

# Remembering SARS in Beijing

## The Nationalist Appropriation of an Epidemic

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Like any other disease, SARS (Severe Acute Respiratory Syndrome) has no deep-rooted meaning. It is caused by a mere virus, although a very potent one as far as human beings are concerned. This is because so far it has defied accurate comprehension and conquest. SARS acquired enormous significance and meaning from its cultural and ideological contexts. It may have infected a few thousand and killed a few hundred people but it shook the lives of millions, elicited diverse public reactions, expressed underlying dark fears and redefined segregation and interventionism. SARS was not yet another case of an 'Asian Disorder' because when it crossed the seas to strike North America it challenged the cosy assumption of the divide between the developed sanitized west and a fast growing but upstart, parvenu Asia.

I travelled to Beijing from Bangkok in early March 2003. Around the same time a World Health Organisation official also undertook a similar but fateful journey succumbing to the disease a few weeks later. When I reached Beijing there was talk of a mysterious disease in the south. It still did not have an official name. It was being called a flu, a typical pneumonia, just another common respiratory ailment – like pet names we give to children at home that have an air of intimacy, familiarity about them. But till then it was confined to the southern province of Guangdong – just a few cases had been reported since late 2002. The government assured the people that there was nothing to worry about. For the media it was a soft story.

It was a time to celebrate the spring season that had followed a severe winter. The New Year had been ushered in on 1 February – the year of the sheep. The whole country raised red lanterns in celebration. From toys to tanks, virtually everything was die-cast in the image of a sheep or a ram. Millions of people moved across China during the spring festival holidays for family reunions and dumplings were consumed at an alarming rate. In the frenzied celebrations one got an inkling of contemporary Chinese nationalism. No opportunity was lost in the festivities to smuggle in high figures of growth: GDP, FDI, exports, number of air travellers; that eighty percent of the toys children played with worldwide were made in China (the only regret being that Chinese manufacturers still have not managed to produce a brand figure like ‘Barbie’ doll). On stage and on state-owned CCTV (China Central Television), operas were being performed, pop singers danced and sang songs extolling the achievements of Chinese society and people (is there any distinction between the two?) – how the children were growing taller, the air was becoming cleaner, roads wider and the Chinese people becoming healthier and wealthier. Little did anyone realize that the massive movement of people during the spring festival was to be later held responsible for SARS virus’s dissemination. But in February and March ignorance was bliss. People were queuing outside cinema halls to see Zhang Yimou’s latest blockbuster, *Hero*. Others watched dragon and lion dances and were busy consuming a bewildering variety of gorgeous Chinese food. The new leadership of President Hu Jintao and Premier Wen Jiabao exuded youthful confidence at sixty and promised, if not the moon, a manned mission in space later in the year. Bill Gates was on his eighth visit to China in March 2003.

Everything appeared to be in order. The economy had been booming since the ‘opening up’ and the initiation of reforms in 1978. The statistics were narcissistic: nine percent plus GDP growth since 1989, massive decline in absolute poverty, China replacing the US as the highest recipient of FDI (Foreign Direct investment) in 2002 (\$52 billion). Many of these awesome achievements translate visually for a visitor to Shanghai, Beijing or even smaller towns. The grand imperial past of Beijing now lies submerged in the maze of material achievements of modern industrialism – only to raise its head for curious tourists in search of China’s mysterious ‘forbidden’ past. As a mega-city Beijing is truly impressive: the eight to twelve lane highways, a spaghetti of glittering roads and flyovers, shopping malls, plazas, banks, restaurants, apartments blocks – and more of these. And many goods, branded ones included, are cheap. The ‘China Bazaars’ that have mushroomed all over India selling everyday goods (saris even!) at unbelievably low prices are not products of some Chinese trick. No wonder so many China experts now acknowledge that the Chinese economic performance is a bigger miracle than the earlier ‘east Asian miracle’ of South Korea, Singapore, Hong Kong and Taiwan – after all, this growth has been accomplished for 1.3 billion people. It may be accompanied with new inequalities, may not be egalitarian but is still more participatory than elsewhere.<sup>1</sup> And it is built on the social gains made in post revolution China: high literacy, improved gender equality and health. To most Chinese it does not matter whether one calls their society capitalist or socialist or even a ‘socialist market economy’. Deng Xiaoping’s pragmatism has ‘settled’ this issue for most Chinese: ‘It does not matter if the colour of the cat is black or white so long as it can catch mice’. The rhetoric of class struggle and internationalism or socialism has virtually vanished like the

famous *Red Book* of the Cultural Revolution era that is now sold as memorabilia along with Mao key chains at Tian'anmen Square. The bloody events of 1989 at this Square are at best an embarrassment, to be seen and perhaps to be forgotten as an aberration. And when faced with the question most asked of the Chinese, "What about democracy?" they retort, "Look what the world's democratic nations are doing to Iraq". Many Chinese say that there is no one version of democracy and it is more important to have freedom, which they claim is now being experienced by them in ways unthinkable in Mao's time, especially in the 'chaotic' years of the Great Proletarian Cultural Revolution (1966-76). Yet no one likes to speak ill of Mao, the great helmsman. The party line and guidebooks give him a ratio of 7:3. He was seventy percent right thirty percent wrong. Mao has been deified and hence marginalised, no longer deemed relevant for a globalized China where for the moment Deng's mantra rules: 'Its glorious to be rich'. You can make money in China as some restaurants do by selling Mao's favourite dishes, especially braised pork, but his famous collarless coat has yielded to western-style suits.

Indeed, the quest for riches appears relentless, the thirst seems unquenchable. From being the sixth largest economy in the world China aims to overtake Japan by 2020 and the US by 2050. This is an ambitious nationalist project – gigantic and scary. It is all consuming – everything from technology to culture is sought to be appropriated in this enterprise: the gargantuan Three Gorges Project said to be the world's biggest; and it is a matter of pride for the Chinese that General Motors believes that, by 2025, China will be the biggest car market in the world overtaking the US. Currently Beijing has 121 museums – ranking second after Paris – but how can it be left at this? By 2008, the year of the Olympics, it will have 130, leaving the French capital behind. The year 2008 seems a slice of hundred metres of the long marathon race China wants to win like an agile sprinter. Beijing is working out feverishly for that mean and lean look. At times, it appears to be preparing for D-day like a bride to be unveiled in 2008 before the global gaze that will take everyone's breath away. Old *hutongs* (lanes) are being cleared, giving way to wide roads, planned concrete blocks, shopping arcades, banks. The drive to clean the city and sanitize it is the litmus test of modernity that China has imposed on itself. This desire is being pursued by a technocratic elite that seems eager to master western models and prove its success.<sup>2</sup> Since the Chinese development strategy seems to be paying off dividends for its growth-obsessed policy makers so far, not enough debate has taken place about environmental and other costs.

The hazards of this uncritical approach were brought out by SARS that threatened to plant roadblocks in the path of the Chinese dragonnaut.

The disease spread in late March-early April 2003. Along with the virus, rumours spread too. There was talk of a flu like disease that caused breathing trouble with high fever but it was dismissed as yet another type of respiratory disease. After all, respiratory diseases such as pneumonia, pulmonary tuberculosis and lung cancer are the third biggest cause of death in cities and the main killers in the countryside. But the rumour mills kept churning out more stories of the mysterious disease spreading northwards in mainland China. So far Shanghai, Tianjin, Beijing, etc., were assumed to be safe. But masks started appearing on human faces. And then a Finnish man – Pekka Aro working for the WHO – died

on April 6. Media reports still carried the official tone that the disease was under control. The situation in Beijing was described in jargon: 'safe' and 'normal'. However, on April 9, Premier Wen Jiabao admitted that the situation was 'grave', something already known to Beijing's residents. Public belief in the official figures of infections and death dipped further. Panic struck. People started shopping in a state of frenzy, stocking up daily necessities as if there was no tomorrow. Supermarkets were raided and ransacked by desperate shoppers. They withdrew into their homes, shunning social contact and public places. Windows were closed, hand shakes stopped and all kinds of home remedies were tried to keep the killer virus at bay – vinegar was boiled in rooms and herb concoctions were gulped. And then something unprecedented happened. The health authorities, realizing the need to be more transparent, held a press conference on the 20th in which Vice Minister Gao Qiang admitted that there were many more cases of the disease and deaths than those previously reported to the public. Heads rolled, and the health minister Zhang Wenkang and Beijing's mayor Meng Xuenong were stripped of their party posts. A live press conference was now held regularly and on April 23, *People's Daily* wrote in an article: "To the broad masses of people, accurate and timely information is also a good way to mobilise them to be more conscious of the disease. Panic stops when the public is fully informed".

Soon the Chinese Vice Premier Wu Yi was put in charge of health matters – a strong-willed matronly figure to reassure people. The Communist Party declared SARS as the enemy of the people – indeed the Chinese nation. Somewhere it was also perceived as the first major challenge the new leadership of the country was facing. Were the new rulers facing the threat of losing the Mandate of Heaven? The official media was inundated with pictures of Hu Jintao, Wen Jiabao and Wu Yi mingling with common people – providing the healing touch. The seriousness of the situation now exploded. Schools, colleges, cinema halls, theatres, internet cafés, restaurants, congested markets – all were shut down. Anti-SARS propaganda commenced with the might of the state behind it. Billboards promised "SARS will surely be conquered by our government under the leadership of the Communist Party of China". As tourism collapsed and the global image of China appeared infected, fears were expressed about the growth rate of the economy and the reduced confidence of foreign investors.

Even now the attempt was to blame the 'foreign' origins of the disease. It was said that outsiders had brought it to China. But did origins really matter? There is an old Chinese saying: "Keep an army for 1000 days to use it for an hour". Was it going to fail in the battle against the new enemy? Suddenly SARS exposed the health system and one got a feeling that it was regarded more as a 'public shame', an embarrassment, by the Chinese establishment. Other voices were being expressed in what looked like a debate on public health. Leading academics wrote and debated on the effects of reforms on the public health system with a tone of dissent. Hu Angang and Hu Linlin (*China Daily*, 24 April, 2003) declared that health care was a basic right of all citizens and the slow withdrawal of the state was undesirable: "In the field of public health, the role of the government and the market should be re-adjusted. Services like anti-epidemics, maternal and child hygiene, access to safe drinking water and sanitation of public toilets are typical products of public interest and should be shouldered by the government". *China Daily* later (29 May) carried the headline:

"Ailing health system exposed: crisis reveals public complacency over infectious diseases". Figures highlighted the fact that the Chinese government spent only 1.71 percent of its fiscal expenditure on health compared with about 14 percent in developed countries like the US and Britain.<sup>3</sup> Fears were particularly strong for people living in rural areas where the older, more egalitarian public health system, now reeling under reforms, was too ill-equipped to deal with SARS. Suddenly the urban-rural divide, regional disparities and new inequalities of the post-reform China were under spotlight, much to the chagrin of the state.

With its pride wounded, the Chinese state declared war on the new enemy. And its power was palpable. Suspected SARS patients were picked up, secluded and treated in designated hospitals. Affected areas were cut off and there were rumours that Beijing would be put under curfew and its boundaries would be sealed. This did not happen as by now the little that was known about the disease required people to come out of their homes. Now people were exhorted to open their windows, ventilate their homes and spend time in open public spaces. Parks were now full and countless people were out – hiking, boating, exercising, playing. Badminton racquets and shuttlecocks disappeared from shops, life reversed, imitating the elderly in China who can be spotted walking backwards to ward off aches and improve concentration. Hawkers selling seasonal fruits or baked sweet potatoes switched to selling masks and thermometers. Masks were given free with McDonald's hamburgers! Taxi drivers and lift operators started to wipe doors and handles and the smell of disinfectant emanated from empty buses and trains. The disease became a site for further intervention with the onslaught on the 'dirty' and 'unhygienic' habits of the people. While earlier there was an attempt to attribute it to outsiders, now its spread was blamed on 'squalid classes'.<sup>4</sup> The unhygienic personal habits of people suddenly appeared completely out of step with the vast array of cheap cosmetic products available to them. It was repeatedly regretted that people spat in public, did not wash their hands, kept poor oral hygiene and did not bathe regularly. How could these traits be allowed to exist? Didn't they reinforce the discredited stereotype of a 'backward yellow race' and puncture claims of a modern germ free society? For the self-image of the Chinese, fortunately, the disease struck elsewhere, especially in Canada. The fact that the western medical system had not come up with a cure for SARS somewhere aided the deep-rooted Chinese belief in the superiority of traditional Chinese medicine (TCM). Discarding western medicines, many Chinese turned to folk remedies, concoctions and a variety of fuming disinfectants with a vengeance – quite understandable given the absence of any known cure for the disease. However, once again this was hijacked for another ideological purpose – an intensely nationalist agenda where age-old traditional knowledge was assumed to be inherently superior, along with the belief that it was bound to have some cure. But critical voices could also be heard that pleaded with users of traditional Chinese medicine to remain calm: "Fear more virulent than SARS".<sup>5</sup>

By the end of May the disease started showing signs of abatement, and this glimmer of victory threw up national heroes. *People's Daily* published the diary of Zhang Jihui, head nurse at the Guangzhou No. 1 People's hospital. A physician, Dr. Zhong Nanshan, became a public icon – a household name across the country for his pioneering battle against SARS. However, what was significant about him was that he publicly expressed reservations about the claims made by the then health minister Zhang Wenkang in early April that the disease



**A healthy mind is a healthy body:** Local Beijing residents have drawn paintings or simply written big characters to show their strong determination in the on-going battle against SARS. Experts suggest that a healthy state of the mind is important in maintaining bodily defences against the virus. Photos by LI WEI/Reuters

had been “brought under control”. At a conference Dr Nanshan asked: “How can you bring the disease under control when you don’t know its cause?” The health minister was sacked and Dr. Nanshan emerged shining as the state sought to appropriate him as a national hero, leading the war against the disease. Once again Deng Xiaoping’s pragmatic adage was in operation: “Take two steps forward and if in trouble, one step back”.

The battle against SARS continues. The frantic search for its cure and effective prevention, preferably with Chinese methods or a vaccine, is on. It would be deemed as another triumph of the Chinese nation, another feather in the cap of Chinese civilization. How can one quarrel with this, given its astounding achievements in the recent past (post 1949 revolution)? But does everything have to be part of the ‘paradigm of conquest’ where no distinctions are drawn between the conquest of nature, global markets, a virus...should everything be approached with the Great Wall mentality? As China proceeds to build a *xiaokang* society, one that is ‘comprehensively well off’ with all round human development, isn’t there a need to question the ‘siege mentality’ that deploys civilizational capital in the quest for the largest possible piece of the global capital cake? And what about the soaring number of the new poor in China and over 100,000 mentally retarded elderly in Shanghai alone, out of which only ten percent are given support. SARS brought out the conflict between technology-centric modernity and the assertion of cultural nationalism – a familiar unease felt by many cultures carrying the burden of civilization and the taint of backwardness.

China seems too eager to prove to the world, especially the West, that it can win the war against SARS. In January 1836, a Brahmin instructor, Pandit Madhusudan Gupta, and four Indian students performed a human dissection for the first time at the newly established Medical College in Calcutta. In those days of early nineteenth century British colonialism in India, it was hailed as a major victory affirming the superiority of western science, medicine, indeed civilization. This historic achievement was celebrated by firing a fifty-round salute from the guns of Calcutta’s Fort William.<sup>6</sup> Salutatory gunshots celebrating yet another victory might be heard from China soon.

## NOTES

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3. *China Daily* (24 April, 2003).
4. Cf. Slack, P. "The Response to Plague in Early Modern England: Public Policies and their Consequences", in John Walter and Roger Schofield eds., *Famine, Disease and the Social Order in Early Modern Society* (Cambridge University Press, 1991) pp. 167-87.
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## SEVERE ACUTE RESPIRATORY SYNDROME

### Frequently Asked Questions about SARS

#### THE DISEASE

##### What is SARS?

Severe acute respiratory syndrome (SARS) is a viral respiratory illness that was recognized as a global threat in March 2003, after first appearing in Southern China in November 2002.

##### What are the symptoms and signs of SARS?

The illness usually begins with a high fever (measured temperature greater than 100.4°F [ $>38.0^{\circ}\text{C}$ ]). The fever is sometimes associated with chills or other symptoms, including headache, general feeling of discomfort, and body aches. Some people also experience mild respiratory symptoms at the outset. Diarrhea is seen in approximately 10 percent to 20 percent of patients. After 2 to 7 days, SARS patients may develop a dry, nonproductive cough that might be accompanied by or progress to a condition in which the oxygen levels in the blood are low (hypoxia). In 10 percent to 20 percent of cases, patients require mechanical ventilation. Most patients develop pneumonia.

##### What is the cause of SARS?

SARS is caused by a previously unrecognized coronavirus, called SARS-associated coronavirus (SARS-CoV). It is possible that other infectious agents might have a role in some cases of SARS.

##### How is SARS spread?

The primary way that SARS appears to spread is by close person-to-person contact. SARS-CoV is thought to be transmitted most readily by respiratory droplets (droplet spread) produced when an infected person coughs or sneezes. Droplet spread can happen when droplets from the cough or sneeze of an infected person are propelled a short distance (generally up to 3 feet) through the air and deposited on the mucous membranes of the mouth, nose, or eyes of persons who are nearby. The virus also can spread when a person touches a surface or object contaminated with infectious droplets and then touches his or her mouth, nose, or eye(s). In addition, it is possible that SARS-CoV might be spread more broadly through the air (airborne spread) or by other ways that are not now known.

##### What does "close contact" mean?

Close contact is defined as having cared for or lived with a person known to have SARS or having a high likelihood of direct contact with respiratory secretions and/or body fluids of a patient known to have SARS. Examples include kissing or embracing, sharing eating or drinking utensils, close conversation (within 3 feet), physical examination, and any other direct physical contact between people. Close contact does not include activities such as walking by a person or briefly sitting across a waiting room or office.

##### If I were exposed to SARS-CoV, how long would it take for me to become sick?

The time between exposure to SARS-CoV and the onset of symptoms is called the "incubation period." The incubation period for SARS is typically 2 to 7 days, although in some cases it may be as long as 10 days. In a very small proportion of cases, incubation periods of up to 14 days have been reported.

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Page 1 of 3

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