In the 1950s to 1970s, the Chinese state waged a successful campaign against schistosomiasis (snail fever), a parasitic disease endemic in the fertile, rice-growing regions near rivers and lakes in southern China. This meticulously researched volume problematizes the commonly accepted claim that the anti-snail-fever campaigns of the Mao era demonstrate the government’s success in mobilizing rural masses. The book will be useful to historians, scholars in the field of science and technology studies, as well as political scientists and public health professionals interested in analyzing or improving policies aimed at changing the behavior of individual citizens.

Gross draws extensively from newly available archival sources to reexamine Maoist primary health care. She agrees that the snail fever campaigns were successful, but she attributes this success to treatment rather than to the prevention activities emphasized by previous scholars. She provides numerous examples of grassroots resistance against the state’s intrusion into private matters such as defecation. Nevertheless, the campaign succeeded in controlling disease, which legitimated the state and amplified state power in a process Gross calls “scientific consolidation.”

The book opens with a vignette regarding how snail fever compromised the health of mainland Chinese troops, preventing the invasion of Taiwan in 1950. Because snail fever was an impediment to both military fitness and agricultural productivity, the disease campaign was seen as political, “with the campaign’s two peaks of activity coinciding with the Great Leap Forward (1958) and the Cultural Revolution (1966–71)” (21). In the second section, Chapters 2 and 3, Gross examines how structural and economic factors interfered with the ability to implement campaigns. Chapter 2 argues that the structure of the leadership small groups (lingdao xiaozu 领导小组), which relied on cooperation between the national, provincial, county, and township levels, was unsuccessful because leaders were more concerned about production than campaign implementation. Chapter 3 deepens this argument by pointing out that performance assessments focusing solely on production encouraged neglect of health campaigns. At the individual level, peasants lost salary or work points when they were being treated; they had to pay up front for treatment, and reimbursement was sometimes spotty, which discouraged compliance.

The third section of the book turns to campaign implementation. Chapter 4 highlights numerous problems with anti-snail-fever education. For instance, the formats adopted for campaigns were not effective for public health
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delivery: educators received little training, peasants were unable to read written materials, and science was “lost, presented vaguely, or eliminated entirely” from songs and theater productions (89). Moreover, prevention emphasized increasing peasants’ productive labor rather than their health, and the goal of total elimination was impossible to achieve with an endemic disease. Chapter 5 focuses on peasants’ resistance to environmental sanitation; they worried that construction of public toilets and especially new wells would destroy the area’s feng shui. Likewise, they thought that human and animal waste were natural and consequently resisted restrictions on washing commodes in their drinking-water source. Chapter 6 examines the logic and techniques for resisting treatment. Peasants’ previous experience with rural providers led them to distrust health personnel, and they resented the condescending urban attitude of doctors who were part of the campaign. Peasants also resented paying fees when they did not view the minor symptoms associated with snail fever—for example, low-grade fever and diarrhea—as illness.

Perhaps the book’s greatest contribution comes in the final section, where Gross presents the argument for scientific consolidation. Chapter 7 explains how health campaigns facilitated party control in four ways: they encouraged participation in cooperative farming, created grassroots activists, provided means of attacking traditional culture, and redefined the meaning of both superstition and science. Chapter 8 examines how the party used science to consolidate their power by normalizing the use of statistical forms, experiments, and scientific management.

Certainly, the three primary cases selected in this study are carefully chosen: urban Shanghai, suburban Qingpu County, and rural Yujiang County (in Jiangxi Province). Shanghai, the national headquarters for the campaign, had a relatively educated population and wide tax base, which allowed for successful campaign implementation. Gross compares implementation in Shanghai to that in neighboring Qingpu County, one of the worst snail fever sites, and to that in Yujiang County in Jiangxi Province, with much less pronounced snail fever but a backward education and health system. Throughout the volume, Gross draws upon archives largely from these three areas; however, for the most part, she does not talk about the extent to which these cases were representative of other provinces and counties in China.

Minor limitations aside, this volume encourages other scholars to reexamine dominant story lines by looking for local variation. While we might expect officials to talk about their success in meeting campaign targets in their official reporting, Gross highlights the cadres’ clear lack of commitment to the anti-snail-fever campaign. From a practical standpoint, gathering archival documents might be difficult to accomplish at times. When Gross collected