populated inaccessible mountains or deserts for their task.

In cancer work, too, there has been a fierce struggle between two political lines. In 1976 when the general survey was being launched in Kiangsu province, the "gang of four" tried to undermine it by saying the survey was being used to suppress revolution, that it was putting professional work first, that "our business is to study the living and not the dead". But, feeling that they were carrying out Chairman Mao's directive "**Vigorous action should be taken to prevent and cure endemic and other diseases among the people and to expand the people's medical and health services**" as well as Premier Chou En-lai's many directives on doing more work on cancer, the surveyors continued the project. In six months they completed their work among 50 million people and on the basis of data obtained made a map of the geographical distribution of the chief kinds of cancer prevalent in the province.

The epidemiological data obtained in recent years has enabled us to start etiologic studies involving many fields. In 15 counties of five provinces, among them Szechuan and Honan, we are testing water and soil samples and making

intensive studies of nitrosamines, fungi, trace elements and heredity as factors in cancer.

Progress has also been made in studies of cancer of the nasopharynx (the pharynx behind the nose) and liver cancer and of leukemia. Researchers have cultivated several lines of lymphoblastoid cells and found in them the presence of EBV (Epstein-Barr virus), and for the first time in the world have established an epithelial cell line for nasopharyngeal cancer. These will be important in the investigation as to whether or not the virus is the cause of cancer.

Early Diagnosis and Treatment

Improved cytologic examination technique has made it possible to detect 90 percent of the cases of nasopharyngeal cancer. At the Chungshan county base in Kwangtung province, which has a high incidence of this cancer, the success of early clinical diagnosis of first and second-stage cases has been raised from 44.93 percent in 1970 to 68.86 percent in 1975 since the anti-cancer network was set up. A survey of several million people for liver cancer using AFP radioautography was able to detect 80 percent of the cases. Many barefoot doctors are now able to use this method.

There have been great improvements in the treatment of several major kinds of cancer. In the case

of cervical cancer the rate of cure has risen throughout the country. Periodical mass surveys for cervical cancer and its precursors undertaken over the past dozen years among women in the Shanghai textile industry has facilitated early detection and treatment. The five-year survival rate for those who have had surgery is 96 percent. Among the textile workers, the figures for both incidence and death rate for cancer of the cervix are constantly dropping. The efficacy of radiotherapy for nasopharyngeal cancer is constantly improving, with the five-year survival rate now 49.5 percent. The same is true for the cancer of the liver, breast and choriocarcinoma.

Two Schools United

China's centuries-old traditional Chinese medicine and pharmacology is a precious heritage. One of Chairman Mao's cherished dreams was a new Chinese medicine created by integrating traditional Chinese medicine and western medicine. We have had some success in treating cancer of various kinds with a combination of methods from the two schools. Quite a few medical units have broken away from reliance solely on surgery, radiation and chemotherapy and have begun treating cancer according to traditional Chinese medical theory. Traditional medicine takes into consideration the patient's condition

as a whole and takes a dialectical approach to treatment. By the combined use of traditional Chinese medicine and western medicine, we both attack the disease and build up the patient's own power of resistance. Use of the combined method has already enabled Chinese medical workers to formulate certain laws and achieve preliminary clinical successes.

A number of Chinese herbal medicines have proven effective

under certain conditions, and studies are now being carried out on their plant chemistry, pharmacology and the processes of production. Some of the medicines can be partially or totally created synthetically. Some 40 effective anti-cancer drugs used abroad are now produced in China and she has produced some drugs of her own for chemotherapy. A dozen types of large-size China-made medical equipment are now in use for prevention and treatment.

EXCERPTS FROM THE AMERICAN CANCER SOCIETY DELEGATION REPORT

From April 20 to 12 May 1977 a delegation of medical and lay volunteer leaders of the American Cancer Society visited cancer research, treatment and educational centers and facilities in the People's Republic of China.

The Chinese have made great strides against certain diseases and disease-producing factors since Liberation. Efforts against cancer are impressive, particularly in their endeavor to define epidemiological aspects of certain types of cancer in certain parts of the country. Their health care delivery system is highly organized, apparently quite competent, and sensitive to the human being. Chairman Mao chartered the course of the battle against cancer by emphasizing early detection, early diagnosis, and early treatment. Also, he emphasized service to the people as the highest order of achievement. This characterizes the attitude of Chinese medical people and serves as a beacon lighting their way to a quite effective system of battling cancer.

They are following Mao's principles of fighting cancer. In an epidemiological survey made in 1972 to identify high incidence areas, some areas were found to have 100 times more cancer than others. Esophageal carcinoma is particularly rampant in north China, while nasopharyngeal cancer is the highest in the south. Stomach and liver cancer are highest in the northwest, northeast and in coastal China. To study the epidemiology of certain types of cancer, filter stations have been set up in the high incidence areas; the research laboratory and the filter station work has been integrated and nationwide coordinating groups have been organized.

Dr Li Ping described the mass screening for esophageal cancer using a sponge which the screenee swallows. When it is pulled back cells on the sponge from the esophagus are used to make a Pap smear which is examined. Cervical cancer screening surveys of 250,000 women in Shanghai over a 15 year period of time showed a drop of incidence from 91 per 100,000 to 34 per 100,000. The decrease results from treating precancerous lesions. Previously they thought that research was the most important work in cancer control, but now they know they must include three earlies -- detection, diagnosis and treatment. They hope they can eventually detect early cancer with a drop of blood and a drop of urine.

Mass Screening

Following the behests of Chairman Mao, the Health Bureau of Peking asks hospitals to do a good job of mass screening. Health workers, as well as those doing "women's work" have been mobilized. Emphasis is placed on doing a good job of publicising the concept of mass screening with medical workers, women workers, and the people....They use public education, training of volunteers, etc. Health and medical workers are organized to conduct classes to train these people.....Each hospital is responsible for the health work, or coverage, of various factories, offices, shops, etc. In return, the latter have links with specific hospitals. Medical workers not only study the significance of their work, but also the tasks of work. They study methods of mass screening, study various cases, take patient history, do general gynecological examination, and do pap smears.

Ninety percent of factory women over 30 years of age have the pap test. For younger women, particularly for mothers who do not work, the figure is 70 to 80%. In the beginning, repeated education was necessary to overcome the fears of women, mainly the aged; education continues for the latter....Breast examination is routinely taught.

Cancer Work in an Iron and Steel Complex

American Cancer Society members visited the industrial medical facility at the Shih Ching Shan Iron and Steel Works, about 40 miles west of Peking. There is a general hospital with 620 beds. The work is in accord with the policy of the Party -- that is, put prevention first. The staff consists of 300 MD's and 400 nurses. Prevention in the treatment of tumors was started in 1972. Prevention (also meaning early detection) and treatment are emphasized in three types of cancer: lung, gastro-intestinal, gynecological tumors. Mass screening began in 1972. They examined 39,000 individuals for tumors of the digestive system. 15,200 examinations were made for cervical cancer. They also look for chronic gynecological diseases such as the erosion of the cervix. Pap tests are given every two years. 42,000 workers were tested for cancer of the lung.

Each of the 18 mills at the Iron & Steel Works has a clinic with Red Medical Workers (RMW) in each clinic. The RMW's have regular jobs in the works and perform their medical work as an additional duty. 400 of the 600 were presently trained in tumor detection, and of these 161 take part in prevention and treatment of tumors. The Works has a three-stage cancer-detection work: Red Medical Workers, Clinic and Hospital.

Since the Cultural Revolution, medical teams from the hospitals have been going to the rural areas, the factories and the communes; they really believe that they receive "re-education" from the people, enabling them to better serve the people. Chairman Mao taught them that to eradicate cancer, the masses must join in the fight.

MENTAL ILLNESS
In The
PEOPLE'S REPUBLIC OF CHINA

By Carl Ratner

Mental illness is a relatively minor problem in the People's Republic of China. Nanking, a city of about 3 million people, had only 300 beds for psychiatric patients in its Neuro-Psychiatric Hospital. Shanghai had about 2500 mental patients in a population of 18 million (including the greater Shanghai area). Many kinds of mental problems have been eliminated since Liberation in 1949; mental illness due to syphilis, alcoholism and old age has disappeared, the first two having been eliminated and now older people are receiving better care. There is almost no suicide in China and very little manic-depressive psychosis.

It was surprising to hear that the Chinese do not know what childhood autism is, nor of hyperactivity in children, and that there is no speciality of child psychiatry because mental illness among children is virtually unknown. The child-psychiatric ward in the Shanghai Psychiatric Hospital was closed because there had been only eight cases in ten years.

By far the most common disorder was schizophrenia, one tenth of the prevalence in Western countries, according to a 1957 statistic. In China it comprises from 60 to 80% of the mental cases. In China schizophrenia seems to have quite a general meaning, almost synonymous with psychosis. When I asked the doctors to describe the symptoms of schizophrenia they replied that they were disorientation, hallucinations, disturbance of feelings, and paranoia. My impression was that the Chinese do not have mental illness broken down into refined categories and specific "diseases" as we do; but rather, that serious disturbances were all treated as similar and different symptoms were not taken to constitute different "disease entities."

In addition to the serious disorders that are generally called schizophrenia, the Chinese recognize organic brain syndromes and less serious mental disorders -- such as those caused by traumatic events like the recent earthquakes where many were left homeless, confused, and frightened. In these latter cases the problem is straightforward, the treatment consisting largely of reassuring and comforting the patients.

In the Nanking hospital the average stay was three months, similar to reports from other mental hospitals, although there were some chronic cases who had been hospitalized for 15 years.

The Nanking hospital had 30 doctors and many nurses for 300 patients. The Shanghai Psychiatric Hospital had 1000 beds and a staff of 585 that included 61 psychiatrists and 261 nurses. There are more male patients than female, the reverse in the United States.

Admission is generally involuntary, with disturbed people being brought in to the hospital by relatives; some times a policeman brings a patient in, after a crime caused by an apparent mental disorder. There does not seem to be any fear of psychiatry being used repressively. When errors are made, concerned people are expected to point them out and have them corrected; it is a common expectation that people will behave toward each other responsibly and with kindness.

Mental patients are treated with a combination of medical techniques and therapy. The former include herbal medicines, acupuncture and tranquilizers. Acupuncture is used for insomnia, memory loss, calming and auditory hallucinations; the latter are treated by acupuncture in the ear two hours a day for two weeks; this makes the hallucinations fainter and fainter. The most common tranquilizer seems to be chlorpromazine, given in moderate doses of 300-600 mg per day. The Chinese do not use electro-shock therapy or insulin-coma therapy, although they were used in the first decade after Liberation. The Chinese have tried mega-doses of Vitamin-C on schizophrenics and reported poor results.

The medical treatments have the goal of calming

patients so that that their problems can be dealt with interpersonally; this is the basis of real cures. This is where the treatment of mental illness most clearly reflects Chinese society and Chinese values. Two of the most notable features of the hospitalization and therapy treatment of mental patients are the great activity and involvement of the patients and the enormous support system that the hospital and afterwards, the community provides for the patient.

The Chinese believe that even sick people have some healthy aspects, and they use these to help overcome the illness. The patients are not treated passively nor are they drugged to such an extent that they are lethargic and unable to concentrate.

The patients play an active role in the hospital and are encouraged to understand their disturbances in a comprehensive manner. They engage in small forms of productive work such as weaving small articles; these articles are sold and the proceeds used to buy recreational materials, books etc for the patients' use. The patients help clean the hospital; they work in the garden, growing herbs which are used for their medicines and vegetables for their meals.

The patients also engage in study -- study about their disturbances and about the social principles of their society. Each ward elects three leaders who are responsible for coordinating the productive work, the house-cleaning and the political study. These leaders are among the most improved patients; they discuss the activities with the head doctor and the head nurse to get ideas on making these activities as helpful as possible to the patients. The patients are organized into groups - groups which offer support and companionship and a forum for political study.

Thus the Chinese approach to therapy is reality-oriented, emphasizing the patient's role as a responsible member of society. For the patients to understand themselves better and to overcome their problems, they must understand what society is like, what its principles are, what people expect of them at home and at work, and how to act outside of the hospital. Feeling good about one-

self involves making a contribution to society, a contribution that will be recognized by others; thus, self-esteem is a social phenomenon. The patients make social contributions through their productive labor and through their involvement in hospital work.

All these activities that the patients engage in are considered part of their therapy. For the Chinese believe that people are social beings and that their mental health depends on their relation to society and upon the nature of the society in which they live. The Chinese think that their society is fundamentally a humane one, that is, a society in the course of eliminating exploitation, socioeconomic classes, and alienation. They believe that their system of worker self-management is one where the people express their interests and their needs in all areas of their lives. Consequently, the workers should understand these features so that they participate more fully and develop themselves through their involvement. Therapy involves this kind of education so that people can see that their lives are secure, that their fears and confusions are unrealistic, that they can be happy and fulfilled by learning the social values and participating more fully in the society.

Chinese psychotherapy does not focus on the patient's emotions or childhood experiences; it does not attempt psychological explanations as we know them. The main concern is for the patients to develop logical, rational thinking and to develop good social values of cooperation. Then the patients can come to have happy, fulfilled lives through their ordinary social activities. In other words, because social life is fulfilling, the point is to participate in it (actively, of course, not passively following social dictates), and there is no need to engage in purely psychological -- i.e., personal analyses.

Thus, the reason a person is afraid to say what he thinks -- or does not develop his own thoughts in the first place -- is not because he has an emotional blockage due to his personal relationship with his mother, but because he has certain social values of submissiveness toward those in authority - for example those values which reflect the class society which used to exist in China.

So therapy would consist in studying the old society and understanding why there were classes, why this engenders submissiveness, what new China is like, why it is bad to be submissive -- bad for oneself and for the society which needs critical thinking and inventiveness. The point is to understand where this whole value of dominance comes from, how it existed throughout all areas of the old society, and how to develop the new society in a way that is free from this. If the patient learns this, he will not need to dwell on all the details of his childhood in a psychological manner. The point is not to develop his "emotions" in an abstract sense of being more emotional generally; rather it is to be a good worker who develops himself socially, becoming analytical, creative, expressive. The Chinese believe such development cannot be accomplished abstractly by emphasizing certain parts of a person apart from fulfilling social life.

The emphasis on rationality, realism and social life does not mean that patients never discuss their feelings and thoughts about their problems. It only means that patients are guided in that direction as the way to understand and solve their problems. The patients do talk about their hallucinations, fears and confusions, doing this in what the Chinese call "heart to heart talks." This corresponds to our psychotherapy. The patients have these talks in groups and individually with a nurse. Each patient is assigned a nurse with whom s/he meets for half an hour every week on a regular basis and also whenever problems arise. It is the nurses who conduct these heart-to-heart talks; they also administer medicine to the patients and look after their hygiene. The doctors (psychiatrists) diagnose the cases, collect and write case histories, determine treatment, and engage in political education with the patients.

The atmosphere in the mental hospitals seems to be quite relaxed and friendly, with much interaction between staff and patients. In keeping with the principles of egalitarianism, the doctors and staff participate with the patients in cleaning the hospital every week, and the doctors help serve the patients food when the nurses need help. All hospitals, like every other institution in China, are run by revolutionary committees elected by

the staff; these include doctors, nurses, janitors, and maintenance people.

When a patient is released from a mental hospital in China s/he receives enormous community support. In the first place the patient's doctor and nurse discuss the patient with his/her family and suggest what the family should do to help the patient upon release. They also consult with the revolutionary committee at the patient's workplace to ensure that conditions will be hospitable. If the patient is incapable of returning to his old job, a new one is found that is compatible with his/her ability. The family and the workplace are instructed what to look for as signs of relapse. The patient's doctor and nurse do this type of work, for there are no "social workers" in China. This ensures that the people who were closest to the patient look after his release -- they do not leave this crucial activity to someone else. The doctor and nurse also make home visits to the discharged patients to check up on the patient.

Discharged patients are given medication -- usually small doses of tranquilizers. Medication and check-ups continue for approximately two years (or whenever the patient feels comfortable) on an out-patient basis. Out-patients come to the hospital once a month, primarily to receive medication, but also to talk with the doctor if there are any problems. The Shanghai hospital out-patient department included 11 doctors and 9 nurses.

The community support for discharged patients is undoubtedly one of the main reasons for the extremely low recidivism or relapse rate which is approximately 15%. (In New York mental hospitals, by comparison, 75-80% of the patients are readmissions).

A HOSPITAL FOR THE MENTALLY DISTURBED
EXCERPTS FROM
"SCIENCE WALKS ON TWO LEGS"

"Mental hospitals can reveal vital
information about a society"

The Shanghai Psychiatric Hospital for Treatment and Prevention is a complex of white buildings in the suburbs of the city, built in 1958, beautifully landscaped with fruit trees and shubbery...Inside the hallways were bright and everything was spotless and simple...There was none of the ominous or depressing intimations one feels on entering a state hospital at home, nor the antiseptic, all-business atmosphere of glass, aluminum and linoleum of the fancy private hospital.

In the large recreation room about a hundred men and women were playing games; others were reading picture books and magazines...There were only about 10 staff members in the room, yet the patients were self-directed, organized and reasonably quiet. No one was aggressive or called attention to himself by exhibiting bizarre behaviour. Most of the people were on low doses of tranquilizers. But it was clear from the attentive expressions of the patients and their level of physical activity that these people were not "doped up." The games being played all required a high degree of concentration and motor coordination. No one was vegetating in front of a TV set.

Everywhere we looked, patients and staff were in close, friendly contact. The staff impressed us as being very gentle and patient.

We observed a political study session. About 20 female patients and a nurse were seated at a table reading an article by Chairman Mao. The patients took turns

reading sections out loud and then discussing them...A doctor told us that the patients often have "unrealistic thoughts" and that reading and studying Chairman Mao helps to focus and "correct" such ideas.

One of the doctors told us that all of the patients had "both physical and mental causes" of their diseases. Before Liberation, our hosts told us, there were patients with syphilis, other venereal diseases, alcoholism and drug addiction, but that since then all these afflictions had been eliminated.

We asked, "What was meant by 'a mental cause'?" A doctor gave the following example: "An incorrect attitude toward criticism/self-criticism, meeting difficulties in work, problems in managing love relationships, an inability to handle contradictions (problems) among colleagues and co-workers, or suffering from great shocks."

We asked one of the doctors if any of the staff did any family therapy. He replied, "Medical treatment is not enough; the masses who live and work with them should have a correct attitude toward the situation. While working outside the hospital we do specific propaganda work with the patient's family, friends, co-workers and neighbors.

Before the patient leaves the hospital we give him or her some theoretical education on how to prevent a recurrence of the illness and we also inform the relatives about the medication and how often the patient must return to the out-patient department. We believe a long period of medication after discharge prevents a recurrence. We also tell the relatives and co-workers to pay more attention to the patient and to take better care of him or her. We believe that if we pay more attention to the patient's daily life it will consolidate the good results of our treatment and prevent a recurrence.

One of the doctors was currently spending most of his time in factories and rural areas. He told us that he teaches medical workers in the factory clinics and on the communes about the treatment and methods of preventing

various mental disorders. The health workers are also invited to the hospital to learn about typical cases of emotional disorders. Since these medical workers study and work with members of a particular factory or commune, they know their comrades very well and are especially suited to help them.

When asked what they regard as a "cure" the doctors replied that an essential characteristic was that the patient could "recognize and analyze his or her disease." The other major determining factors they listed were that the behaviours that were exhibited during the illness are gone, and that the patient is able to work and live at home.

The belief that incorrect attitudes are a major source of psychological difficulty, and that the development of correct attitudes will result in a remission of the disorder, is reflected in the use of education in ideology and political study as two of the major verbal forms of psychological treatment. A third form, heart to heart talks, is simply frequent and also unscheduled intimate and supportive chats between the patients and nurses or other patients who are elected by their comrades to be leaders.

Shortly after the patients are admitted to the hospital and a case history has been taken, they meet with a doctor to begin education in ideology. The doctor tries to determine the nature of the patient's ideas about the world and then attempts to help the person develop a correct attitude toward the illness. "First, we try to help the patients recognize that they are ill, and in what ways their symptoms reflect that illness. Then we tell them why they are ill: what the causes of the illness are. These explanations help the patients develop a correct attitude toward their illness."

Although it is important to the Chinese that people affirm the basic tenets of their social system, the Chinese place an equal emphasis on helping people develop the cognitive tools necessary to think for

themselves. They place a high premium on logical, rational and inferential thinking. Thus, political study in the hospital setting is, among other things, an attempt to "use the normal to overcome the pathological" - to help the patient rediscover his or her own reason and reasoning facilities. The Chinese assumption that reason, logic and a "desire to serve the people" will prevail seems to work therapeutically.

Life inside the hospital is much like life on the outside. They are not detached and isolated from society, but lead a collective life. They have close relationships with doctors, nurses and staff, have discussion groups and study Chairman Mao's works. Their life is the same as it is for all Chinese. Thus the patient doesn't have to adjust to normal life -- he is living it already.

BASIC PRINCIPLES
in the
TREATMENT OF THE MENTALLY ILL

The treatment of mental illness in the People's Republic of China is a process involving multiple techniques: traditional and Western medicine, group and individual relationships, professional and non-professional care, mutual help and self-reliance, and hospital and community involvement.

Since the Cultural Revolution new models of organizing patients in mental hospitals to "raise the patient's initiative to fight his disease" are being tried extensively. The writing and thinking of Mao Tse-Tung underlies all these efforts.

Several basic characteristics of Chinese society are critical to the handling of mental illness:

1. The society is extraordinarily cohesive, and the effects of this cohesion have not begun to be explored with regard to the incidence and treatment of mental illness.
2. The organization of the society into small groups in which mutual help and local participation are emphasized must be regarded both as an effort at preventative mental health and as an adjunct to the treatment of mental patients.
3. The belief in the malleability and perfectability of man through "education and re-education" is the foundation on which many of the new techniques, such as Mao Tse-tung study groups, are based.
4. Although the Chinese are attempting to fashion their own brand of mental health services through using their social structure and their traditional medicine, they do incorporate Western techniques such as drug therapy when they feel they are useful.
5. Throughout the Chinese medical care system, as well as in other facets of life, their pragmatism and willingness to experiment are highly evident. Thus the treatment of mental illness in China is likely to be a changing picture that we in the West would do well to observe. (From "Serve The People")

TREATMENT OF THE HANDICAPPED
in the
PEOPLE'S REPUBLIC OF CHINA

Twenty eight years ago the physically handicapped were outcasts in Chinese society. They had to fend for themselves - scrounging for a living as fortune tellers, beggars, thieves, street minstrels. Thousands of these unfortunates died of starvation or froze to death on the streets of pre-1949 China. The human wreckage that accumulated was enormous. The little that was done to alleviate conditions was utterly inadequate.

Today a new kind of society exists - a people's society, a socialist society in which the vast majority, including the handicapped, are workers, participants in the building of the new kind of society.

The new society provides special considerations for the handicapped. There are schools to enable the handicapped to take their place as normal workers. For example, Peking has schools for the deaf, for the blind and for orphans.

The Peking School For The Blind

This school is run by the government. Children are admitted at the age of eight. School fees are the same as for ordinary school children; children whose families have financial difficulties receive scholarships. After eight years the children have the equivalent of junior middle school education. All books are in braille; the curriculum is the same as that of ordinary schools, except for the omission of drawing.

The Peking School For Blind Children aims to do much more than merely giving the youngsters education and a skill that will eventually help them earn their own living. More important, is helping them view themselves as active builders of socialism.

These children go regularly to work in factories and communes so that they can identify with the working people. They get education in revolutionary ideals - learn about revolutionary heroes, go on expeditions to spots and areas that depict the people's revolutionary struggles against feudalism and imperialism.

A 17-year old girl, blind since birth, came to the school quite despondent. Several years of collective life at the school made her realize that she could be a useful member of society. She described visiting the Monument to the People's Heroes in Tien An Men Square in Peking. At the base of the Monument is a frieze depicting the revolutionary struggles; the guide let the blind youngsters run their fingers over the carvings as he related the history of each episode. This girl described her feelings: "Though we could not see, we could feel that our country is moving forward with big strides. This gives us great strength. In our socialist country as long as we have the desire to serve the people, you are not really handicapped."

After graduation they are assigned jobs according to their personal wishes and the needs of the state. In August 1976 there were 160 pupils taught and cared for by 60 teachers and staff members. The children are made acquainted with what life was before 1949 and what they can now look forward to. Older blind people come and tell them about life in the old society; school graduates come back to tell them about the jobs and life they are experiencing in the new society.

Factories For Handicapped Workers

There are factories built specially for the blind and disabled. Peking has fourteen plants operated by the municipal civil affairs bureau, employing blind, deaf-mute and otherwise handicapped workers. These factories and three farms take graduates from schools for the blind and the deaf. In each place about 60% of the workers are handicapped.

The largest factory in Peking is the Red Flag Rubber & Metal Products Products Factory; it produces rubber

balls, rubber plastic shoe soles, plugs for industrial use, bottle caps, trunk locks and other metal products. There are five hundred workers in this factory. More than 180 are blind, 120 are deaf and 20 are disabled - like one worker on crutches, a victim of infantile paralysis. Nearly one half of the work force are between 16 and 28 years old.

The blind operate machines, punching out bottle caps, cutting steel rods, boring holes, making colored rubber balls. Gears on machines are enclosed and punch presses are equipped with safety devices. While there has been considerable semi-automation since the factory was set up in 1965, there is admittedly much still to be done. Accidents are at a minimum - but they do occur, as when blind workers trip or bump into something. When an operation in a factory calls for group work, the group is made up of the handicapped and the non-handicapped.

The Peking Deaf-Mute Rug and Carpet Factory has 380 workers, with all the work-teams under the joint leadership of a deaf and a non-deaf person. Two of the 7-member revolutionary committee are deaf-mutes; one of the 7-member Party branch committee is a deaf-mute; 6 of the 12 heads and vice-heads of the four workshops are deaf-mutes. Most of the non-deaf workers have learned the sign language so that they can converse with and achieve good cooperation with their fellow co-workers -- both on the job and in every-day life.

A 31-year old woman, Chen Pei, graduated from the Deaf-Mute School No 4 in 1964; she is head of shop No 1 and a member of the factory's Revolutionary Committee. She is a functioning part of China's new society. As she says, "In the old society it was hard to find a job; even persons who weren't handicapped were out of work most of the time. Today not only do I have steady work, but have been elected a leader in the factory."

Not all graduates of schools for the handicapped go to work in factories. Chen Pei's husband, Shih Jui-hua, 34 years old, was trained in massage in the city of Paoting in Hopei Province; he is now a doctor at the Peking West City Massage Clinic.

Some Special Considerations for the Handicapped

The handicapped workers generally live nearby, in the factory housing. For those who live elsewhere, the municipal bus system runs special busses from a central location to the factory. Children of the handicapped get priority in attending the factory kindergarten. Often blind parents' children who are normal stay with grandparents or relatives. The handicapped may eat at the factory canteen or, if they prefer, at home. Local food stores, particularly on holidays, send carts around selling various foods, including grain, to the living quarters of the blind.

Normality is the Rule

Handicapped workers get the same pay as other workers. Wages are the same in the special factories as in other state-owned factories. In addition to equal wages the handicapped also have the same amenities such as free medical care and retirement pensions.

The handicapped participate along with every one else in factory and community activities. The blind at the Red Flag factory have an orchestra; they play Chinese checkers and chess.

No longer are the handicapped outcasts of society. Like every one else they work, they build the new society, they study the works of Mao Tse-tung and Lenin. They too are capable, self-respecting, builders of the new kind of society.

A blind 32 year old woman worker, vice-head of her shop, wrote, "I was in the school for blind children from 1954 to 1962. After graduation I was given a job in the Peking East City Cardboard Box Factory. What makes me happiest is that I am not a burden to the state but can do my part in building socialism."

APPLYING MASS LINE PRINCIPLES

to

HEALTH PROBLEMS

In The People's Republic of China
By S Dan Schwartz

If you want knowledge, you must take part in the practice of changing reality. If you want to know the taste of a pear, you must change the pear by eating it yourself.

Mao Tse-tung (1937)

The mass line: a framework

This work is simply a starting point for a better understanding of certain mass line principles as they are practiced in the area of health education.

This paper is an attempt to elucidate the principles of mass line as they relate to consumer participation and community involvement in the People's Republic of China (PRC). Since theory and practice are intimately intertwined in the PRC, it is necessary to examine exactly how specific mass line principles are put into practice.

The mass line is essentially predicated on the ideology and experiences of the Chinese Communist Party (CCP) and is one of the core elements of the PRC revolutionary process. Mass- and class-based community control and involvement was evidently understood by Mao Tse-tung as being a vital "liberation" process* as early as 1926.²⁰ As areas were put under control of the CCP, mass participation and community involvement were stressed and put into effect.

What this meant was that the party, militia and health personnel worked and lived among the local residents, sharing a more or less common experience and

* The word "liberation" has many connotations. The context in which this word is used in this paper refers primarily to a civil war (and wars against foreign interests, especially the Japanese) which was successfully culminated by the Red Army, CCP, and a vast majority of Chinese peasants led by Mao Tse-tung and others in 1949. "Liberated areas" refer to areas wrested from the Kuomintang (Chiang Kai-shek) by the CCP army during the civil war period (1927-1949). Liberation also refers to acts or actions in the interests of the peasantry, such as land reform, mobilization of peasants to better control their own destiny and health care.

language, while developing a common definition of the situation. It meant that leadership was close to the people and able to learn from the masses as well as to teach them.

We can better grasp Mao Tse-tung's thinking by examining a speech delivered in January 1934, entitled "Be Concerned with the Wellbeing of the Masses, Pay Attention to Methods of Work".

"All the practical problems in the masses' everyday life should claim our attention. If we attend to these problems, solve them and satisfy the needs of the masses, we shall really become organizers of the wellbeing of the masses, and they will truly rally round us and give us their warm support...

I earnestly suggest... that we pay close attention to the wellbeing of the masses, from the problems of land and labour to those of fuel, rice, cooking oil and salt. The women want to learn ploughing and harrowing. Whom can we get to teach them? The children want to go to school. Have we set up primary schools? The wooden bridge over there is too narrow and people may fall off. Should we not repair it? Many people suffer from boils and other ailments. What are we going to do about it? All such problems concerning the wellbeing of the masses should be placed on our agenda."¹⁵

Mao recognized here something very fundamental, e.g. the need to try and serve the masses from *their* perception of reality by becoming one with them.

The correctness of this approach stems from Mao's basic philosophy of knowledge. In a classic essay, he states: "Where do correct ideas come from? Do they drop from the skies? No. Are they innate in the mind? No. They come from social practice, and from it alone... In their social practice, men engage in various kinds of struggle and gain rich experience, both from the successes and from their failures."¹⁶

The logic of all of the above becomes more understandable historically from Mao's phenomenological viewpoint when one compares the conditions of the masses prior to 1949 and after 1949. China was known as "the sick man of Asia" * and suffered from successive famines, epidemics and a feudal system.¹ There were hardly any "good old days" for the vast majority of Chinese people.² In fact, people are encouraged to remember and compare "the bitter past" with the present-day PRC.³⁶

The mass line, therefore, became a powerful ideological process and practical tool utilized to serve the grassroots interests of the Chinese masses and implement their wishes while serving felt-needs. By becoming organizers of the wellbeing of the masses, the CCP could practice what it preached, since practice was central to changing reality and the change process itself.

Mao lucidly conceptualized one essential component of the mass line process as follows: "In all the practical work... correct leadership is necessarily from the masses, to the masses. This means: take the ideas of the masses (scattered and unsystematic ideas) and concentrate them (through study turn them into concen-

trated and systematic ideas). Then go to the masses and propagate and explain these ideas until the masses embrace them as their own, hold fast to them and translate them into action, and test the correctness of these ideas in such action. Then once again concentrate ideas from the masses and once again go to the masses so that the ideas are persevered in and carried through. And so on, over and over again..."^{17*}

Mass line principles relating to consumer participation and community involvement

The PRC has developed four basic priorities related to their health care delivery system (see *Diagram A*). These priorities came out of the first national health conference of the PRC, held in August 1950:⁸

1. Health work should primarily serve the labouring people, the workers, peasants and soldiers.
2. Close unity should be fostered between Chinese and western doctors.
3. The main emphasis should be placed on preventive medicine.
4. Wherever possible, health work should be conducted by mass campaigns with active participation of medical workers.

I have further summarized from bibliographical sources *five basic principles of mass line* (with the latter two priorities in mind) as they relate to consumer participation and community involvement, and are applicable to health (education) workers:

1. Get to know the people. Understand their aspirations, achievements and needs. Sum up their ideas; return them to the masses in articulate form; pose new questions. With majority agreement, put ideas into practice. Masses evaluate and go through process again as necessary.
2. Ordinary people possess great strength and wisdom, and when their initiative is given full play they can accomplish a great deal for themselves. The art of leadership is to learn from the masses, to refine and systematize their experience, and on this basis decide on policy.
3. Mass participation of the people is seen as participation in society and is encouraged in regard to planning, implementation, and continuing evaluation of any programme which affects wellbeing at the individual, community and national levels.
4. Through mass participation, people educate themselves to all the possibilities of controlling their own destiny, while exemplifying the ideal of serving the people.
5. Criticism and self-criticism is encouraged.

* In Mao's classic "Talks at the Yenan Forum on Literature and Art" in May 1942, he reconciled the problem between individual and mass by quoting from a poem by Lu Hsun and explaining it: "Fierce-browed, I coolly defy a thousand pointing fingers, Head-bowed, like a willing ox I serve the children." "The 'thousand pointing fingers' are our enemies, and we will never yield to them, no matter how ferocious. The 'children' here symbolize the proletariat and the masses. All... revolutionaries... should learn from the example of Lu Hsun and be 'oxen' for the proletariat and the masses, bending their backs to the task until their dying day. Intellectuals who want to integrate themselves with the masses, who want to serve the masses, must go through a process in which they and the masses come to know each other well."¹⁸

* Prior to 1949 China had an infant mortality rate of 200 per 1,000 live births, a maternal death rate of 15 per 1,000. About one-third of the population was estimated to have trachoma (150 million) and 45 million, syphilis or gonorrhoea.

With these five basic principles of mass line in mind plus the constantly reiterated moral precepts of Mao Tse-tung which emphasize *selflessness* and *self-reliance* on behalf of individual and community,* we can investigate preventive mass health campaigns in terms of *practical application*.

Schistosomiasis

Horn relates the following as an example of mass line application: "To mobilize the peasantry against the snails (the intermediate host in the schistosomiasis cycle), it was first necessary to explain to them the nature of the illness which had plagued them for so long and for the purpose, lectures, film shows, posters, radio-talks were employed. When the peasants came to understand the nature of their enemy, they themselves worked out methods of defeating it.

"Twice a year, in March and in August, the entire population in county after county, supplemented by the voluntary labour of all available armymen, students, teachers and office workers, turned out to drain the rivers and ditches, dig away and bury their banks and tamp down the buried earth.

"To empty a complicated system of water channels demands more than back-breaking work; it also requires careful planning for if they are emptied out of proper sequence, serious water-logging may result. Reliance on the knowledge of the peasants is of key importance. To mobilize the masses does not mean to issue them with shovels and instructions; it means to fire them with enthusiasm, to release their initiative and to tap their wisdom...

"The strategic concept of confidence in final victory (over the snails) found expression in the response of millions of peasants which made possible an unprecedented mobilization of manpower and resources..."⁹

Although schistosomiasis is not totally eliminated from the PRC, two professors of parasitology from the College of Medicine, University of Iowa, who visited the PRC in 1972 had this to say: "After 1949, the new People's government launched a well designed and organized campaign against schistosomiasis. The campaign was fully supported in many ways by the people in the endemic areas. This disease is now under control..."¹²

Family planning

Family planning in the PRC has a complex history with different approaches during different periods of time since 1949. In general, the policy in the PRC was to fulfill the basic needs of the population first (food, shelter, health care, etc.) before embarking on an intensive mass family planning programme. Furthermore, it was thought that realistic and massive family planning could never be accomplished until the masses felt secure that their children would survive and grow up in a healthy environment, and thereby mitigate the necessity of having successive births in order to ensure the survival of some children.

* The three most widely read works of Mao in China are (1) *In Memory of Norman Bethune* (December 1939) which stresses selflessness and internationalism, (2) *Serve the People* (September 1944) which emphasizes self-criticism and selflessness, and (3) *The Foolish Old Man Who Removed the Mountains* (June 1945) which emphasizes self-reliance and a collective spirit of perseverance. ¹¹

"One pregnancy, one live birth, one live birth, one healthy child."³¹

Other factors that related to family planning were the liberation of women and a critical confrontation with religious values which in the past favoured many male children.

Orleans estimates that prior to 1949, China had a crude birth rate of 40 to 45 per 1,000. Some 20 years later, the situation has changed: "(although)... opinions differ as to how successful China's effort to drop the birth rate might be, it is the contention... that despite the many obstacles to overcome, impressive progress is being made."

Furthermore, this conclusion based on the interpretation of published data is supported by the reports of recent visitors, "many of whom made a special point of looking into family planning programmes wherever they went. Consequently it is estimated that the current crude birth rate in China falls in the 30 to 35 per 1,000 range. If this estimate is realistic, it is a tremendous achievement for a country that in many ways is still underdeveloped."³⁶

The PRC success in lowering the crude birth rate and curbing population growth is due almost entirely to the implementation of mass line principles. Three major factors seem to stand out:

1. A strong belief in mass participation in which one's use of planned birth is understood as participation in society; this is seen as enabling women in particular to make an even greater contribution to the PRC.
2. An intensive educational campaign conducted door-to-door by indigenous medical workers who are friends and neighbours of the women involved.
3. The politicization of the issue of birth control. Limiting the number of children one has is a political act done to help the PRC and serve the best interests of the masses.

Simply making contraceptives available would not in itself have lowered population growth. The recruitment of paraprofessionals to do community education work would not have been enough. The success of the birth control effort in the PRC lies in the fact that it represents part of a much larger effort to involve the people in their own destiny.³⁴

Venereal disease

Horn flatly pronounced that "active venereal disease has been completely eradicated from most areas and completely controlled throughout China"¹⁰ and Selden has neatly summed up the way in which the most active social disease in the western world has been nearly eradicated in the PRC:

"The first step in eradicating syphilis lay in eliminating its economic and social roots -- prostitution... Throughout the country, through the process of education, the social origins of the disease were discussed at mass meetings... Hundreds of thousands of prostitutes were given free penicillin treatment, provided with elementary literacy, political education, job training and meaningful work. They were given the opportunity to speak bitterness, to relate and analyse their former lives in the streets and brothels, and were offered the opportunity to join and share in building a new society.

"... The method to eliminate syphilis once and for all, adopted after much experimentation, involved the participation and training of millions of health workers to carry out basic level education, administer elementary questionnaires, test those whose responses indicated positive, and treat the afflicted."²²

It would appear that the principles of mass line are well understood by the Chinese people since they practice them and can see the results of their practice. They have a baseline to compare the conditions of their world prior to 1949 and the advances made up to the present. The importance of mass line is stressed in every institution (especially the schools) and plays a part in the individual consciousness of each member of Chinese society (to one degree or another).

People in the PRC are expected to participate fully in the life of their community. This means political, economic and social participation. It is believed that through mass participation, great physical and social changes can occur in the PRC. These changes can be accomplished by the people who will simultaneously be educated through their own participation. This conviction that change must come from the consciousness of individual citizens as well as from the hierarchy above is described by Selden:

"Out of the struggle for survival... came the clear perception that a rationalized bureaucracy staffed by even the most dedicated party and technical elite was insufficient to crack the cycle of rural poverty and oppression. Revolution from above could never lead the peasantry into the modern world. The impetus for rural transformation had to come from and be sustained by revolutionary forces within the village."²³

This transformation has been strengthened by implementing the concept of self-reliance. A self-reliant community simply has more control over the kinds of decisions that affect the community's wellbeing.

The mass line: clarifications

After this discussion, it should be made clear that community control through community participation is relative, not absolute. The national leadership of the CCP plays a major role in the shaping of national policies and in the formulation of broad guidelines for community development. The mass line has within it a feedback process which enables local decisions to be carried to the various levels in the organizational hierarchy and responses returned to the local community (see *Diagram B*).

However, the question of accountability within the organizational hierarchy becomes very important at this point.²⁷ While local leadership is much more directly accountable to community participation and decision-making, accountability becomes more distant to leadership on higher levels.* Higher level leadership does not have the daily contact with the local community to the obvious extent that local leadership would have. If leadership above the local level does not appreciate conditions at the grassroots level, does not feel accountable or is not kept amenable to the mass line process, the significance of mass line is then likely to be severely curtailed. This does not seem to be the case. It is apparent that

* My appreciation to the Center for Chinese Studies Library staff on the UC Berkeley campus for lending me an undated transcribed speech by Richard M. Pfeiffer which cogently brings up the problem of accountability. ²⁴

there are organizational mechanisms and processes at work which enable higher level leadership to relate to the local community and appreciate their conditions. The principles of mass line emphasize the importance of setting aside certain immediate and/or individual interests for the collective interest; participation in collective decision-making is one incentive to do so. Horn puts it in the following manner:

"... no matter how pressing the immediate tasks may be, long-term interests must always take precedence over short-term interests and unless the persons actually concerned have had an opportunity to debate problems and formulate policy, decisions handed down from above are liable to be wrong. Moreover, unless those who have to operate a policy are convinced of its correctness, it is likely to remain a policy on paper only."¹¹

It is evident that the Chinese people firmly believe and perceive through the process of mass line that they as individuals, as a community, as a nation, are benefiting both materially and psychologically in the critical areas that affect their total wellbeing.*

* "The truth is that China over the past two decades has made remarkable economic advances (though not steadily) on almost all fronts. The basic, over-riding economic fact is that for 20 years the Chinese have fed, clothed and housed everyone, have kept themselves healthy, and have educated most. Millions have not starved; sidewalks and streets have not been covered with multitudes of sleeping, begging, hungry, and illiterate human beings; millions are not disease-ridden... These facts are so basic, so fundamentally important, that they completely dominate China's economic picture... I would estimate that China's real GNP has risen on the average by at least 6% per year since 1949, or by at least 4% on a per capita basis. This may not seem high, but it is a little better than the Soviet Union did over a comparable period (1928-40), much better than England's record during her century of industrialization (1750-1850) when her income per capita grew at 0.5% per year, perhaps a bit better than Japan's performance from 1878 to 1936, certainly much superior to France's 1% record from 1800 to 1870, far better than India's 1.3% growth during 1950 to 1967, and much superior to the post-war record of almost all under-developed countries in the world."⁴

DIAGRAM A : THE CHINESE APPROACH

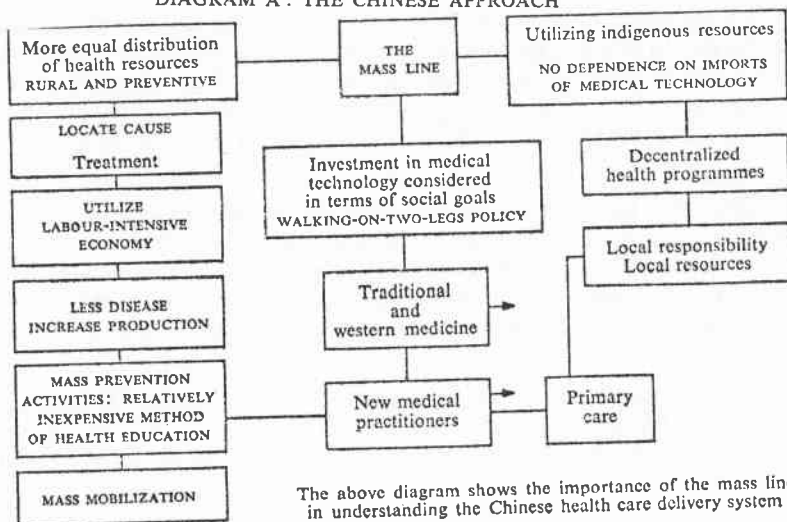
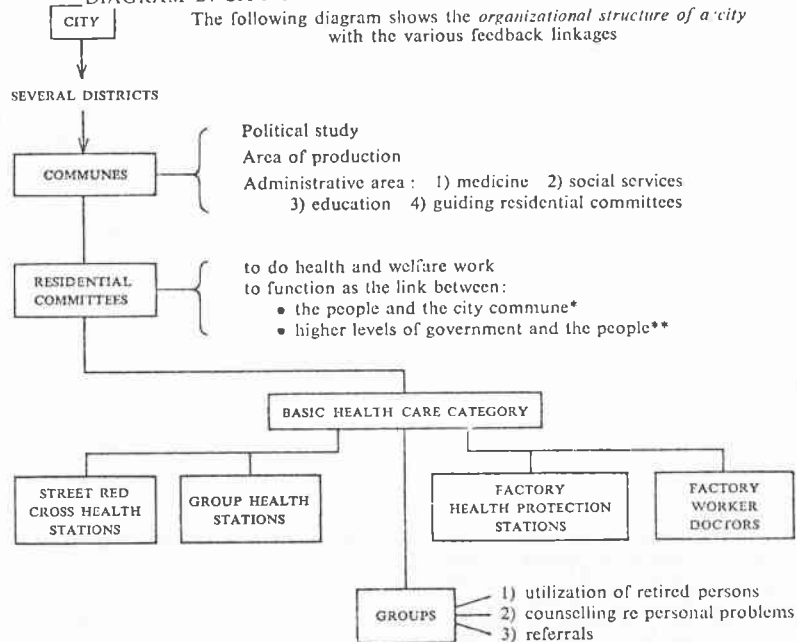


DIAGRAM B: CITY STRUCTURE AND FEEDBACK LINKAGES

The following diagram shows the organizational structure of a city with the various feedback linkages



* Link between people and city government (referrals for all requests and demands of the masses to city government)

** Link between government and people (citizens are expected to participate in order to change China and, through that participation, to understand the relationship between the natural environment and how society functions)

• My thanks to Ms W. Chu for the development and use of this diagram.

THE MASS LINE

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