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Populism versus Neo-liberalism: Diversity and Ideology in the Chinese Media's Narratives of Health Care Reform

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Abstract

Research on the Chinese media has concentrated on understanding Party-state control over an increasingly commercialized media. And it has usually focussed on reporting issues over which the central Party-state has a clear and unified position. This article explores how the Chinese media reported a domestic policy issue – health reform – on which the Party-state had no unified position. It examines three print publications during a major health care system review and consultation between 2005 and 2009 to see how much diversity there was in the reporting, what the principal narratives were, and which actors had voice. It finds the media take diverse positions, with narratives centring on market and state roles in health, but a vocal minority of pro-market articles challenged the dominant pro-state reporting. But pro-state positions were populist and paternalist, speaking *for* “the people” rather than giving them a direct voice. The neo-liberal, pro-market challenge, meanwhile, was elitist, with the media venturing only at the margins to demand rights for vulnerable people and greater public participation in policy making.

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Introduction: media control, commercialization and diversity

Over the last two decades, political scientists have studied closely the transformation of China's media. The media play a pivotal role in politics – usually as objects of control in authoritarian states and, at least in theory, as government watchdogs and public forums for a plurality of voices in liberal democracies (e.g. Curran, 2005; Scammell and Semetko, 2000). The Chinese media's commercialization from the early 1990s has therefore been seized on to gauge its authoritarian rulers' ability to suppress diverse voices, with research focusing predominantly on the tension between the mechanisms of party-state control and the market incentives for newspapers to ignore or circumvent them (Lee, 2000; Lee, He, and Huang, 2006; Smith, 2002; Tong and Sparks, 2009; Wang, 2010; Winfield and Peng, 2005; Zhao, 1998, 2000).

Researchers have found that the Chinese state has wide-ranging and often effective control mechanisms for what are considered highly sensitive social and political issues, particularly in the reporting of foreign affairs and domestic dissent (Stockmann, 2011; Smith, 2002). Stockmann (2011) did find a degree of diversity in coverage of the United States on topics unrelated to its relationship with China. And others have found the media do often report critically, especially in the contexts of disasters and in 'isolated' cases of wrongdoing, where blame can be pinned on low level cadres and diverted away from high ranking party officials and the central government (He, 2000; for TV see Chan, 2002; Zhang, 2006). Smith's (2002) study of the press also found some openness in reporting of problems associated with economic reforms. Overall, however, research has found that "though there is some variation in media content, the ability of the regime to constrain news reporting is still

sufficient to ensure that newspapers generally do not divert much from the position of the government” (Stockmann and Gallagher, 2011: 442-3).

Most studies, however, have examined the reporting of issues where one would expect “the government’s” position to be unified and where it would want to ensure control – for example incidents of protest and dissent or official wrongdoings that threaten or reflect badly on the Party-state, or foreign policy topics where alternative views might undermine it. By contrast there has been little study of coverage of domestic policy issues where actors within the government take different positions. Yuezhi Zhao (2003) studied reporting of China’s decision to join the WTO, but this was a foreign policy issue on which China’s top leaders had a clear (pro-joining) position. Economic elites were also uniformly in favor. It is therefore unsurprising that she found a media consensus on the benefits of joining this international institution.

Our paper is original in examining the diversity and content of early 21st century Chinese media reporting through a study of a major domestic policy issue – health care reform – on which the central government did not have a unified stance. Different ministries in the central government took different positions on the direction of health reform and Chinese journalists have reported that they had a free hand to report on it (Kornreich, Vertinsky and Potter, 2012).¹ The Chinese media did, moreover, take a great interest in the early 21st century health reforms. Health had become a hot media topic during the 2003 SARS crisis, and so the media followed closely a major government review of the health care system between 2005 and 2009. Indeed, it has even been asserted – though not on the basis of any systematic research

– that the media played a substantial role in the health policy review during this period, contributing to “a national discussion about the health system” (Bloom, 2011: 1307; see also Zhang, Fang, and Bloom, 2009), and providing a platform for elite debate (Kornreich, Vertinsky, and Potter, 2012).

Our study goes beyond the usual questions of whether media marketization and technological developments are undermining Party-state control and creating space for oppositional voices (for example Huang, 2007; Lee, 2000; Zhao, 2000), to look at whether there was in fact a mediated public discussion or elite debate about this key policy issue and, if so, who was represented in it. Research across a range of liberal democracies, including the United States (US), has systematically shown that political and economic elites generally dominate media debates, with government sources (see Bennett and Livingston, 2003; Bennett, 1990; Cook, 1998; Lawrence, 2000, chapter 1) and powerful interest groups (Binderkrantz, 2012; Danielian and Page, 1994; Wolsfled, 2011) especially well-represented. Organized non-elite groups, however, have had a small but growing voice (Binderkrantz, 2012). Zhao has indicated in late 20th century China a more marketized media in some cases privileged the narratives of governmental and economic elites (Zhao, 1998, 2003). Our paper considers therefore not only how diverse the opinions were in the media’s reporting of domestic health reform policies, but also whether (and to what extent) certain elite voices were privileged and whether non-elite voices were evident late in the first decade of the 21st century.

Our paper at the same time helps uncover media narratives of health system reform. We examine how the media – and the voices that dominate them – portray the health

system's problems and their causes, as well as the solutions they propose. The narratives that emerge are important not only for what they tell health researchers about China's health system and the debates that are shaping it. They may also reveal something about the ideological underpinnings of positions taken in the media reporting of health care reform. These are important in turn because they may underpin wider narratives of reform and debates over the direction of China's political economy.

Methodology

To assess the extent of media diversity and understand narratives of health reform as well as the voices that dominate them, we quantitatively and qualitatively analyzed the reporting in three major national Chinese print publications. To reflect the range of publications that characterize China's press, we selected one "official" and one "market-oriented" newspaper as well as one independent, commercially successful magazine (this draws on categorizations used by Stockmann, 2011; Zhao, 2003). *People's Daily* (*Renmin ribao*, 人民日报), is the national newspaper of the Chinese Communist Party and the most likely to be Party-state controlled or guided. *Beijing Youth News* (*Beijing qingnianbao*, 北京青年报) is one of a new generation of semi-official commercially-oriented newspapers that attract a wide readership using a mix of crime, sports, and economic success stories but without generally challenging the government's position on sensitive political and social issues (Smith 2002: 1656). *Caijing* (财经) is an independent business magazine with a reputation for critical reporting – including the Chinese government's handling of the 2003 SARS outbreak (Winfield and Peng, 2005). It has a neo-liberal, pro-market orientation and a readership drawn mostly from business, government and academic circles.²

We analyzed all the articles published on health system reform in the (Chinese) print versions of our three outlets between during a period when the health system underwent major review: from 1 June 2005, when there was the first flurry of media interest in a new wave of health reform to the end of April 2009 the month in which the Party-state published a major decision on a new direction for the health care system. We identified these articles – 196 in total – through systematic searches of the relevant electronic databases: the China National Knowledge Infrastructure (CNKI, at www.cnki.net) newspaper database for *People's Daily*, and the websites of *Caijing* and *Beijing Youth News*. We searched using the key words “health reform” (*yigai*, 医改 and *yiliao gaige*, 医疗改革), filtering out any articles originally published in other papers, and any that did not appear in the print version of our sampled outlets. We then discarded any articles that did not focus on health system reform. Our final sample of 196 therefore includes every article in our three outlets that was focused on the health reforms during the entire period in which they were under government and media scrutiny.

To quantitatively analyze the narratives of health reform across our sample we first looked at the issue attention cycle – the number of articles published each month. We then coded each article for its overall policy position, defined as “pro-public” (meaning in favor of a public sector health system with strong state role), “pro-market” (meaning in favor of greater marketization or a bigger role for the private sector), “balanced” (setting out both pro-public and pro-market views or options equally), or “none” (expressing neither pro-public nor pro-market views).³ We established these policy positions by reading media reports, by analyzing government

policy statements, and by using knowledge from our previous research, (see Duckett, 2011). They are supported by Kornreich, Vertinsky and Potter (2012: 183—4), who have also found that differences of opinion between both “experts” and different Ministries within the central government cleaved broadly in this way: some experts and the Ministry of Health highly were critical of China’s previous two decades of commercializing marketizing health reforms, while pro-market experts, the Ministry of Finance and the Ministry of Human Resources and Social Security were critical of state intervention in the health system and favored stimulating market competition and privatization.

We thought it also important, however, to try and capture other narratives and policy positions in a bottom-up way, and so we also coded the articles for how they portrayed health system problems and understood their roots, as well as for the policy solutions they proposed. For this part of our analysis, we drew on the concept of the “frame”. According to Entman’s definition, frames define problems, diagnose causes and suggest remedies (Entman, 1993). On this basis, rather than trying to capture overall frames, we looked to identify their different dimensions. We therefore examined how our three publications portrayed the health system’s problems and causes, as well as the policy solutions they proposed.

To identify the principal voices across our sample, we coded each article for the actors – for example representatives of government ministries or health sector businesses, doctors or ordinary members of the public – it mentioned, those it quoted or closely paraphrased, and those on whom it focused. We also qualitatively analyzed

the direct quotations in our 196 texts. We were then able to see how actors articulated their opinions and how different newspapers used their words.

Finally, to probe the ideological underpinnings of our publications' health reform reporting, we also examined the language they used. Here, we focused on whether reporting reflected what some researchers have identified as an early 21st century "renaissance of socialism and Marxism" and renewed emphasis on equality and justice found in formal statements of CCP ideology (Holbig, 2009) or whether they retained neo-liberal preferences that had dominated 1990s economic and social policy discussions. The CCP's formal ideology has shifted substantially since 1978. Notably, the CCP first rejected Maoist egalitarianism and then under Jiang Zemin it formally extended its representation beyond its Maoist constituencies of workers and peasants to include all the population (and especially elites, according to Holbig, 2009), eventually in 2002 allowing private entrepreneurs to join the Party. At the same time, economic and social policies had favored marketization and commercialization and paid little attention to inequality. We do not seek, however, to engage in a detailed examination of the CCP's overall ideology. Rather, we are interested in whether the terms that Heike Holbig has said were being revived in CCP's populism and "socialist ideology" under Jiang's successor, Hu Jintao, in the mid-2000s were found in its discussion of the health reforms at that time. According to Holbig, Hu introduced the notions of a "harmonious socialist society" (*shehuizhuyi hexie shehui*, 和谐社会) and concepts of rights and justice. We therefore searched our entire database of articles for these key new terms: "harmonious society", "rights" and "justice", as well as allegedly revived terms such as "socialism", "Marxism" and "equality", to see how frequently they were used and to analyze qualitatively *how* they were used.

Arguments

We found noteworthy diversity in our sample, both in terms of the main positions and how these were articulated. *People's Daily* and *Beijing Youth News* usually adopted a statist, “pro-public” position: advocating a stronger state role, more state investment and universal access to basic health services. But it was challenged – especially in *Caijing* – by pro-market voices that questioned the state’s ability to regulate the health system and fund universal access to care, and argued in favor of autonomy for doctors and a level playing field for private sector hospitals. In line with their diverse reporting on the direction of reform, our publications reproduced a clear state – market divide in the way they discussed the health system’s problems, understood their causes and proposed policy solutions. They also contained a separate, and much more muted, narrative around problems stemming from the poor rights and weak voice of vulnerable people.

The media debate clearly centered on whether the health system should be more marketized or there should be a greater role for the state. Our bottom-up coding of problems and solutions did reveal some other issues, but they were marginal. We found, however, that the core market-versus-state debate contained sub-narratives around how to improve doctor-patient relations, the quality of primary care, hospital management and rural health provision. But our papers rarely discussed patient rights and choice – issues common to health debates in the United Kingdom and United States (see for example Mann et al., 1994; Mol, 2008) – though *Caijing* maintained a strong narrative around *doctors’* freedom and autonomy.

The dominant “pro-public” media position was underpinned by concerns that ordinary people found health care unaffordable and needed to be made more accessible. The rhetoric, however, was more populist than socialist. It was “populist” in its concern with providing services fairly for all – using the language of popular appeal on a non-ideological (neither explicitly “left” nor “right”) basis to the needs of “the people” (Dickson, 2005).⁴ It did not privilege particular groups (workers, for example, as in classic socialist rhetoric), and our publications referred much more frequently to a public welfare rather than to a socialist health system, and to fairness and justice rather than to equality. Even the *People’s Daily*, the CCP’s official national paper, made very few references to socialism, Marxism or Hu Jintao’s concept of a “harmonious society”.

At the same time, the populism was paternalistic – elites and the media spoke *for* “the people” and debated their needs and benefits, but gave them little opportunity to voice their own views and preferences.⁵ As in liberal democracies, governmental and social elites dominated the reporting, and it was those elites who articulated the needs of ordinary people, with those people themselves rarely having the opportunity to directly express their opinions. Government officials (especially the Ministry of Health), “experts” and medical professionals’ voices came through in quotations, in interviews, and in opinion pieces. Ordinary people – whether rural or urban – were rarely quoted, while non-elite organizations were almost completely without voice and even less represented than they are in the media in liberal democracies. The marketized media in this authoritarian system allowed for some diversity, but the reporting was dominated by elites and unlike in liberal democracies recently there was no space for organized non-elite groups voice their issues.

We set out these findings in detail below. But first we summarize the trajectory of the health system reform that is the backdrop to our subsequent account of the media reporting.

The health care reforms into the 21st Century

To interpret China's 21st century media reporting of health reform it is necessary to understand the recent history of the health care system. From the 1980s, reforms had substantially commercialized – some would say marketized – China's public sector health system. State investment declined, rural small scale private practice grew, and public hospitals increasingly depended for income on medicine sales and then began to be privatized. From the late 1990s the problematic consequences of these changes became increasingly evident. The share of the population with risk protection – whether rural cooperative schemes or urban health insurance – had fallen (Duckett, 2011). Commercialization, meanwhile, had fuelled the growth of specialist hospital provision while primary care suffered neglect. Health service providers, reliant on income from medicine sales, over-prescribed drugs and pushed up the cost of medical treatment. This in turn put care out of reach for the many without good health insurance (see for example Liu et al., 2001) and increased inequalities in access to health services (see for example Liu, 2004). In 2000, the World Health Organization ranked China 188 out of 191 countries in terms of the fairness of its health system (World Health Organization, 2000).

It was soon after this that health was pushed up the political agenda. In early 2003, not long after Hu Jintao was appointed CCP Party Secretary, the SARS epidemic swept China, exposing the health system's problems and demonstrating the domestic and

international political repercussions of its neglect. Then in late 2004, voices in the Ministry of Health began to reject a marketizing direction in health (Duckett, 2010). In January 2005, then Vice-Minister Gao Qiang (高强) reported that almost 50 per cent of people could not afford to see a doctor when they fell ill (People's Daily Online, 2005), and in June and July the Ministry announced a shift toward more pro-public policies (Nanfang Zhoumo, 2005). It was then that a report by the State Council's Development Research Center hit the headlines. Co-authored by a number of social scientists including at least one closely associated with the Ministry of Health, the report condemned the previous two decades of "market-oriented" health reform.⁶ Toward the end of the same year and then in 2006, high profile health scandals in Harbin and Shenzhen also contributed to keeping health policy on the agenda.⁷

With the health system now in the spotlight, the government initiated a policy review and consultation. In early August 2005, the Ministry of Health announced that together with other relevant departments it was formulating a new health reform program (Zhongguo Qingnianbao 2005). Then, in September 2006, the central party-state set up a Health Reform Coordination Group, led by the National Development and Reform Commission (NDRC) and Ministry of Health, to consult with international and domestic health researchers and formulate a draft reform program. On 15 October 2008, the NDRC finally published for consultation a much anticipated draft health reform program. Following this, the CCP Central Committee and State Council in April 2009 issued their "Opinions on Deepening the Medical and Health Care System Reform" (hereafter, "the Opinions") along with implementation and investment plans. The Opinions made a clear commitment to a public sector health

provision and access to basic services for all, but left space for private and for-profit provision as well as for experiments with public hospital reform.

Government-led reporting, not Party-state control

The press reporting of the health system policy debates across the 2005—09 review period was often “government-led” – following governmental moves or events in the policy process. If we look across the newspapers in our sample at the “issue attention cycle” – how the articles in our sample are distributed over the 2005—09 period (see Figure 1) – we see five out of six spikes in reporting coincide with government activities and policy discussions. Three spikes coincide with the major (and simultaneous) annual meetings in March (2007—9) of the National People’s Congress (NPC, China’s legislature) and the Chinese People’s Political Consultative Conference (CPPCC, a national consultative body of non-CCP representatives), where the media follow closely discussions on a range of policies, including health. Other major spikes appear in October 2008 and in April 2009 when the government released a draft of the reform program for public consultation and then published the final document. Note also that while health scandals in 2005 and 2006 may have helped keep health reform in the media, they did not directly drive its reporting: in our sample of articles focused on health system reform, only five mentioned the Harbin and Shenzhen scandals.

[Figure 1 about here]

But government-led reporting is quite different from state censorship: government initiatives and official sources often drive reporting in liberal democracies, too (see

Bennett and Livingston, 2003; Bennett, 1990; Cook, 1998; Lawrence, 2000, chapter 1). And there are indications that (in support of interviews with two journalists, see Note 1) the CCP's Propaganda Department did not directly control health reporting in the late 2000s. First, the media speculated over when the government would publish its reform program, with conjecture in December 2007 sufficient to create a spike in the number of published articles. These articles noted that the health reform program had not been published this year as promised, ruminated on its content and asked when the government would make its decisions (e.g. Su 2007; Zhang et al 2007). Even *People's Daily* asked why the program had not been published, and noted that decision making was being pushed along by public opinion (Bai 2007).

Second, *Caijing* and *Beijing Youth News* published robust analysis of policy developments and the interests shaping policy making, sometimes using anonymous "authoritative" sources (Bai 2007). Indeed, the Ministry of Health, apparently frustrated by some reporting, at one point called publicly for an end to media speculation on the direction of reform. On 20 September 2006, for example, *Beijing Youth News* reported that the government had decided to adopt "the United Kingdom model" of public provision of basic health care for all. This and discussions of the United Kingdom (UK) versus German and US models in other publications provoked a Ministry of Health spokesperson to appeal – in *People's Daily* – for restraint:

“the 11-department Health System Reform Coordinating Group has just been set up, is still at the research stage, has not issued a health reform program, and the “models” argument does not exist. The so-

called “models argument” is a false topic, and we hope the media will not blindly argue [about it]” (Bai 2006).

Third, the Ministry of Health (we found no mention of other ministries doing the same) held regular monthly press conferences and convened other meetings to convey its views – a very different means of influencing reporting from the traditional one of the Party Propaganda Department dispatching directives to newspaper editors. In November 2005 for example, the Ministry held a “media exchange meeting” (*meiti jiaoliu hui*, 媒体交流会), to “informally publicize” health reform developments, to state that health reform would prioritize “public welfare” and to reject the Development Research Center report’s conclusions that health reform had “basically failed” (Cai 2005). Similarly, in August 2007 the Ministry convened a “General Editors’ Forum on the Special Nature of Health Reporting and Health Reform Trends” in an effort to “strengthen communication between health departments and the media” and increase media understanding of “the challenges of national health work”. Ministry representatives spoke at the forum – attended by editors of official (rather than market-oriented) newspapers – on “how to see health issues” and the principles and direction of health reform (Jiankangbao, 2007).

Narratives of health system reform, ideology, representation and voice

A dominant “pro-public” policy position challenged

Lack of direct Party-state censorship is also evident in the diverse media positions over the direction of health system reform. A central narrative in the 2005—09 reporting was whether there should be further “marketization” of the health system or a greater role for the “government” (*zhengfu*, 政府 – the closest Chinese equivalent to

the term “state”) and public sector. But across all three publications only half of articles (48 per cent) favored a greater governmental role in line with the direction endorsed by the Ministry of Health, and a noteworthy 21 per cent advocate a contrarian “pro-market” (9 per cent) or “balanced” direction (12 per cent) (see Table 1).⁸

There were, however, significant differences in the prevalence of pro-public and pro-market articles across our three publications, with *People’s Daily* strongly pro-public (75 per cent), *Beijing Youth News* more moderately so (41 per cent) and *Caijing* significantly more pro-market (35 per cent of articles). Indeed, *Caijing* set out to challenge the dominant policy position in robust contrarian fashion. In July 2005, for example, in a piece written by Editor-in-Chief Hu Shuli herself, *Caijing* likened universal health insurance to the Great Leap Forward and suggested that it would have similarly disastrous consequences (Hu 2005).

[Table 1 about here]

The pro-market challenge first surged, and then declined, however, indicating a falling into line as the reform program crystallized. Pro-market articles grew from 11 per cent of the total in 2005 to 22 per cent in 2006, but then fell back to seven, nine and two per cent in the subsequent three years (see Figure 2). In fact, 41 per cent of all the pro-market articles appeared in 2006, with their share falling to 24 per cent in both 2007 and 2008, and to 6 per cent in 2009. Articles taking a “balanced” stance grew between 2007 and 2009, however, indicating continued – if less outspoken – support for markets. In part the declining share of pro-market reporting reflects the fact that

there was a general increase over time in articles reporting on the review process rather than on the content of the debate. It may also reflect the fact that the draft policy document issued for consultation in October 2008 indicated a compromise position on the state versus market issue. The pro-market media then moved from arguing for marketization to questioning the affordability of the government package and promised state investment.

[Figure 2 about here]

Differential diagnoses: socialism, populism and neo-liberalism

The media's frequently pro-public stance – particularly in *People's Daily* – might indicate an ideologically-driven socialist resurgence to challenge the pro-market 1990s health reforms. To look more closely at the ideological underpinnings of the policy stances, as well as to identify other narratives, we coded each article on how it portrayed the health system's problems, allowing coding of multiple factors (where they existed) in any given article. We found that *People's Daily* and *Beijing Youth News* prioritized problems – from affordability to medical corruption – that affect ordinary people, but discussed them in populist, rather than in socialist terms. *Caijing*, in contrast, more often took a pro-market stance and concentrated more on elite economic issues and the concerns of the medical profession.

Our publications' top two most reported problems with the current health system were poor “affordability” (72 per cent, often expressed using the slogan “it is expensive and difficult to see a doctor” – “*kan bing gui, kan bing nan*”, 看病贵, 看病难) and lack of universal access to services (49 per cent). These problems particularly dominated

People's Daily (78 and 63 per cent) and *Beijing Youth News* (71 and 35 per cent), and were also significant in *Caijing* (58 and 50 per cent) (see Table 2).

Close behind the social problem of poor access to health care was that of inefficiencies in the system – cited by 46 per cent of articles. This is not, however, simply a remnant neo-liberal strand in the health system reform narrative. Although in its concern for this issue *Caijing* stands out – with 71 per cent of its articles mentioning inefficiency as a problem – *People's Daily* and *Beijing Youth News* also raise it (54 and 31 per cent of articles respectively), while criticizing the high share of hospital revenues derived from medicine sales and its inflationary effects.

Our publications also discussed other problems of popular concern: corruption and bribery in the medical sector (21 per cent), conflict between doctors and patients, and the social unrest or unhappiness (both found in 12 per cent of articles) created by the health system. They did not, however, connect these issues with the CCP leadership's stated goal of promoting greater "social harmony". When reporting health system reform between 2005 and 2009 our publications used the term "harmonious society" only 16 times. Given the widespread (and widely-reported) "patient-doctor conflict" in China (LaFraniere, 12 August, 2010; Waldmeir, 12 October, 2012) perhaps mentioning "harmony" might have been seen as critical of Hu Jintao or as highlighting Party-state failures.

Our newspapers were similarly sparing in their use of socialist terminology. The term "socialism" itself occurred in only 18 of our 196 articles – and in only six articles published by the CCP's national paper, *People's Daily*. Marxism was not mentioned

at all. Discussions of affordability and access, meanwhile, avoided referring to inequality – even though it is a central concept in socialist ideology and important in the CCP’s early 21st century ideological reformulations (Holbig, 2009). Our publications used “unequal” (*bu pingdeng*, 不平等) only six times, while “equality” (*pingdeng* 平等, which has socialist, even egalitarian, connotations) was used only a further 21 times in 196 articles (and in only five *People’s Daily* articles). Just as notably, only in eight articles was equal (or unequal) access to health services the issue – a common concern in international health policy circles as well as in China and in this context not necessarily involving any socialist connotations. Indeed, while *Caijing* mentioned equality the most, it was not to support more equal access to services, but rather to press for equal competition for private hospitals in the health care marketplace.⁹

Even when discussing access and availability of services to the population, the media chose not the classic socialist rhetoric of equality but instead used the more liberal language of “evenness” (*jundeng*, 均等) and “fairness” (*gongping*, 公平). Evenness (in the sense of balance) was used a total of 70 times, and fairness a total of 167 times. The word “fairness” occurred 76 times in *People’s Daily*, 36 times in *Caijing* and 60 times in *Beijing Youth News*. “Evenness” occurred 28, 12, and 30 times respectively. But our publications used “justice” (*zhengyi*, 正义 – a concept Holbig argues is important in early 21st century CCP ideology – only 11 times.

There were limits, however, to the media’s liberal narrative. Although articles often discussed health system reform in pro-market, neo-liberal economic terms, they paid

little attention to other issues that often dominate in health reform internationally. In debates about health care systems in the US (Annas, 1995) and UK (Greener, 2004), for example, “patient (or consumer) choice” has been central. In contrast, the Chinese media referred infrequently to choice (three per cent of articles) or to value for money (four per cent), even in pro-market articles (where they were mentioned in six per cent of the sample). Although market advocates internationally often invoke patient choice, in China they do not.

[Table 2 about here]

Root causes and responsibilities: state underinvestment or insufficient marketization?

Underpinning the media’s dominant pro-public policy stance, was a broad consensus that state underinvestment (mentioned in 58 per cent of articles) and earlier pro-market reforms were to blame for health system problems, either directly (19 per cent) or – more frequently – because of their effects: making hospitals (34 per cent), doctors (21 per cent) and pharmaceutical companies (12 per cent) profit-driven, or in other ways creating the wrong economic incentives (17 per cent) (see Table 3).

But on this issue, too, the media published opposing views, sometimes describing problems as the result not of marketization but of its poor implementation. Similarly, 13 per cent of articles saw the cause as *insufficient* marketization, and 12 per cent blamed government interference or monopoly. *Caijing* in particular tended to take this stance or challenge views that health system problems were merely a result of marketization: “simply using ‘marketization’ to affirm or refute the previous stage of health system reform, is too general” (Song, 2006). Even if it disagreed with them,

Beijing Youth News, too, reported that some people blamed overweening government for the health system's problems: "now, as soon as you start talking about how expensive it is to see a doctor, everyone will say, oh my goodness, it is mainly the government monopoly, [and] not enough competition, that's leading to such high prices" (Beijing Youth News, 2008).

[Table 3 about here]

What is to be done? The state should invest but free China's doctors

The media reporting of solutions to health system problems followed a similar pattern, with dominant pro-public positions challenged by a pro-market minority. All the most frequently suggested solutions involved the state playing a bigger role: more state spending (57 per cent of articles) and a stronger state role and more regulation (49 per cent), and improving primary care through more government investment (39 per cent) (see Table 4). But a substantial number of articles suggested solutions associated with more pro-market positions: improving (rather than increasing) regulation and reorganizing hospitals (29 per cent); increasing market competition or expanding the number of players in the private sector (19 per cent); and leveling the playing field (for market competition) between private and public sector (13 per cent).

Similarly, solutions involving health sector workers sometimes implied a greater state role, but also sometimes backed greater freedom for doctors. The most common solution – to improve doctors' training (in 14 per cent of articles that proposed solutions) – suggests more state investment. But others – increasing professional independence (13 per cent) and giving hospitals more autonomy and responsibility (7

per cent) – implicitly blame over-regulation. Professionalization and autonomy are often key medical profession demands in liberal democracies and align with preferences for less interference. In line with this, we found that pro-public articles more often mentioned training (19 per cent versus none), while pro-market articles more often mentioned independence and autonomy (29 versus four per cent of the sub-samples respectively for professional independence and 18 versus seven per cent for hospital autonomy).

At the margins, the media also framed the health reforms more fundamentally in liberal “rights” terms. A rare “solution”, for example, was to “expand rights and voice of ordinary people and vulnerable groups” (six per cent). *People’s Daily* noted that issuing the consultation document was “respecting citizens’ rights” (Xie, 2008), and pointed out that the 17th Party Congress (in Autumn 2007) had affirmed that all people, regardless of age, employment, location or ability to pay, had the same rights to basic health services (People’s Daily, 2009). *Beijing Youth News* meanwhile called for health reform to respect the rights of the vulnerable (Ding et al., 2005), and for rights for stakeholders – especially patients and rural dwellers – to participate in the decision making process (Guo 2007a, 2007b). *Caijing*, however, tended more often to focus on the rights of doctors – to write prescriptions without interference and to make money – than vulnerable groups (Caijing, 2008, 2009; Zhang 2006).

[Table 4 about here]

Representation and voice: elites dominate paternalist populism

The pro-public narrative around health reform was also strongly paternalist and populist, with governmental and social elites dominating the coverage and speaking for “the masses” or “old-one hundred names” – especially in *People’s Daily* and *Beijing Youth News* (see Tables 5 and 6). Governmental actors were mentioned in 83 per cent of articles, and quoted in 58 per cent.¹⁰ Among them, the main actor was the Ministry of Health (mentioned in 44 per cent of the articles and quoted in 32 per cent), which led the pro-public narrative. While other ministries reportedly held very different opinions on the direction of health reform (Beijing Youth News, 2007; Kornreich, Vertinsky, and Potter, 2012; Zhao and Ren, 2007) they were quoted much less. The pro-market Ministry of Finance was mentioned in 15 per cent of the articles and quoted in only seven per cent, while the Ministry of Human Resources and Social Security (in charge of health insurance and reportedly in favor of supply side rather than demand-side controls) was mentioned in 11 per cent of the articles and quoted in three per cent. Even when quoted, moreover, these ministries presented facts (for example spending figures) rather than opinion. The Ministry of Health, however, was sometimes challenged, particularly in *Caijing*, which called one of its reform initiatives a “dead end”, and twisted its words to support pro-market arguments (Caijing, 2009).

Although the media mentioned ordinary people – as “patients”, “the people” and “rural people” – in 60 per cent of articles, their voices were weak. Our publications quoted them in only 14 per cent of stories, making them objects of policy rather than active participants (and this despite *Beijing Youth News*’s occasional plea for people to be more included in the policy process). They had more voice than Zhao (2003) found in her study of WTO reporting, but they were usually quoted only to express

personal experiences and feelings rather than politicized opinions about the health system or its reform.

In contrast, the media gave both experts and representatives of elite interest groups much greater voice. Experts were mentioned in 41 per cent of the articles and quoted in 31 per cent, and they frequently contributed opinion pieces or lengthy interviews. Although more heavily quoted in *Caijing*, they also appeared regularly in *People's Daily*, where – as in Party journalism more generally – they have historically played a marginal role (Zhao, 2003). These experts were predominantly from Chinese institutions (only 12 per cent were from international organizations, 24 per cent for the *Caijing* sample), with most based in elite universities and research academies. They often drew lessons from other countries and their health systems – in *Caijing* using these lessons to make pro-market arguments and in *Beijing Youth News* to make pro-public ones.

The media also gave members of elite interest groups – especially medical professionals and business people – space to express their views, though usually as individuals rather than as representatives of associations. Our media mentioned businesses (including those in health insurance and pharmaceuticals) in 14 per cent of articles and quoted them in seven per cent. But they quoted medical professionals more: hospital managers spoke in 15 per cent of articles (31 per cent in *Caijing*), and doctors and medical association representatives in 14 per cent. Most of these quotations were by individual doctors, rather than their associations, but nonetheless medical professionals were able to demand resources as they often do in health policy debates in many Western democracies. In China's health reform debate, for

example, they wanted resources to compensate for removing medicine as a source of income.

In liberal democracies, too, governmental elites tend to dominate the media, while representatives of pressure and interest groups – especially those representing industries and businesses – also play an important role in the coverage of policy debates (Binderkrantz, 2012; Danielian and Page, 1994; Wolsfled, 2011). Despite these similarities in patterns of interest articulation, however, one stark difference lies in the almost complete absence in the Chinese media of any mention of – or voice for – organized, non-elite interest groups (see also Chen et al., 2012). The number of these kinds of groups and their presence in the media has become increasingly common in liberal western democracies and in particular in relation to health policy (Binderkrantz, 2012). Our publications, however, despite their attention to the plight of ordinary people and patients, deprived consumer or patient associations and labor groups of any direct voice. Patients have few organizations to represent them, and those that exist are small and weak, representing narrow groups of patients with particular illnesses (see Duckett, 2007). These were entirely absent in the coverage. Neither was there mention of the government-controlled unions and only one quotation from a farmer’s organization.

[Tables 5 and 6 about here]

Conclusion

The central media narrative of China’s health system reform – marketization versus a stronger state role – has pervaded health system debates around the world since at

least the 1980s. So, too, does freedom and autonomy for the medical profession, a theme championed by *Caijing*. But the similarities end there. Our publications only rarely mentioned patient choice and rights – usually core to the liberal pro-market health debates arguments in Europe and the United States. Pro-market opposition to the mainstream government position in China focused primarily on the concerns of the medical elites.

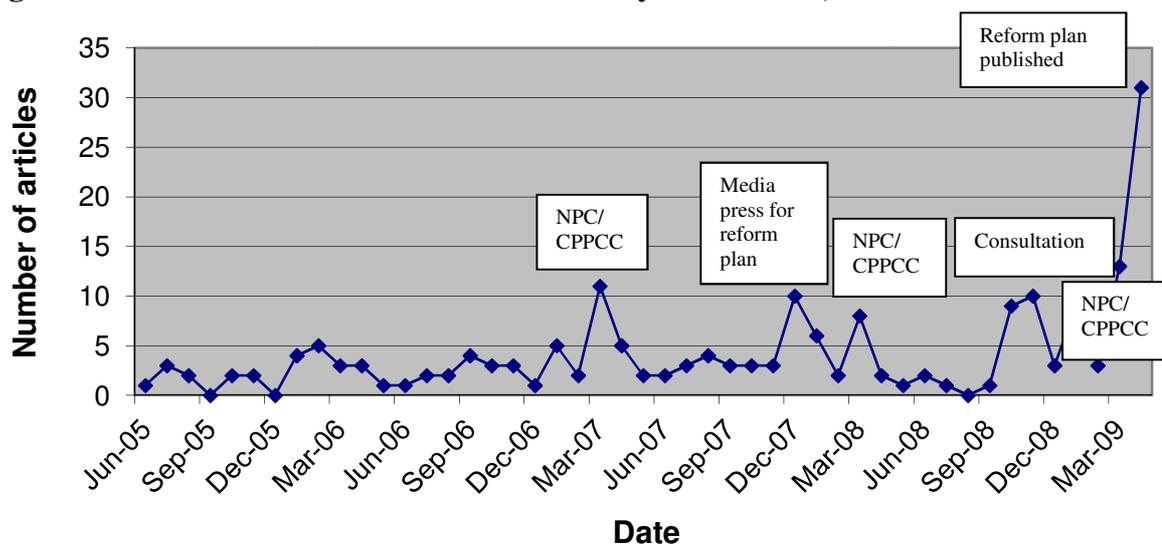
But while pro-market media views were elitist, so was socialism muted, even in the CCP's national paper, *People's Daily*. Indeed, the differences between the CCP ideology as articulated by its ideologues, and the ideological underpinnings of health reform narratives as articulated particularly in the CCP newspaper *People's Daily*, raise questions. Is the Party's official ideology merely a veneer that is unconnected with real-world policy making? Or does their commitment to socialist ideals simply fail to survive in the political rough-and-tumble of health policy making? Perhaps, for example, the CCP leadership is unwilling to promise equality in access to health care because it is would be so expensive or so politically difficult to achieve given the enormous urban-rural re-allocation of resources it requires. Alternatively, perhaps the CCP is afraid to discuss the health care system in socialist terms because this would serve only to highlight the distance between ideology and reality.¹¹

The paternalist populism of *People's Daily* and *Beijing Youth News* reporting, like *Caijing's* elitist neo-liberalism, in part reflects the weakness of non-elite interest groups and civil society in China. It may also reflect some media self-censorship, with editors fearful of crossing the line and giving too much space to unfettered public opinion. The state—market debate, in contrast, involves fewer risks. But the state

versus market debate in health reform is part of a wider national debate over the balance between state and market across economic and social policy arenas.¹² And with the media reporting dominated by governmental and social elites, the diversity of views on the direction of health system reform was evidently the result of a rift that has emerged – or widened – among those elites, now that some parts of the Party-state (the Ministry of Health) are no longer advocating market reforms that benefit business.¹³ Zhao (2003), in her study of the media reporting of China’s entry to the WTO, argued that uniformly positive narratives were the product not of state censorship but of a consensus among governmental and economic elites as well as the urban middle classes on the benefits of neo-liberal globalization. Only five years after China’s entry to the WTO (in 2001), however, the neoliberal elite consensus reported by Zhao had broken down as a new dominant narrative – at least on the health issue – in favor of government investment and regulation was challenged by an outspoken pro-market minority sometimes scathing in its attacks on government interference.

Perhaps, then, diversity in reporting is due to new elite discord. But perhaps previous studies of China’s media reporting have overstated the state’s centralized control because they focused on international policy issues and highly sensitive domestic issues that are often “sanctioned”, meaning they “can be reported about, but need to be censored” (Stockmann, 2011: 276). Health system reform was not a sanctioned topic (but see Sun, 2010), and hence the media provided a forum for, and contributed to, a more open debate. Whether such debates are evident in other domestic policy issues deserves further research.

Figure 1: The distribution of articles on health system reform, 2005-09*



*In the three publications in our sample, *People's Daily*, *Beijing Youth News*, and *Caijing*.

Table 1: The dominant policy position in each article

Publication/policy position	PD		CM		BYN		All	
	n	%	n	%	n	%	n	%
Pro-public	50	75	3	12	42	41	95	48
Balanced	3	4	8	31	12	12	23	12
Pro-market	1	1	9	35	7	7	17	9
None	6	9	5	19	31	30	42	21
Not possible to say	7	10	1	4	11	11	19	10
Total	67	100	26	100	103	100	196	100

Note: percentages are rounded so may not add up to 100. PD = *People's Daily*; CM = *Caijing* magazine; BYN = *Beijing Youth News*.

Figure 2: Policy position by year

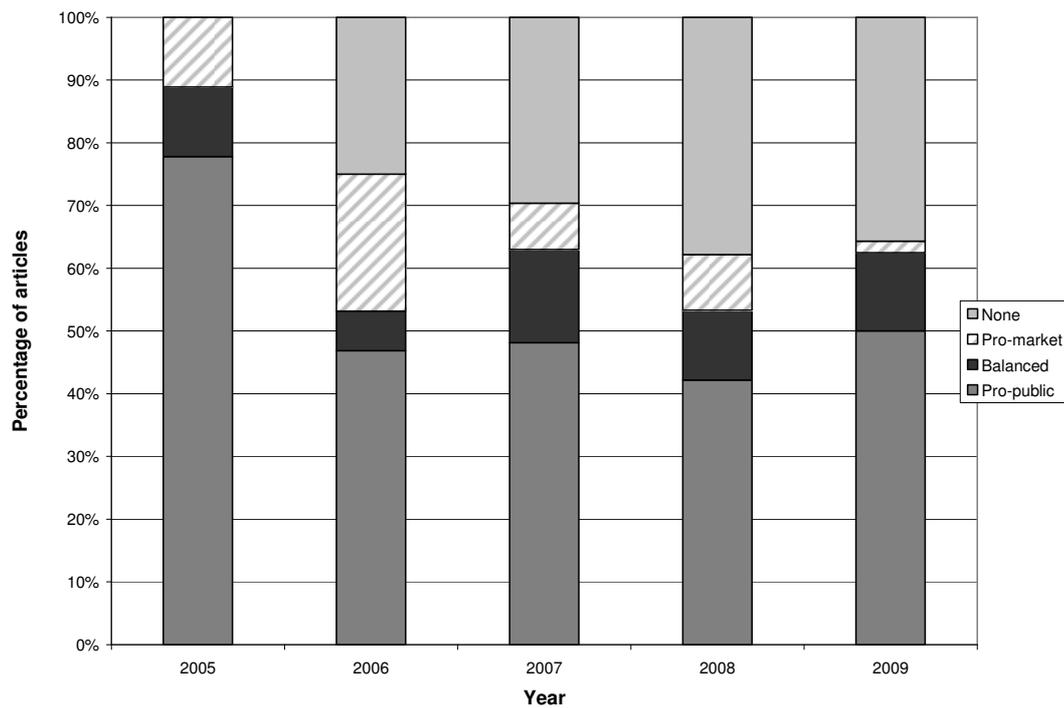


Table 2: Health system problems reported

	PD		CM		BYN		All	
	n	%	n	%	n	%	n	%
Cost for individuals/affordability	49	78	14	58	48	71	111	72
Lack of universal access	40	63	12	50	24	35	76	49
Inefficiency (sub-optimal allocation of resources)	34	54	17	71	21	31	72	46
Corruption/bribery in the medical sector	11	17	4	17	18	26	33	21
Creates conflict/disputes between doctors & patients	5	8	4	17	10	15	19	12
Causes social unrest/masses are unhappy	8	13	2	8	8	12	18	12
Poor quality of care	10	16	1	4	6	9	17	11
Poor value for money for individual consumer/patient	2	3	0	0	4	6	6	4
Restricted consumer/patient choice/freedom	2	3	2	8	0	0	4	3
Hinders economic development	1	2	1	4	2	3	4	3
Other	5	8	2	8	11	16	18	12

N = 155 articles. Articles that did not refer to any problems were excluded. Columns add to more than 100 because some articles mentioned more than one problem.

Table 3: Root, causes or responsibilities reported

	PD		CM		BYN		All	
	n	%	n	%	n	%	n	%
Low levels of state investment	29	56	15	65	34	57	78	58
Hospitals profit-driven	28	54	4	17	14	23	46	34
Doctors profit-driven/poor ethics	13	25	4	17	12	20	29	21
Market forces/marketization	8	15	3	13	14	23	25	19
Perverse/wrong economic incentives	10	19	5	22	8	13	23	17
Insufficient marketization	3	6	11	48	3	5	17	13
Pharmaceutical companies profit-driven	7	13	2	9	7	12	16	12
State/government interference	4	8	7	30	5	8	16	12
Doctors. poor training/resources/pay	5	10	1	4	6	10	12	9
China's low economic development	1	2	2	9	8	13	11	8
Local governments	4	8	1	4	4	7	9	7
Patients' consumerism	3	6	2	9	4	7	9	7
Increasing costs of health care	4	8	2	9	0	0	6	4
Hospitals: poor management/resources	0	0	1	4	2	3	3	2
Other	12	23	2	9	9	15	23	17

N = 135. Articles that did not refer to any causes were excluded. Columns add to more than 100 because some articles mentioned more than one cause.

Table 4: Health system reform solutions reported

	PD		CM		BYN		All	
	n	%	n	%	n	%	n	%
More state spending	34	52	11	50	46	64	91	57
Greater public/state role; stronger/more regulation	37	56	6	27	35	49	78	49
Improve primary care (with state investment)	33	50	7	32	23	32	63	39
Better [NOT more] regulation	15	23	14	64	17	24	46	29
Increase/expand market competition	2	3	15	68	13	18	30	19
Improve doctors' training (including ethics)	14	21	0	0	9	13	23	14
Leveling playing field for private and public hospitals	9	14	6	27	6	8	21	13
Greater independence to doctors & health professionals	2	3	8	36	10	14	20	13
Greater autonomy and responsibility to hospitals	6	9	1	5	4	6	11	7
Greater rights to ordinary people/vulnerable groups	4	6	1	5	5	7	10	6
Other	14	21	1	5	8	11	23	14

N = 160. Articles that did not refer to any solutions were excluded. Columns add to more than 100 because some articles mentioned more than one solution.

Table 5: Actors mentioned

	PD		CM		BYN		All	
	n*	% art**	n*	% art**	n*	% art**	n*	% art**
Government officials	48	72	21	81	93	90	162	83
Patients/public	54	81	13	50	50	49	117	60
Managers and hospitals	43	64	15	58	36	35	94	48
Experts	26	39	17	65	38	37	81	41
Doctors & medical associations	23	34	14	54	35	34	72	37
Industry (business, pharmaceutical, insurance)	11	16	6	23	11	11	28	14
Media	1	1	3	12	15	15	19	10
Rural/worker/consumer associations	3	4	0	0	2	2	5	3
Others	10	15	2	8	13	13	25	13

Note: Columns add to more than 100 because some articles mentioned more than one group of actors.

* Refers to the total number of times that an actor is mentioned.

** Refers to the percentage of articles that mention an actor in that publication's sample.

Table 6: Actors quoted

	PD		CM		BYN		All	
	n*	% art**	n*	% art**	n*	% art**	n*	% art**
Government officials	29	43	17	65	68	66	114	58
Experts	19	28	14	54	27	26	60	31
Hospital managers	13	19	8	31	9	9	30	15
Doctors & medical associations	9	13	7	27	11	11	27	14
Patients/public	13	19	5	19	9	9	27	14
Industry (business, pharmaceutical, insurance)	4	6	4	15	6	6	14	7
Media	1	1	0	0	11	11	12	6
Rural/worker/consumer associations	1	1	0	0	0	0	1	1
Others	4	6	1	4	5	5	10	5

Note: Columns add to more than 100 because some articles quoted more than one group of actors.

* Refers to the total number of times that an actor is quoted.

** Refers to the percentage of articles that quote an actor in that publication's sample.

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BIOGRAPHICAL NOTES

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NOTES

¹ This is based on interviews with a magazine editor in June 2011 and a Chinese newspaper journalist in December 2011.

² We do not translate *Caijing*'s title because it is widely known among non-Chinese speakers by its Chinese name..

³ We piloted and on this basis adjusted our coding frame. The articles then were coded by three trained, native Chinese speakers. The inter-coder reliability, based on a 20% sub-sample, was 90%. Only interpretative variables were included in this calculation.

⁴ This 'authoritarian populism' differs from the often anti-establishment populism found in democratic political systems (see Canovan, 1999). Note that Holbig (2009, pp. 26-7) also interprets the Hu Jintao administration as more populist than its predecessor under Jiang Zemin.

⁵ For a definition of paternalism, see Dworkin (2010). Although not all the media reporting discussed issues of forcing people to act against their own will – for example requiring them to pay health insurance contributions – reporting was paternalist in that it discussed what to do in the best interest of ordinary people but did so on their own behalf rather than giving them a voice.

⁶ The 'report' consisted of papers in a special supplement of the Development Research Centre's journal, *Zhongguo fazhan pinglun* (China Development Review) Vol. 7, No. 1, March 2005.

⁷ In late November 2005 China Central Television reported a case in which a patient in Harbin died of cancer leaving his family to pay medical bills amounting to several million yuan (Zhang 2005). In late December 2006, a dispute in Shenzhen between the doctors and family of a patient became notorious because the medical staff involved felt so threatened that they began to wear hard hats to work.

⁸ Only one fifth (21%) of articles did not take a position. Note that to be coded for a policy position, an article did not have to directly *advocate* a particular policy direction; it could merely reproduce another actor's position.

⁹ *Caijing* mentioned equality the most despite (because of its magazine format) having fewer articles on health reform than the two newspapers in our sample. Its articles are relatively long however. Of a total of 412,833 words (Chinese characters) in the 196 articles in our sample, *Caijing* accounted for 28%, *People's Daily* for 32%, and *Beijing Youth News* for 40%.

¹⁰ Note that it is also common for governmental sources to dominate in liberal democracies, especially for routine policy issues (Bennett and Livingston, 2003; Bennett, 1990; Cook, 1998).

¹¹ Thanks to Lǚ Aofei for this point.

¹² The wider debate has been over the 'advance of the state and retreat of the people' (*guo jin min tui*).

¹³ *Caijing's* pro-market stance resembles those of its business orientation and readership—whose interests apparently have diverged from those of the Hu Jintao leadership on health policy.