

Prescription for Nationhood: Healthcare and Ideological Transformation in the Early People's Republic of China, 1949-1956

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Abstract: This paper analyses Chinese healthcare policy and practice from 1949 to 1956 through an exploration of the role of ideology in nation-building. Inspired by Gramsci's cultural hegemony theory, this study examines the ideological control of the Chinese Communist Party (CCP), particularly through healthcare strategies and their political implications. The paper argues that the healthcare policy in the early years of the People's Republic of China (PRC) was ideologically driven, essential not just for physical well-being but also for the new regime's stability and efficiency. Nationalism, Maoism, and Sovietisation shaped China's health policies, although the CCP's ideology also displayed a pragmatic tendency. This hybrid ideology played a vital role in the party-state's attainment of ideological hegemony within the superstructure of Chinese society in this period. Therefore, the implementation of healthcare policies thus served as both a tool for hegemony and a cultural indicator of the transformative era.

Keywords: Healthcare, Ideology, Nation-Building, China, Culture Hegemony.

1. INTRODUCTION

To understand the development of healthcare in the People's Republic of China (PRC) during its early years, it is essential to comprehend the role and impact of ideology (Ratigan, 2022; Xing, 1999; Yip, 1982). Louis Althusser contends that ideology serves as a tool for the state to maintain power, using institutions like schools, families, churches, and the legal system to spread dominant ideologies and thus perpetuate control (Althusser, 2006). Healthcare services, in this context, can be seen as the embodiment of these ideological principles, representing the prevailing values and beliefs of a society beyond (Althusser, 2006) mere healthcare provision (Yang et al., 1991). Just as healthcare mirrors ideologies, healthcare policies, and practices reflect the societal changes and

aspirations of the nation. For example, the Soviet Union's Marxist-Leninist philosophy viewed healthcare as a citizen's right and a testament to the nation's dedication, emphasizing public health to ensure a strong labour force, military, and societal progress (Lagerwey, 2020; McFarland et al., 1992; Thomas et al., 2013; Van Der Zweerde, 2022; Vucinich, 1980). In Contrast, the eugenics movements in the U.S. and Europe highlighted ideologies centred around racial and genetic purity, leading to sterilization laws and policies (Pernick, 1997). This stance starkly contrasts with the rise of private healthcare in late 20th-century America, which can be viewed through the lens of capitalist ideology, emphasizing market forces and individual choice (Sell & Williams, 2020; Waitzkin, 2020). Meanwhile, the post-World War II era witnessed the advent of universal healthcare in many Western countries, reflecting a shift towards egalitarian values and the recognition of health as a fundamental right (Korpi & Palme, 1998). The evolution of healthcare in China has been significantly influenced by the complex interactions between various political ideologies like nationalism, communism, and post-colonialism. Scholars have explored how these ideological currents have influenced healthcare practices and policies from the late Qing Dynasty to the present. Nationalism, in particular, has consistently stood out as a dominant theme. Seton-Watson highlights that nationalism is deeply rooted in historical and cultural foundations, thereby shaping political structures and national identities (Seton-Watson, 2019). As Smith emphasises in his work, the nationalism movement has its deep roots in historical and cultural contexts, and ethnicity combined with national identity forms the base for not only political structures but for the very existence of nations (Smith, 1989). Nationalist ideologies, shaped within a society's cultural and historical framework, are crucial as they influence not only politics but also other sectors of community life, including health. Lee further enriches this perspective by exploring healthcare as a vital element of Chinese studies, enhancing our understanding of the relationship between nationalism and healthcare within the contemporary political and cultural context of China (Lee, 1982). Yip's research into the history of healthcare during the Republic of China (1912–1937) sheds light on the evolution of medical practices in a time deeply influenced by nationalist movements (Yip, 1982). Additionally, scholars like Edward, Yip, and Wang have further demonstrated the interactions between healthcare, nationalism, and China's global standing in their nation-building pursuits throughout the past century (EDWARD, 1935; Wang et al., 2019; Yip, 1982). Hu emphasises that the development of healthcare in China has been intricately linked to nationalism, which not

only promotes national unity but also incorporates Western medical values along with other ideologies like communism and Maoism (Hesketh & Wei, 1997). Logically, the development of healthcare in China has been influenced by a hybrid ideology incorporating elements of nationalism, communism, and to some extent, Maoism. However, few studies have thoroughly examined how this dominant ideology has shaped healthcare in the context of nation-building and its broader impact on society under the Chinese Communist Party (CCP). The development of healthcare in China after 1949 distinctly set the country apart from other Asian nations. It becomes imperative to understand how ideology shaped the outline of healthcare policies and institutional structures within this new regime. According to Jacques, the CCP's integration of Marxism with traditional Chinese values has been instrumental in China's rise. He emphasises the Party's adaptability, strong ideological foundation, and commitment to national rejuvenation (Jacques, 2009). In line with Jacques' views on the fusion of Chinese culture and politics, institutions can be seen as 'hard power', while ideology acts as 'soft power'. Considering the profound influence of ideology across different facets of Chinese society, particularly healthcare, this study aims to explore how the ideology of the CCP shaped healthcare policies during the initial years of the PRC and its impact on the nation-building process. This study focuses on the period from the year 1949 when Mao Zedong started implementing his vision of constructing a 'New Democratic Society' (NDS) (Mao, 1977). As the NDS transitioned to socialism by 1956, the CCP commenced its overarching ideological dominion over China's healthcare landscape (Yu, 2013).

2. ANALYTICAL FRAMEWORK AND METHODOLOGICAL CONSIDERATION

Antonio Gramsci's concept of cultural hegemony suggests that the ruling class manipulates cultural institutions to shape beliefs, perceptions, and values that present their worldview as the universally valid ideology (Gramsci, 2000). This perspective portrays existing social, political, and economic structures as natural and inherently beneficial, primarily serving the interests of the ruling class (Femia, 1987). Gramsci elucidates how the ruling class consolidates its rule by creating and perpetuating a pervasive cultural milieu. In this environment, although there may be a semblance of equilibrium between the classes, the subordinated groups typically exhibit compliance passively (Gramsci, 2000). This theory offers a critical

perspective on the comprehension of the ideological interplay amid society's dominant powers and healthcare ideology. It illustrates how a political party, such as the Chinese Communist Party, uses ideological discourse to reinforce its legitimacy and authority. The research employs a critical discourse analysis (CDA) framework, a methodology designed to dissect discursive practices and their role in upholding and legitimizing social hierarchies (Fairclough, 1993). CDA reveals how policy manipulation is central to the dynamics of power relations and provides deep insights into the sites of power struggles (Naidu et al., 2023; Van Dijk, 2017). This paper utilises Fairclough's three-dimensional framework for analysis, which includes description, interpretation, and explanation, to explore how political elites and policymakers assert dominance through language in the formulation of healthcare policies. The following analysis examines the evolution of healthcare discourse in China between 1949 and 1956, revealing how the strategies of narrative reflection both reflected and shaped contemporary health beliefs during this period. In this sense, the term 'style' refers to the subtle way social actors bring identities, either their own or that of others, to bear through choices in communication. For instance, an official might use stylistic elements to subtly convey cultural allegiance and status. The examination of these stylistic elements in healthcare discourse from 1949 to 1956 aims to uncover the ideological forces that influenced policy development, thereby illuminating the fundamental ideological currents of the era.

3. HEALTHCARE, POLITICS, AND IDEOLOGY IN CHINA BEFORE 1949

Since the Opium Wars of 1840, China has entered a period where health care, politics, ideology, and culture are deeply intertwined (Karl & Zarrow, 2002). During the late Qing Dynasty, reformers recognised the health of the nation as central to its strength and sovereignty (Andrews, 2014). This view was echoed by constitutionalists such as Liang Qichao(梁启超) and Sun Yat-sen(孙中山), who championed the cause of establishing an independent, democratic state (Rankin, 1986). They used slogans like "National Salvation" (救亡图存) and "Strengthening the Nation and the Race" (强国保种) to capture the nationalist fervour of the era (Mitter, 2002; Pepper, 1999; Yeomans, 2016). These ideologies were not just political rallying cries but also represented a broader cultural and social

awakening to the importance of healthcare in national development. Therefore, the adoption of Western healthcare practices was seen as a pathway to achieving national rejuvenation, illustrating the reformers' willingness to integrate successful foreign concepts with Chinese traditions (Zhongmin, 2014). The connection between the success of Western medicine and the path to national rejuvenation starts with individual health. An article titled 'Prosperity and Power Begin with Hygiene' (富强始于卫生论) published in the reformist journal *Zhixin Bao* (知新报) emphasised that effective national governance hinges on the health of its citizens: If you want to govern the world, you must start your own country; if you want to govern a country, you must start by strengthening the people; if you want to strengthen the people, you must start by strengthening your body. Western medicine is very prosperous, and it is close to entering the Dao. As a result, a Social Darwinist view of public health emerged, shaping the government's central philosophy focused on fostering a healthy populace across the societal structure. This perspective posited that preventing foreign domination and overcoming domestic challenges depended crucially on having a robust citizenry (Jin, 2022). The government identified public health as important in fostering national pride and actualizing Sun Yat-sen's vision of nationalism, which emphasised the development of a physically robust populace would prevent conquest or, more direly, national extinction (Gregor & Chang, 1979). Consequently, when the Kuomintang (KMT) took power in 1927, the nationalist government launched a 'top-down' public health approach that prioritised unity, patriotism, and the physical and moral well-being of its citizens (Zaccarini, 2010). This strategy reflected a deep understanding of the link between a healthy population and a strong, unified nation (Rogaski, 2004). Conversely, the CCP integrated health into its revolutionary agenda through Marxist and Maoist doctrines, emphasizing collective benefits and equal access to services. The CCP's healthcare initiatives were emblematic of its commitment to providing primary care across China's extensive rural areas. This was particularly significant during times of war and epidemic outbreaks, highlighting the strategic role of healthcare in maintaining the well-being of both military personnel and civilians (Tsai, 1975). Lampton's research into the CCP's healthcare strategies in wartime base areas in Chingkangshan (井冈山根据地) and southern Kiangsi (赣南根据地) highlights their adept handling of medical shortages and epidemic challenges. He points out that the relatively small size of the Red Army,

coupled with a strong emphasis on troop health, spurred the development of a more efficient healthcare system (Hesketh & Wei, 1997). The importance of these strategies becomes even more apparent against the backdrop of the Sino-Japanese War and the Chinese Civil War. During these tumultuous periods, the critical need for an effective healthcare system was highlighted by the significant effects of the conflicts on the well-being of the civilian population (Watt, 2014).

4. HEALTHCARE IN NATION-BUILDING AND IDEOLOGICAL TRANSFORMATION

4.1. Revolution, new Democracy, and the Construction of the Nation

According to Meisner, China's social evolution took a distinct path diverging from the typical progression of feudalism to capitalism and then socialism (Meisner, 1999). This deviation occurred because China skipped a fully developed capitalist stage, leading to a revolution that unfolded in two primary stages after the Qing Dynasty's fall. Initially, there was a bourgeois-democratic revolution, followed by a socialist revolution. Subsequently, when the communist regime came to power in 1949, it bypassed capitalism entirely during its transition. This period, widely recognised as 'the New Democracy', functioned as a hybrid system that was part semi-feudal and part semi-colonial, serving as a transitional phase toward socialism (Mao, 1977). During this period of transformation, Chinese communists strategically portrayed themselves as nationalists, blending communist principles with deep-rooted nationalism. This strategy garnered significant support from the Chinese populace, particularly the peasant class (Meisner, 1999). Internationally, the founding of the PRC elicited varied reactions. The Soviet bloc quickly recognized it, while Western nations, influenced by the United States, maintained a stance of scepticism and hostility throughout the 1950s (Westad, 2010). In 1950, the PRC initiated substantial agrarian reforms aimed at fostering national unity and stimulating economic revitalization (Shue, 1980). These reforms, as described by Townsend, were designed to dismantle feudal landownership structures and redistribute land among the peasantry, thereby preventing the emergence of a rural capitalist class and ensuring an easy transition to socialism. According to Ya-lun Chou, the land reforms initiated by the PRC in 1950 were aimed not only at redistributing land but also at significantly improving the living standards of approximately 300 million peasants. This improvement in living

conditions contributed to the country's economic recovery and strengthened the political legitimacy of the CPC (Chou, 1952). These reforms were critical in laying a stable foundation for further industrialization and defining China's position on the global stage. China's active participation in the Korean War from 1950 to 1953 was particularly significant in this context (Jian, 1995). The military intervention demonstrated China's opposition to Western imperialism and showcased its revitalised strength and resilience during the Cold War era (Steiner, 1950). This involvement not only solidified China's role as a major player in international politics but also underlined its commitment to its ideological stances and its readiness to assert its interests on the global stage.

4.2. Healthcare, new Democratic Culture and Ideological Implication

Under Mao Zedong's leadership, healthcare policies in China were closely related to the broader political ideology of New Democracy Culture, highlighting a distinct connection between public health initiatives and political agendas (Schram, 1986). Mao's approach to healthcare, although not directly addressed in his discussions of New Democracy, inherently supported a vision for health that was deeply integrated with his political ideals. In his seminal work "On New Democracy", Mao emphasised the importance of health and physical culture: The new democratic culture is the anti-imperialist and anti-feudal culture of the broad masses. This culture can be led only by the culture and ideology of the proletariat, by the ideology of communism, and not by the culture and ideology of any other class. It should serve more than 90 percent of the workers and peasants working people of the whole nation and gradually become their culture. New-democratic culture is the proletarian-led, anti-imperialist, and anti-feudal culture of the broad masses (Mao, 1977). In this context, the healthcare system in Maoist China was regarded as a national priority and was uniquely tailored to meet the specific needs of the Chinese population (Zhou, 2020). These strategies were grounded in scientific practices while also embracing traditional values, ensuring that the provision of medical care was both evidence-based and culturally relevant. This period characterised healthcare as an inclusive, democratic right, emphasizing access for all, contrasting sharply with previous systems where healthcare was considered a privilege for the few (Hesketh & Wei, 1997). This approach to an all-inclusive policy in the healthcare sector reflected the collective ethos of Mao and aimed for universal healthcare access.

4.3. Healthcare, and the Cultural Drive for National Building and National Defence

Mao Zedong's vision of a new democratic culture in China intimately linked the evolution of healthcare to the political milestones of the socialist revolution and the establishment of the communist government (Alvarez-Klee, 2022). After Mao's victory in 1949, the newly founded government was confronted with a nation suffering from the severe aftermath of prolonged warfare, including widespread poverty, malnutrition, rampant disease, and a devastated industrial infrastructure. At the time of liberation, China had only 10,000 to 20,000 trained medical doctors, equating to one doctor for every 25,000 to 50,000 people. This ratio of doctors-to-population is exceedingly low by any other standard than abysmal poverty (Bryant, 2019). Hospital facilities were also severely limited. For example, in 1949, Shanghai had only 2.26 hospital beds per thousand population, while Canton had 2.11 (Lampton, 1978). These deficiencies presented immediate and severe challenges not only to the national defence system but also impeded the government's broader objectives of enhancing the overall quality of life for its citizens (Meisner, 1999). In response, the CCP initiated a comprehensive reform of the healthcare system to align with Mao's vision of a New Democratic culture. At the inaugural National Health Administration Conference in 1950, Li Dequan, the Minister of Health at the time, underscored the crucial role of healthcare in national construction and defence. He stressed the importance of preventive care and advocated for the expansion of health services into the rural, industrial, and mining sectors (People's Daily, 1950). This policy exemplifies Mao Zedong's vision for a new democratic culture in which a revitalised China is deeply rooted in the comprehensive well-being of its people, grounded in ideological principles, and driven by a cultural impetus towards nation-building and national defence. Such integration was deemed crucial for the political success of the socialist revolution and the ultimate establishment of the communist regime. During this period, Mao advocated for a political model predicated on the cooperation of unified democratic classes, designed to benefit the entire population rather than serving only select private interests and a minority of citizens. Mao underscored the critical importance of healthcare in enhancing national production, strengthening national defence, and improving public health. He saw these aspects as interconnected, with healthcare being a vital component of the country's overall strength and resilience. As a result, he mandated that Party committees at all levels enhance their leadership and focus in this crucial area, affirming healthcare's foundational role in China's developmental

strategy. This ideological commitment to public health was indeed put to the test during the Korean War when health challenges became significant concerns. In the early 1950s, public health became a central concern for the Chinese government, particularly during the Korean War, when issues of disease prevention and sanitation took on added importance. In response to widespread health challenges, the CCP launched the Patriotic Health Campaign (PHC) in 1952, a mass mobilization effort aimed at improving public hygiene, disease control, and sanitation across the country. This campaign was part of a broader political strategy to bolster national health and integrate public health initiatives into the CCP's ideological and defense-oriented agenda. The PHC emphasised the importance of collective action and self-reliance, linking public health improvements to China's efforts to secure national sovereignty and stability (Hesketh & Wei, 1997). The focus of the PHC was on stringent monitoring of sanitation practices, ensuring water quality, maintaining environmental hygiene, and eradicating disease carriers such as flies and rodents. Additionally, the campaign included extensive immunization programs, which were implemented on a massive scale, ultimately reaching hundreds of millions of citizens throughout China (Wang, 2000). Health education and community engagement were central to this campaign. The government used various educational tools like public lectures, posters, textbooks, films, and radio broadcasts to inform the public about bio-warfare, pathogen transmission, and epidemic prevention.



Figure.1: Poster titled “Doing A Good Job in Epidemic Prevention and Health Work is A Concrete Patriotic Action to Smash American Imperialist Germ Warfare!”
1952 June, People’s Fine Arts Publishing House.
<https://chineseposters.net/posters/pc-1952-004>

Figure 1 demonstrates how the Chinese government mobilised its citizens to engage in epidemic prevention and healthcare as not only a line of defense against diseases but also as an essential aspect of resisting foreign aggression. The use of compelling visual symbols and slogans not only communicated the importance of safeguarding public health but also reflected the nation's strong will against external oppression at the time. Besides, scientific exhibitions also displayed bacterial cultures and disease vectors, making microbial threats visible and understandable. This synergistic approach helped in educating and mobilizing the population to uphold public health and safety (Ratigan, 2022; Yang, 2004). These health campaigns, characterised by mass mobilization and community involvement, went beyond simple disease prevention to also foster a strong sense of national unity and patriotism. The government used various educational tools to enhance public awareness about health issues, effectively integrating healthcare culture with national defence strategies (Ratigan, 2022). By the mid-1950s, the benefits of these efforts became apparent, particularly in the reduction of infectious diseases and the development of collective rural healthcare systems (Xingzhu & Cao, 1992). This healthcare model, deeply embedded in Communist Party ideology, reflected and catalyzed the broader national agenda to construct a new socialist China (Xueshan et al., 1995).

4.4. Healthcare Culture and Welfare for the Broad Masses

The development of health policy in the early years of the PRC was guided by a foundational philosophy that healthcare must serve the masses (Minden, 1979). As discussed earlier, the early years of the PRC marked a transformative period in the development of health policy, characterised by a shift toward a more inclusive and equitable healthcare system. This shift was underpinned by a foundational philosophy that healthcare must serve the masses. Guided by this principle, the CCP significantly diverged from the KMT top-down approach, which emphasised Western modernization and centralised public health initiatives (Alvarez-Klee, 2022). Instead, the CCP embraced a grassroots-oriented approach that was deeply relevant to Marxist-Maoist principles, prioritizing equality and community-based service. This strategic shift not only reflected a broader ideological commitment to ensuring healthcare extended beyond mere physical health but also emphasised preventive measures and overall well-being as foundational to societal health (Garfield & Salmon, 1981). Since the founding of the PRC in 1949, Mao Zedong initiated a comprehensive campaign to cultivate a "national, scientific, and mass-based" culture (Mao,

1977). This cultural transition aimed to advance socialism and challenge U.S. capitalist and religious values (Schram, 1986). The 1945 constitution of the CCP formally enshrined Mao Zedong Thought (毛泽东思想 or Maoism), which prominently featured the "mass line" principle. This concept underscored the importance of mass mobilization and leadership through direct engagement with, and learning from, the wisdom and experience of ordinary people (White, 1999).



Figure. 2: Poster titled “Develop Health Protection for the People” 1956, February, China Association for the Popularization of Science and Technology.

<https://chineseposters.net/posters/e15-806>

The text in the poster illustrates key initiatives in rural healthcare: spreading health education, focusing on maternal and child health, implementing sanitation and disease prevention, incorporating traditional Chinese medicine, and continuing efforts from the PHC to combat the "Four Pests". Figure 2 reflects the government's effort to engage the rural populace in improving their health outcomes, showing a unique blend of modern public health strategies and traditional Chinese medicine, within the wider context of the PHC. As Mao declared: ‘Our party must serve the people whole-heartedly and never for a moment divorce ourselves from the masses, to proceed in all cases from the interests of the people and not from the interests of individuals or groups’. During the 49th meeting of the Government Administration Council in 1950, Premier Zhou Enlai advocated for a culturally integrated approach to healthcare that combined traditional Chinese and Western medical practices. This strategy aimed to ensure collective well-being and widespread access to healthcare services

(Zhou, 1998). Vice-Chairman Zhu De supported Zhou's perspective, emphasizing that a people-centric healthcare culture is fundamental to socio-economic resilience: First, the healthcare and medical efforts should adopt the principle of serving the people, and rely on the masses to promote and develop the people's public health initiatives. [...] Second, the future task of healthcare efforts is to ensure the support of economic and national defense constructions and think about how to implement the principle of serving the masses. Lastly, the most critical issue is that all healthcare and medical personnel, both new and veteran cadres, must unite closely under the ideology of serving the people. This viewpoint corresponds to Barrington Moore's theory that in social transformations, a moral economy prioritizing the welfare of the populace takes precedence over capitalist interests (Moore, 1993). Moore's perspective offers insights into socio-political changes, especially as societies transition from feudal to modern states. His concept of a moral economy, which emphasises the welfare of the populace over capitalist interests, resonates with the establishment of an accessible healthcare system in the early PRC. This approach was an essential part of the CCP's broader agenda to promote social equity and collective well-being. It reflects the CCP's efforts to transition China from a feudal society to a socialist state, using healthcare as a tool to dismantle traditional class structures and strengthen the CCP's authority. Wasserstrom and Perry's analysis of the CCP's organizational strategies and mass mobilization campaigns highlights how the Party maintained its rule by embedding its ideology into various aspects of social and political life, particularly through mass movements. They emphasise that healthcare initiatives were not merely about improving health outcomes but also served as tools to advance the Party's broader objectives of social transformation and power consolidation. These campaigns, by integrating public health into the revolutionary agenda, reinforced the CCP's legitimacy and ensured the alignment of healthcare services with the Party's ideological goals and the nation's transformative agenda (Wasserstrom, 2018). A critical component of this transformative era was the development of the Cooperative Medical System (CMS). The CMS initially emerged in 1955, with the first organization established in Wangdian Township, Henan Province. By 1958, nearly one-fifth of the production brigades had established CMS programs across the country. The formation of People's Communes in 1958 accelerated this process, expanding CMS coverage to almost 80% of the rural population. Founded

on the ethos of serving 'workers, peasants, and soldiers' (工农兵), the CMS mirrored the CCP's commitment to addressing the healthcare needs of its predominantly agrarian society (Xingzhu & Cao, 1992). The structure of the CMS was fundamentally cooperative, built on the principle of mutual aid—community members contributed labour, funds, or other resources (Xueshan et al., 1995). These contributions supported medical stations and compensated the medical staff, which was critical in expanding access to healthcare in rural areas. (Wang & Liang, 2017) The enduring impact of the CMS is substantial, serving as a paradigm of rural healthcare that continues to shape current healthcare policies and practices in developing regions worldwide. The principles of community participation, preventive care, and universal access remain relevant in contemporary discussions about healthcare equality and rural health services. Therefore, the 1950s witnessed significant enhancements in public health, attributable to various factors such as access to fundamental healthcare services, better nutrition, and comprehensive public health initiatives. The establishment of the CMS during this period symbolised a defining commitment of the CCP to transform China from the stigmatised 'Sick Man of East Asia' (Dōngyà bìngfū 東亞病夫) into a resilient, self-sustaining nation. The term 'Sick Man of East Asia' was famously used by Chinese intellectual Yan Fu following China's defeat in the First Sino-Japanese War in 1895, reflecting the nation's weakened state and the pressing need for reform and modernization (Hu & Hu, 2013). By placing public health at the forefront and nurturing a culture of collective welfare, the CMS was designed to diminish health disparities, proliferate comprehensive public health education, and bolster a durable healthcare infrastructure (Meng & Xu, 2014). This initiative served not only to fortify community solidarity but also to underpin the nation's overall health, welfare, and prosperity. It reflected a profound shift in public health strategy, transitioning healthcare from merely a service to a fundamental right, thereby securing the well-being and productivity of the population (Blumenthal & Hsiao, 2005). Through early rural healthcare reforms such as the CMS and the PHC, the CCP demonstrated its ideological commitment to the welfare of the masses during the 1950s. These programs focused on improving sanitation, controlling infectious diseases, and expanding access to basic healthcare services in rural areas, reflecting the party's broader goal of collective welfare and national development.

4.5. Learning from Soviet Healthcare System

Considering the widely held view that the foundations of policy and ideology influence cultural domains, it is unsurprising that both Engels and Lenin regarded health culture as an essential element within the socialist system. Although Engels did not explicitly focus on healthcare in his work, his incisive depiction of the dire conditions faced by the proletariat underscores an implicit advocacy for comprehensive healthcare initiatives, congruent with the principles of socialism. In “The Condition of the Working Class in England”, Engels offers a harrowing account of the squalor and severe health challenges that beleaguered workers in 19th-century English industrial cities: Due to overwork, malnutrition, filthy houses, and bad air, the workers are physically and mentally exhausted. Their houses are narrow, dark, badly ventilated, damp and unhealthy. Family life for the worker is almost impossible under the existing social system. Meanwhile, the Socialist agitation is making progress. The members enjoy equal rights and their children are to receive the same education (Engels, 2005). Engels’ critique of capitalism is multidimensional, targeting not only the economic deprivation of workers but also the consequent deterioration in their health. He extends his analysis to include cultural and educational dimensions, asserting that these factors shape workers’ health consciousness and their susceptibility to capitalist exploitation. In Engels’ view, the working class is enmeshed in a system that not only exploits their labour for unfair economic gain but also neglects their well-being, leaving them mired in conditions detrimental to both their physical and social health (Bernstein, 2014). Instead, he advocates for a revolutionary shift to communism, positing that such a transformation is the fundamental solution to elevate the health, cultural, and educational standards of the proletariat (Harris, 1997). Vladimir Lenin advanced these ideals, integrating them into the policies of the Soviet Union, where healthcare was viewed as a right rather than a privilege (Angelova, 2021; Schechter, 1992). The Proletkult movement, or Proletarian Culture, emerged in the initial years after the October Revolution of 1917, significantly inspired by Lenin’s vision (Kozłowska & Sikorski, 2021). This movement reflected the Bolsheviks’ ambition to reshape society along socialist lines, viewing the physical and intellectual elevation of the proletariat as a critical step in constructing new socialist values (Fitzpatrick, 2002). Guided by Lenin’s vision, the Soviet Union initiated the creation of a comprehensive public health system, a landmark move materialised through the formation of the People’s Commissariat for Health, or “Narkomzdrav,” in July 1918 (Barr & Field, 1996). This institution

exemplified the shift toward a focus on preventive medicine, aimed at enhancing the population's health as a foundational element for constructing the society envisioned by the Bolsheviks (Schechter, 1992). Consequently, it stands to reason that the portrayal of the PRC as a model socialist nation resonates with its adoption of fundamental principles espoused by communist theorists, particularly in shaping state policies related to health culture (Vargas et al., 2015). As previously mentioned, The CCP faced considerable domestic and international challenges in its early years, navigating through a complex landscape of internal reform and external geopolitical pressures. In June 1949, Mao Zedong's notable declaration of "leaning to one side" highlighted the nation's decision to establish close ties with the Soviet Union, the leader of the socialist-communist world, signifying a clear ideological commitment. This stance was adopted as a strategic counter to imperialistic influences and as a response to economic sanctions imposed by Western powers, particularly the United States (Bernstein, 2014; Kaple, 2016; Westad, 1993). Externally, unite in a common struggle with nations and peoples around the globe who treat us as equals and join them in common struggle. [...] That is, ally ourselves with the Soviet Union, with various people's democratic countries, and with the proletariat and the broad masses of people globally. We must unequivocally lean to one side (Tsai, 1975). In 1954, the signing of the "Cultural Cooperation and Technical Assistance Agreement" between China and the Soviet Union marked a milestone in strengthening the relationship between the two countries, particularly in the realm of healthcare. The Soviet Union assumed a guiding role in the development of China's healthcare system, with its medical experts assisting in establishing medical institutions and initiating training programs. This collaboration proved crucial in formulating the healthcare policies of the PRC, with a strong focus on preventive care, extensive vaccination programs, and the development of a healthcare infrastructure that was accessible to most of the population (Hesketh & Wei, 1997). Furthermore, the influence of the Soviet Union on China's healthcare system extended to the provision of state-of-the-art technologies for the production of antibiotics and antimicrobials, as well as the architectural designs necessary for constructing medical factories, hospitals, and educational institutions (Field, 2000). This exchange of expertise and resources was in harmony with the healthcare policy directions of the CCP after it seized power. Inspired by socialist ideals, Mao Zedong's health policies placed a strong emphasis on preventive medicine and widespread accessibility, echoing the ethos of the Soviet model. This approach was indicative of a deeper

ideological shift towards constructing a robust, egalitarian society, resonating with the visions of health culture articulated by Engels and Lenin (Collyer, 2015). Thus, The PRC's early healthcare reforms represented not just administrative changes but a radical ideological shift toward improving the collective well-being of the proletariat. These initiatives underscored the CCP's dedication to advancing toward the ideological goal of communism, where the physical and intellectual capacities of its citizens were maximised, thus reinforcing the collective socialist spirit (Fang, 2022).

4.6. Ideological Synthesis and Strategic Pragmatism: Healthcare, Ideological Leadership and Cultural Hegemony

Gramsci's concept of cultural hegemony emphasises the importance of ideological control in maintaining power and provides a framework for analysing the CCP's tactics during its rise to power. By leveraging potent nationalist themes of liberation and rebellion, the CCP secured widespread popular support, establishing a revolutionary form of hegemony pivotal to the founding of the PRC in 1949 (Taylor, 1951). In this process, healthcare became a symbol of the party's commitment to the people, particularly to the rural majority, and this was integral to the party's long-term strategy of solidifying popular support. Similarly, Mahatma Gandhi's vision of achieving minimal conflict through consensus introduces another dimension to the discussion of political dominance, suggesting that widespread agreement and endorsement form the foundation of sustainable governance (Gandhi & Przeworski, 2007). In this light, the CCP's efforts to ensure healthcare accessibility can be understood as a way to foster such consensus, not only to meet the immediate needs of the people but also to entrench the party's legitimacy and moral authority. Nationalism also had a significant impact on the ideological landscape during the early years of the PRC, profoundly influencing the state's directives and policies. Although the PRC leadership maintained a cautious stance on explicitly promoting nationalism as a domestic rallying point, they recognised its powerful utility in uniting the nation during external crises. Nationalism became a strategic tool to foster national unity and strengthen the collective resolve of the Chinese people against international challenges (Harris, 1997). This strategic use of nationalism was rooted in the understanding that the emergence of the 'New China' from a tumultuous history of civil conflict, feudal remnants, and colonial oppression required a strong, well-informed populace committed to the nation's reconstruction and economic rejuvenation (Zhimin, 2014). Thus,

nationalism was adeptly integrated as a supplementary ideological foundation by the CCP to ensure political stability and assert China's cultural sovereignty (Zhao, 2004). Sovietisation also significantly impacted the healthcare policies in the early PRC. Following the CCP's strategy to favour the socialist-communist bloc, the healthcare systems and policies mirrored those of the Soviet Union in both practical application and ideological foundation. This combination of communism, nationalism, Maoism, and Sovietisation forged a potent ideology that the CCP utilised for national development and establishing the foundational elements of the PRC (Kaple, 2016). Consequently, these elements merged into a unified ideology employed by the CCP for national development and laying the groundwork for the PRC (Wang et al., 2019; Zhao, 2004). Within this framework, two notable characteristics emerged concerning the Party's dominant ideology and its influence on healthcare during this period. Although communism played a crucial role, it was not the sole or dominant ideology shaping healthcare. Some scholars contend that foundational ideologies like Marxism and communism were somewhat side-lined in terms of direct policy impact after 1949. This does not imply that they were completely abandoned; rather, their explicit influences were moderated as the Party's approach evolved towards pragmatism. This pragmatic shift in healthcare allowed the CCP to adapt policies to meet the nation's immediate needs, enhancing healthcare accessibility and effectiveness. Such strategic flexibility was vital for maintaining political legitimacy during the formative and turbulent years of the PRC (Lien, 1968; Liu, 2019; Wang, 2014).

5. CONCLUSION

Noam Chomsky emphasises that ideologies are the backbone of political thought, shaping the frameworks within which societies construct and navigate their political and social landscapes (Chomsky, 1995). This research underscores the integral role of ideology in shaping healthcare policy during the formative years of the PRC. It demonstrates how this connection strengthened the CCP's authority and influenced the development of healthcare practices and infrastructure. The primary objective of this study was to examine the extent of the CCP's prevailing ideology's impact on healthcare policy and national development within the PRC's first six years, aiming to uncover a profound correlation between them. During this timeframe, influences from nationalism, Maoism, and

Soviet models were critical in defining China's healthcare policies.

However, the CCP's ideological approach notably veered towards pragmatism, moving away from the traditional Marxist focus on economic structures as the primary framework for social organization. Gramsci's theory of cultural hegemony, which distinguishes cultural consensus from economic structures, proves instrumental in analysing the dominant ideologies' role in shaping these policies. This blend of ideologies, characterised by pragmatism, enabled the CCP to establish ideological dominance over the superstructural aspects of Chinese society, thus reinforcing its political foundation in the 'New China'. Consequently, the strategic formulation and execution of healthcare policies became central to strengthening the regime's foundational stability.

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